QUESTIONNAIRES

16 June 2013

2013 ZAMBIA DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE
WITH HIV/AIDS

MINISTRY OF HEALTH/CENTRAL STATISTICAL OFFICE

IDENTIFICATION

LOCALITY NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . .

HOUSEHOLD NUMBER . . . .

PROVINCE . . . .

RURAL/URBAN (RURAL = 1, URBAN = 2) . . . .

LUSAKA=1, OTHER CITY=2, TOWN=3, VILLAGE=4 . . . .

NAME AND LINE NUMBER OF WOMAN _____

IS WOMAN SELECTED FOR QUESTIONS ON DOMESTIC VIOLENCE (SECTION 12)?
(YES=1, NO=2)

INTERVIEWER VISITS

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

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

LANGUAGE OF QUESTIONNAIRE: **0 1   LANGUAGE OF INTERVIEW: [ ][ ]   NATIVE LANGUAGE OF RESPONDENT [ ][ ]   TRANSLATOR USED (YES = 1, NO = 2) [ ]

**LANGUAGE CODES: 01 ENGLISH   03 KAONDE   05 LUNDA   07 NYANJA   09 OTHER
02 BEMBA   04 LOZI   06 LUVALE   08 TONGA

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____ [ ][ ]	DATE _____ [ ][ ]	[ ][ ]	[ ][ ]

Introduction and Consent

Hello. My name is _____. I am working with the Ministry of Health in collaboration with Central Statistical Office (CSO). We are conducting a survey about health all over Zambia. 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?	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 almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	
111	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	
112	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	
113	What is your religion?	CATHOLIC . . . . 1 PROTESTANT. . . . . 2 MUSLIM . . . . 3 OTHER _____ 6 (SPECIFY)	
114	What tribe do you belong to?	_____ ☐☐	
114A	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . ☐☐ ALWAYS . . . . 95 VISITOR 96	→ 115
114B	Just before you moved here, did you live in Lusaka, another city, in a town, or in a village?	LUSAKA . . . . 1 OTHER CITY . . . . 2 TOWN . . . . 3 VILLAGE 4	
115	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS . . . . ☐☐ NONE 00	→ 201
116	In the last 12 months, have you been away from your home community for more than one month at a time?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES . . . . 1 NO 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES . . . . 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME . . . . ☐☐ DAUGHTERS AT HOME . . . . . ☐☐	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES . . . . 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE . . . . ☐☐ DAUGHTERS ELSEWHERE . ☐☐	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life 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 your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING FROM THE SECOND ROW).								

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

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

222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.	YES . . . . 1 NO 2

223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME ☐ 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	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES . . . . 1 NO 2	→ 238
231	When did the last such pregnancy end?	MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐	
232	CHECK 231: LAST PREGNANCY ☐ ENDED IN JAN. 2008 OR LATER ↓ LAST PREGNANCY ☐ ENDED BEFORE 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 did not result in a live birth?	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 DD/MM/YYYY, 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 if she has sexual relations?	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 - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?		
01	**Female Sterilization**. PROBE: Women can have an operation to avoid having any more children.	YES . . . . 1 NO 2	
02	**Male Sterilization**. PROBE: Men can have an operation to avoid having any more children.	YES . . . . 1 NO 2	
03	**IUD**. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . 1 NO 2	
04	**Injectables**. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . 1 NO 2	
05	**Implants**. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . . . 1 NO 2	
06	**Pill**. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES . . . . 1 NO 2	
07	**Male Condom**. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . 1 NO 2	
08	**Female Condom**. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES . . . . 1 NO 2	
09	**Standard Days Methods (Cycle Beads).** PROBE: A woman uses 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 after unprotected sexual intercourse, women can take special pills at any time within three days 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 ☐ PREGNANT ☐ OR UNSURE ↓		→ 311

303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . 1 NO 2	→ 311

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.	FEMALE STERILIZATION . . . . A MALE STERILIZATION . . . . B IUD . . . . C INJECTABLES . . . . D IMPLANTS . . . . E PILL . . . . F MALE CONDOM . . . . G FEMALE CONDOM . . . . H DIAPHRAGM . . . . I FOAM/JELLY . . . . J STANDARD DAYS METHOD . . . . K LACTATIONAL AMEN. METHOD . . . . . L RHYTHM METHOD . . . . M WITHDRAWAL . . . . N OTHER MODERN METHOD . . . . X OTHER TRADITIONAL METHOD . . . Y	→ 307 → 308A → 308A → 305 → 306 → 308A
304A	What name of injectables are you using? ASK TO SEE THE CLINIC CARD IF RESPONDENT DOES NOT KNOW THE NAME OF BRAND.	NORIGYNON (2 MONTHS) . . . . . . 1 NORISTERAT (2 MONTHS) . . . . . . 2 DEPO PROVERA (3 MONTHS) . . . . . . 3 OTHER _____ 6 (SPECIFY)	→ 308A
305	What is the brand name of the pills you are using? ASK TO SEE THE PACKAGE IF RESPONDENT DOES NOT REMEMBER NAME OF BRAND.	SAFE PLAN . . . . 01 MICROGYNON. . . . . 02 MICROLUT . . . . 03 EUGYNON . . . . 04 LOGYNON . . . . 05 NORDETTE . . . . 06 ORALCON F . . . . 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 308A
306	What is the brand name of the condoms you are using? ASK TO SEE THE PACKAGE IF RESPONDENT DOES NOT REMEMBER NAME OF BRAND.	MAXIMUM CLASSIC . . . . 01 MAXIMUM SCENTED . . . . 02 ROUGH RIDER . . . . 03 DUREX . . . . 04 CARE FEMALE CONDOM . . . . 05 FEMIDOM . . . . 06 REALITY . . . . 07 PUBLIC SECTOR: UNBRANDED (WHITE COLOUR FOIL) . 08 OTHER _____ . . . 96 (SPECIFY) DON'T KNOW 98	→ 308A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

307	In what facility did the sterilization 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)
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL 11
		  GOVT. HEALTH CENTER/POST . . . 12
		  MOBILE HOSPITAL/CLINIC 13
		  FAMILY PLANNING CLINIC 14
		  COMMUNITY BASED
		    AGENT/FIELDWORKER 15
		  OTHER PUBLIC
		    SECTOR _____ 16
		           (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC 21
		  MISSION HOSPITAL/CLINIC 22
		  PHARMACY 23
		  PRIVATE DOCTOR 24
		  COMMUNITY BASED
		    AGENT/FIELDWORKER 25
		  MOBILE HOSPITAL/CLINIC 26
		  OTHER PRIVATE MEDICAL
		    SECTOR _____ 27
		           (SPECIFY)
		
		OTHER _____ 96
		         (SPECIFY)
		DON'T KNOW 98	

308	In what month and year was the sterilization 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 YES ☐ NO ☐ 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).		
310	CHECK 308/308A: YEAR IS 2008 OR LATER ☐ YEAR IS 2007 OR EARLIER ☐ **C** ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. **C** ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2008. THEN SKIP TO ⟶ 322		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

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.		

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 MALE CONDOM . . . . 07 FEMALE CONDOM . . . . 08 DIAPHRAGM . . . . 09 FOAM/JELLY . . . . 10 STANDARD DAYS METHOD . . . . 11 LACTATIONAL AMEN. METHOD . . . . . 12 RHYTHM METHOD . . . . 13 WITHDRAWAL . . . . 14 OTHER MODERN METHOD . . . . 95 OTHER TRADITIONAL METHOD 96	→ 324 → 317A → 326 → 315A → 326

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

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/POST . . . 12
		   MOBILE HOSPITAL/CLINIC 13
		   FAMILY PLANNING CLINIC 14
		   COMMUNITY BASED
		     AGENT/FIELDWORKER 15
		   OTHER PUBLIC
		     SECTOR _____ 16
		          (SPECIFY)	

315A	Where did you learn to use the standard days/lactational amenorrhea/rhythm 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
		   MISSION HOSPITAL/CLINIC 22
		   PHARMACY 23
		   PRIVATE DOCTOR 24
		   COMMUNITY BASED
		     AGENT/FIELDWORKER 25
		   MOBILE HOSPITAL/CLINIC 26
		   OTHER PRIVATE MEDICAL
		     SECTOR _____ 27
		          (SPECIFY)
		
		OTHER SOURCE
		   SHOP 31
		   CHURCH 32
		   FRIENDS/RELATIVES 33
		
		OTHER _____ 96
		        (SPECIFY)	

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 MALE CONDOM . . . . 07 FEMALE CONDOM . . . . 08 DIAPHRAGM . . . . 09 FOAM/JELLY . . . . 10 STANDARD DAYS METHOD . . . . 11 LACTATIONAL AMEN. METHOD . . . . . 12 RHYTHM METHOD 13	→ 323 → 320 → 326
317	At that time, were you told about side effects or problems you might have with the method?	YES . . . . 1 NO 2	→ 319
317A	When you got sterilized, were you told about side effects or problems you might have with the method?		
318	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES . . . . 1 NO 2	→ 320

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
319	Were you told what to do if you experienced side effects or problems?	YES . . . . 1 NO 2	
320	CHECK 317: CODE '1' CODE '1' CIRCLED NOT CIRCLED At that time, were you told about other methods of family planning that you could use? When you obtained (CURRENT METHOD FROM 314) from (SOURCE OF METHOD FROM 307 OR 315), were you told about other methods of family planning that you could use?	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 MALE CONDOM . . . . 07 FEMALE CONDOM . . . . 08 DIAPHRAGM . . . . 09 FOAM/JELLY . . . . 10 STANDARD DAYS METHOD . . . . 11 LACTATIONAL AMEN. METHOD . . . . . 12 RHYTHM METHOD . . . . 13 WITHDRAWAL . . . . 14 OTHER MODERN METHOD . . . . 95 OTHER TRADITIONAL METHOD 96	→ 326 → 326

323	Where did you obtain (CURRENT METHOD) the last time?
	
	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)
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL 11
		  GOVT. HEALTH CENTER/POST . . . 12
		  MOBILE HOSPITAL/CLINIC 13
		  FAMILY PLANNING CLINIC 14
		  COMMUNITY BASED
		    AGENT/FIELDWORKER 15
		  OTHER PUBLIC
		    SECTOR _____ 16
		          (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC 21
		  MISSION HOSPITAL/CLINIC 22
		  PHARMACY 23
		  PRIVATE DOCTOR 24
		  COMMUNITY BASED
		    AGENT/FIELDWORKER 25
		  MOBILE HOSPITAL/CLINIC 26
		  OTHER PRIVATE MEDICAL
		    SECTOR _____ 27
		          (SPECIFY)
		
		OTHER SOURCE
		  SHOP 31
		  CHURCH 32
		  FRIENDS/RELATIVES 33
		
		OTHER _____ 96
		       (SPECIFY)
			→ 326

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
324	Do you know of a place where you can obtain a method of family planning?	YES . . . . 1 NO 2	→ 326

325	Where is that?
	
	Any other 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(S))
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL . . . . A
		   GOVT. HEALTH CENTER/POST . . . B
		   MOBILE HOSPITAL/CLINIC C
		   FAMILY PLANNING CLINIC . . . . D
		   COMMUNITY BASED
		     AGENT/FIELDWORKER . . . . E
		   OTHER PUBLIC
		     SECTOR _____ F
		           (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC . . . . G
		   MISSION HOSPITAL/CLINIC . . . . H
		   PHARMACY I
		   PRIVATE DOCTOR . . . . J
		   COMMUNITY BASED
		     AGENT/FIELDWORKER . . . . K
		   MOBILE HOSPITAL/CLINIC L
		   OTHER PRIVATE MEDICAL
		     SECTOR _____ M
		           (SPECIFY)
		
		OTHER SOURCE
		   SHOP . . . . N
		   CHURCH . . . . O
		   FRIENDS/RELATIVES . . . . P
		
		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 staff member 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 ☐	→ 461A

402	CHECK 215: ENTER IN THE TABLE THE LINE 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 you some questions about the health of all your children born in the last five years. (We will talk about each separately.)

403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER ☐☐	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER ☐☐	SECOND-FROM-LAST BIRTH 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 would you have liked 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 antenatal care for this pregnancy?	YES . . . . 1 NO . . . . 2 (SKIP TO 415) ←		

409	Whom did you see?
	
	 Anyone else?
	
	 PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.
		HEALTH PERSONNEL
		  DOCTOR . . . . A
		  CLINICAL OFFICER B
		  NURSE/MIDWIFE . . C
		
		 OTHER PERSON
		  TRADITIONAL BIRTH
		   ATTENDANT . D
		  COMMUNITY HEALTH
		   WORKER . . . . . . E
		
		 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 antenatal care 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))
	
	_____
	(NAME OF PLACE(S))
		HOME
		   YOUR HOME ... A
		   OTHER HOME ... B
		
		PUBLIC SECTOR
		   GOVT. HOSPITAL . C
		   GOVT. HEALTH
		     CENTER/POST . D
		   MOBILE HOSPITAL/
		     CLINIC .... E
		   OTHER PUBLIC
		     SECTOR
		   _____ F
		    (SPECIFY)
		
		PRIVATE MED. SECTOR
		   PVT. HOSPITAL/
		     CLINIC .... G
		   MISSION HOSPITAL/
		     CLINIC .... H
		   OTHER PRIVATE
		     MED. SECTOR
		   _____ I
		    (SPECIFY)
		OTHER_____ X
		    (SPECIFY)		

411	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS ... ☐☐ DON'T KNOW 98		
412	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES . ☐☐ DON'T KNOW 98		
413	As part of your antenatal care during this pregnancy, were any of the following done at least once? Were you weighed? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO WEIGHT ... 1 2 BP .... 1 2 URINE ...... 1 2 BLOOD ... 1 2		
413A	During this pregnancy were you offered counselling and testing for the virus that causes AIDS?	YES .... 1 NO .... 2 DON'T KNOW 8		
414	During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?	YES .... 1 NO .... 2 DON'T KNOW 8		
414A	Did you discuss a birth preparedness plan with a health provider?	YES .... 1 NO .... 2 (SKIP TO 415)◄┘		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
414B	Did the birth preparedness plan include a discussion about: Where you will deliver the baby? What you will do if a complication arises? Who will be there to help you during birth?	YES NO DELIVERY . 1 2 COMPLICA- TION ... 1 2 HELP 1 2		
414C	Did you use the birth plan?	YES .... 1 NO 2		
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES .... 1 NO .... 2 (SKIP TO 418) ←—| DON'T KNOW 8		
416	During this pregnancy, how many times did you get this tetanus injection?	TIMES .... ☐ DON'T KNOW 8		
417	CHECK 416:	2 OR MORE OTHER TIMES ☐ ☐ ↓ (SKIP TO 421) ↓		
418	At any time before this pregnancy, did you receive any tetanus injections?	YES .... 1 NO .... 2 (SKIP TO 421) ←—| DON'T KNOW ... 8		
419	Before this pregnancy, how many other 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 or iron syrup? SHOW TABLETS/SYRUP.	YES .... 1 NO .... 2 (SKIP TO 423) ←—| DON'T KNOW 8		
422	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . ☐☐☐ DON'T KNOW ... 998		
423	During this pregnancy, did you take any drug for intestinal worms?	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 _____
424	During this pregnancy, did you take any drugs to keep you from getting malaria?	YES . . . . 1 NO . . . . 2 (SKIP TO 430) ←⎤ DON'T KNOW 8		
425	What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR . . . . . . A CHLOROQUINE . . . B OTHER _____ X (SPECIFY) DON'T KNOW . . . . . . Z		
426	CHECK 425: DRUGS 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: ANTENATAL 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 antenatal care visit, during another visit to a health facility or from another source?	ANTENATAL VISIT . . 1 ANOTHER FACILITY VISIT . . . . 2 OTHER SOURCE . . . 6		
430	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE . . . . . . 1 LARGER THAN AVERAGE . . . . . . 2 AVERAGE . . . . 3 SMALLER THAN AVERAGE . . . . . . 4 VERY SMALL . . . . . . 5 DON'T KNOW 8	VERY LARGE . . . . . . 1 LARGER THAN AVERAGE . . . . . . 2 AVERAGE . . . . 3 SMALLER THAN AVERAGE . . . . . . 4 VERY SMALL . . . . . . 5 DON'T KNOW 8	VERY LARGE . . . . . . 1 LARGER THAN AVERAGE . . . . . . 2 AVERAGE . . . . 3 SMALLER THAN AVERAGE . . . . . . 4 VERY SMALL . . . . . . 5 DON'T KNOW 8
431	Was (NAME) weighed at birth?	YES . . . . 1 NO . . . . 2 (SKIP TO 433) ←⎤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 433) ←⎤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 433) ←⎤ DON'T KNOW 8
432	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
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 　CLINICAL OFFICE.　B 　NURSE/MIDWIFE . . C OTHER PERSON 　TRADITIONAL BIRTH 　　ATTENDANT　. . D 　RELATIVE/FRIEND . E 　OTHER 　_____　X 　　(SPECIFY) NO ONE ASSISTED .　Y	HEALTH PERSONNEL 　DOCTOR　......　A 　CLINICAL OFFICE.　B 　NURSE/MIDWIFE . . C OTHER PERSON 　TRADITIONAL BIRTH 　　ATTENDANT　. . D 　RELATIVE/FRIEND . E 　OTHER 　_____　X 　　(SPECIFY) NO ONE ASSISTED .　Y	HEALTH PERSONNEL 　DOCTOR　......　A 　CLINICAL OFFICE.　B 　NURSE/MIDWIFE . . C OTHER PERSON 　TRADITIONAL BIRTH 　　ATTENDANT　. . D 　RELATIVE/FRIEND . E 　OTHER 　_____　X 　　(SPECIFY) NO ONE ASSISTED .　Y
434	Where did you give birth to (NAME)? IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE - LAST BIRTH) _____ (NAME OF PLACE - NEXT TO LAST) _____ (NAME OF PLACE SECOND FROM - LAST BIRTH)	HOME 　YOUR HOME　...　11 　　(SKIP TO 437A) ◄─┐ 　OTHER HOME . . .　12 PUBLIC SECTOR 　GOVT. HOSPITAL .　21 　GOVT. HEALTH 　　CENTER/POST .　22 　OTHER PUBLIC 　SECTOR 　　_____　26 　　(SPECIFY) PRIVATE MED. SECTOR 　PVT. HOSPITAL/ 　　CLINIC . . . .　31 　MISSION HOSPITAL/ 　　CLINIC . . . .　32 　OTHER PRIVATE 　SECTOR 　　_____　36 　　(SPECIFY) OTHER_____　96 　　(SPECIFY) (SKIP TO 437A) ◄─┘	HOME 　YOUR HOME　...　11 　　(SKIP TO 448) ◄─┐ 　OTHER HOME . . .　12 PUBLIC SECTOR 　GOVT. HOSPITAL .　21 　GOVT. HEALTH 　　CENTER/POST .　22 　OTHER PUBLIC 　SECTOR 　　_____　26 　　(SPECIFY) PRIVATE MED. SECTOR 　PVT. HOSPITAL/ 　　CLINIC . . . .　31 　MISSION HOSPITAL/ 　　CLINIC . . . .　32 　OTHER PRIVATE 　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/POST .　22 　OTHER PUBLIC 　SECTOR 　　_____　26 　　(SPECIFY) PRIVATE MED. SECTOR 　PVT. HOSPITAL/ 　　CLINIC . . . .　31 　MISSION HOSPITAL/ 　　CLINIC . . . .　32 　OTHER PRIVATE 　SECTOR 　　_____　36 　　(SPECIFY) OTHER_____　96 　　(SPECIFY) (SKIP TO 448) ◄─┘
434A	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		
435	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES . . . .　1 NO　. . . . .　2	YES . . . .　1 NO　. . . . .　2	YES . . . .　1 NO　. . . . .　2
436	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?	YES . . . .　1 　(SKIP TO 439) ◄─┐ NO　. . . . .　2		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
437	Did anyone check on your health after you left the facility?	YES . . . . 1 　　(SKIP TO 439) ◄───┐ NO . . . . 2 　　(SKIP TO 442) ◄───┘		
437A	Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED.	COST TOO MUCH . . A FACILITY NOT OPEN . B TOO FAR/ NO TRANS- 　　PORTATION . . . C DON'T TRUST 　　FACILITY/POOR 　　QUALITY SERVICE. D NO FEMALE PROVID- 　　ER AT FACILITY . . E HUSBAND/FAMILY 　　DID NOT ALLOW . . F SHORT LABOUR . G NOT NECESSARY . . H NOT CUSTOMARY . . I OTHER _____ 　　　　　(SPECIFY) X		
438	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?	YES . . . . 1 NO . . . . 2 　　(SKIP TO 442) ◄───┘		
439	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL 　　DOCTOR . . . . 11 　　CLINICAL OFFICER 12 　　NURSE/MIDWIFE . 13 OTHER PERSON 　　TRADITIONAL BIRTH 　　　ATTENDANT . 21 　　COMMUNITY/VILLAGE 　　　HEALTH 　　　WORKER . . . 22 OTHER_____96 　　　(SPECIFY)		
440	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS　1　▢▢ DAYS　2　▢▢ WEEKS　3　▢▢ DON'T KNOW . . . 998		
442	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES . . . . 1 NO . . . . 2 　　(SKIP TO 446)◄──┤ DON'T KNOW 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
443	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH . . 1 ☐☐ DAYS AFTER BIRTH . . 2 ☐☐ WKS AFTER BIRTH . . 3 ☐☐ DON'T KNOW . . . 998		

444	Who checked on (NAME)'s health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		  DOCTOR 11
		  CLINICAL OFFICER 12
		  NURSE/MIDWIFE . 13
		
		OTHER PERSON
		  TRADITIONAL BIRTH
		    ATTENDANT . 21
		  COMMUNITY/VILLAGE
		    HEALTH
		    WORKER . . . 22
		
		OTHER_____ 96
		     (SPECIFY)		

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/POST . 22
		  MOBILE HOSPITAL/
		    CLINIC 23
		  OTHER PUBLIC
		    SECTOR
		    _____ 26
		     (SPECIFY)
		
		PRIVATE MED. SECTOR
		  PVT. HOSPITAL/
		    CLINIC 31
		  MISSION HOSPITAL/
		    CLINIC 32
		  OTHER PRIVATE
		    SECTOR
		    _____ 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		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
447	Has your menstrual period returned since the birth of (NAME)?	YES . . . . 1 (SKIP TO 449)◄——┐ NO . . . . 2 (SKIP TO 450)◄——┘		
448	Did your period return between the birth of (NAME) and your next pregnancy?		YES . . . . 1 NO . . . . 2 (SKIP TO 452) ◄——┘	YES . . . . 1 NO . . . . 2 (SKIP TO 452) ◄——┘
449	For how many months after the birth of (NAME) did you not have a period?	MONTHS . . . ☐☐ 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 had sexual intercourse since the birth of (NAME)?	YES . . . . 1 NO . . . . 2 (SKIP TO 453) ◄——┘		
452	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98
453	Did you ever breastfeed (NAME)?	YES . . . . 1 (SKIP TO 455) ◄——┘ NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2
454	CHECK 404: IS CHILD LIVING?	LIVING DEAD ☐ ☐ ↓ (SKIP TO 460) (GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 461A)		
455	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY . . . 000 HOURS 1 ☐☐ DAYS 2 ☐☐		
456	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES . . . . 1 NO . . . . 2 (SKIP TO 458) ◄——┘		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
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 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 461A)	LIVING ☐ DEAD ⬦ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 461A)	LIVING ☐ DEAD ⬦ (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 461A)
459	Are you still breastfeeding (NAME)?	YES .... 1 (SKIP TO 460) ⬅—┘ NO 2		
459A	For how many months did you breastfeed (NAME)?	MONTHS ... ☐☐ DON'T KNOW ... 98	MONTHS ... ☐☐ STILL BF .... 95 NEVER BF ...... 97 DON'T KNOW ... 98	MONTHS ... ☐☐ STILL BF .... 95 NEVER BF ...... 97 DON'T KNOW ... 98
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 461A.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 461A.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 461A.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
461A	Sometimes a woman can have a problem of constant leakage of urine or stool from her vagina during the day and night. This problem usually occurs after a difficult childbirth, but may also occur after a sexual assault or after pelvic surgery. Have you ever experienced a constant leakage of urine or stool from your vagina during the day and night?	YES .... 1 NO 2	→ 461D
461B	Have you ever heard of this problem?	YES .... 1 NO 2	
461C	CHECK 224: ONE OR MORE BIRTHS IN 2008 OR LATER ☐ NO BIRTHS IN 2008 OR LATER ☐		→ 501 → 556
461D	Did this problem start after you delivered a baby or had a stillbirth?	AFTER DELIVERED BABY .... 1 AFTER HAD STILLBIRTH .... 2 NEITHER 3	→ 461F
461E	Did this problem start after a normal labor and delivery, or after a very difficult labor and delivery?	NORMAL LABOR/DELIVERY ..... 1 VERY DIFFICULT LABOR/DELIVERY . 2	→ 461G
461F	What do you think caused this problem?	SEXUAL ASSAULT .... 1 PELVIC SURGERY .... 2 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	→ 461H
461G	How many days after (CAUSE OF PROBLEM FROM 461C OR 461E) did the leakage start?	NUMBER OF DAYS AFTER DELIVERY/OTHER EVENT ☐☐ (ENTER 90 IF 90 DAYS OR MORE)	
461H	Have you sought treatment for this condition?	YES .... 1 NO 2	→ 461K
461I	Why have you not sought treatment? PROBE AND RECORD ALL MENTIONED.	DO NOT KNOW CAN BE FIXED ..... A DO NOT KNOW WHERE TO GO ..... B TOO EXPENSIVE .... C TOO FAR .... D POOR QUALITY OF CARE .... E COULD NOT GET PERMISSION .... F EMBARRASSMENT .... G PROBLEM DISAPPEARED .... H OTHER _____ X (SPECIFY)	

461J	CHECK 224:		
	ONE OR MORE BIRTHS IN 2008 OR LATER ☐		→ 501
	NO BIRTHS IN 2008 OR LATER ☐		→ 556

461K	From whom did you last seek treatment?	HEALTH PROFESSIONAL
		    DOCTOR 1
		    NURSE/MIDWIFE 2
		OTHER PERSON
		    COMMUNITY/VILLAGE
		        HEALTH WORKER 3
		
		OTHER _____ 6
		                    (SPECIFY)	

461L	Did you have an operation to fix the problem?	YES . . . . 1 NO 2	

461M	Did the treatment stop the leakage completely? IF NO: Did the treatment reduce the leakage?	YES, STOPPED COMPLETELY . . . . . 1 NOT STOPPED BUT REDUCED . . . . . 2 NOT STOPPED AT ALL . . . . 3 DID NOT RECEIVE TREATMENT 4	

461N	CHECK 224:		
	ONE OR MORE BIRTHS IN 2008 OR LATER ☐		→ 501
	NO BIRTHS IN 2008 OR LATER ☐		→ 556

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2008 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).		

502	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER . . . . ☐☐	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER . . . . ☐☐	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER . . . . . . ☐☐
503	FROM 212 AND 216	NAME _____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)	NAME _____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)	NAME _____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 553)
504	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN . . . . 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 VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. (3) IF MORE THAN TWO VITAMIN 'A' DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES.		

	LAST BIRTH DAY MONTH YEAR		NEXT-TO-LAST BIRTH DAY MONTH YEAR		SECOND-FROM-LAST BIRTH DAY MONTH YEAR
BCG		BCG		BCG	
OPV 0		OPV 0		OPV 0	
OPV 1		OPV1		OPV1	
OPV 2		OPV2		OPV2	
OPV 3		OPV3		OPV3	
OPV 4		OPV4		OPV4	
DPT-HepB+Hib 1		DHH1		DHH1	
DPT-HepB+Hib 2		DHH2		DHH2	
DPT-HepB+Hib 3		DHH3		DHH3	
MEASLES		MEA		MEA	
VITAMIN A1 (MOST RECENT)		VIT A1		VIT A1	
VITAMIN A2 (2nd MOST RECENT)		VIT A2		VIT A2	

507	CHECK 506:	BCG TO MEASLES ALL RECORDED ☐ OTHER ☐ (GO TO 511)	BCG TO MEASLES ALL RECORDED ☐ OTHER ☐ (GO TO 511)	BCG TO MEASLES ALL RECORDED ☐ OTHER ☐ (GO TO 511)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
508	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-4, DHH 1-3 AND/OR MEASLES VACCINES.	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) received any of the following vaccinations:			
510A	A BCG vaccination against tuberculosis, that is, an injection in the arm that usually causes a scar?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
510B	Polio vaccine, that is, drops in the mouth?	YES . . . . 1 NO . . . . 2 (SKIP TO 510E) ←┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 510E) ←┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 510E) ←┤ DON'T KNOW 8
510C	Was the first polio vaccine received in the first two weeks after birth or later?	FIRST 2 WEEKS . . . 1 LATER 2	FIRST 2 WEEKS . . . 1 LATER 2	FIRST 2 WEEKS . . . 1 LATER 2
510D	How many times was the polio vaccine received?	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐
510E	A DPT-HepB+Hib vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES . . . . 1 NO . . . . 2 (SKIP TO 510G) ←┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 510G) ←┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 510G) ←┤ DON'T KNOW 8
510F	How many times was a DPT-HepB+Hib vaccination received?	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐
510G	A measles injection or that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
511	Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
512	In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like (this/any of these)? SHOW COMMON TYPES OF PILLS/SPRINKLES/ SYRUPS.	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
513	Was (NAME) given any drug for intestinal worms in the last six months?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
514	Has (NAME) had diarrhoea in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 525) ◄──┐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 525) ◄──┐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 525) ◄──┐ DON'T KNOW 8
515	Was there any blood in the stools?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
516	Now I would like to know how much (NAME) was given to drink during the diarrhoea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK . 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK . 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK . 5 DON'T KNOW 8
517	When (NAME) had diarrhoea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . . . 5 NEVER GAVE FOOD . 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . . . 5 NEVER GAVE FOOD . 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . . . 5 NEVER GAVE FOOD . 6 DON'T KNOW 8
518	Did you seek advice or treatment for the diarrhoea from any source?	YES . . . . 1 NO . . . . 2 (SKIP TO 521B) ◄──┘	YES . . . . 1 NO . . . . 2 (SKIP TO 521B) ◄──┘	YES . . . . 1 NO . . . . 2 (SKIP TO 521B) ◄──┘

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
519	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE - LAST BIRTH) _____ (NAME OF PLACE - NEXT TO LAST) _____ (NAME OF PLACE SECOND FROM - LAST BIRTH)	PUBLIC SECTOR 　GOVT. HOSPITAL . A 　GOVT HEALTH 　　CENTER/POST . B 　MOBILE HOSPITAL/ 　　CLINIC . . . . C 　COMMUNITY 　　BASED AGENT/ 　　FIELDWORKER . D 　OTHER PUBLIC 　　SECTOR 　　_____ F 　　(SPECIFY) PRIVATE MEDICAL SECTOR 　PVT. HOSPITAL/ 　　CLINIC . . . . G 　MISSION HOSPTIAL/ 　　CLINIC . . . . H 　PHARMACY . . . I 　PVT. DOCTOR . J 　MOBILE HOSPITAL/ 　　CLINIC . . . . K 　COMMUNITY 　　BASED AGENT/ 　　FIELDWORKER . L 　OTHER PRIVATE 　　SECTOR 　　_____ M 　　(SPECIFY) OTHER SOURCE 　SHOP . . . . N 　TRADITIONAL 　　PRACTITIONER . O 　MARKET . . . . . P OTHER _____ X 　　(SPECIFY)	PUBLIC SECTOR 　GOVT. HOSPITAL . A 　GOVT HEALTH 　　CENTER/POST B 　MOBILE HOSPITAL/ 　　CLINIC . . . . C 　COMMUNITY 　　BASED AGENT/ 　　FIELDWORKER . D 　OTHER PUBLIC 　　SECTOR 　　_____ F 　　(SPECIFY) PRIVATE MEDICAL SECTOR 　PVT. HOSPITAL/ 　　CLINIC . . . . G 　MISSION HOSPTIAL/ 　　CLINIC . . . . H 　PHARMACY . . . I 　PVT. DOCTOR . J 　MOBILE HOSPITAL/ 　　CLINIC K 　COMMUNITY 　　BASED AGENT/ 　　FIELDWORKER . L 　OTHER PRIVATE 　　SECTOR 　　_____ M 　　(SPECIFY) OTHER SOURCE 　SHOP . . . . N 　TRADITIONAL 　　PRACTITIONER . O 　MARKET . . . . . P OTHER _____ X 　　(SPECIFY)	PUBLIC SECTOR 　GOVT. HOSPITAL . A 　GOVT HEALTH 　　CENTER/POST B 　MOBILE HOSPITAL/ 　　CLINIC . . . . C 　COMMUNITY 　　BASED AGENT/ 　　FIELDWORKER . D 　OTHER PUBLIC 　　SECTOR 　　_____ F 　　(SPECIFY) PRIVATE MEDICAL SECTOR 　PVT. HOSPITAL/ 　　CLINIC . . . . G 　MISSION HOSPTIAL/ 　　CLINIC . . . . H 　PHARMACY . . . I 　PVT. DOCTOR . J 　MOBILE HOSPITAL/ 　　CLINIC K 　COMMUNITY 　　BASED AGENT/ 　　FIELDWORKER . L 　OTHER PRIVATE 　　SECTOR 　　_____ M 　　(SPECIFY) OTHER SOURCE 　SHOP . . . . N 　TRADITIONAL 　　PRACTITIONER . O 　MARKET . . . . . P OTHER _____ X 　　(SPECIFY)
520	CHECK 519:	TWO OR　　ONLY MORE　　ONE CODES　　CODE CIRCLED　CIRCLED 　　(SKIP TO 521A) ←	TWO OR　　ONLY MORE　　ONE CODES　　CODE CIRCLED　CIRCLED 　　(SKIP TO 521A) ←	TWO OR　　ONLY MORE　　ONE CODES　　CODE CIRCLED　CIRCLED 　　(SKIP TO 521A) ←
521	Where did you first seek advice or treatment? USE LETTER CODE FROM 519.	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐
521A	How many days after the diarrhoea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS . . . . . ☐☐	DAYS . . . . . ☐☐	DAYS . . . . . ☐☐
521B	Does (NAME) still have diarrhoea?	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 _____
522	Was he/she given any of the following to drink at any time since he/she started having the diarrhoea: a) A fluid made from a special packet called ORS packet? b) Homemade fluid?	YES NO DK FLUID FROM ORS PKT . . 1 2 8 HOMEMADE FLUID . . . 1 2 8	YES NO DK FLUID FROM ORS PKT . . 1 2 8 HOMEMADE FLUID . . . 1 2 8	YES NO DK FLUID FROM ORS PKT . . 1 2 8 HOMEMADE FLUID . . . 1 2 8

523	Was anything (else) given to treat the diarrhoea?	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 diarrhoea?
	
	Anything else?
	
	RECORD ALL TREATMENTS GIVEN.
		PILL OR SYRUP
		  ANTIBIOTIC . . . . . A
		  ANTIMOTILITY . B
		  OTHER (NOT ANTI-
		   BIOTIC, ANTI-
		   MOTILITY) . . . C
		  UNKNOWN PILL
		   OR SYRUP . . . D
		
		INJECTION
		  ANTIBIOTIC . . . . . E
		  NON-ANTIBIOTIC . F
		  UNKNOWN
		   INJECTION . . . G
		
		(IV) INTRAVENOUS . H
		
		HOME REMEDY/
		  HERBAL MED-
		  ICINE I
		
		OTHER _____ X
		    (SPECIFY)
			PILL OR SYRUP
			  ANTIBIOTIC . . . . . A
			  ANTIMOTILITY . B
			  OTHER (NOT ANTI-
			   BIOTIC, ANTI-
			   MOTILITY) . . . C
			  UNKNOWN PILL
			   OR SYRUP . . . D
			
			INJECTION
			  ANTIBIOTIC . . . . . E
			  NON-ANTIBIOTIC . F
			  UNKNOWN
			   INJECTION . . . G
			
			(IV) INTRAVENOUS . H
			
			HOME REMEDY/
			  HERBAL MED-
			  ICINE I
			
			OTHER _____ X
			    (SPECIFY)
				PILL OR SYRUP
				  ANTIBIOTIC . . . . . A
				  ANTIMOTILITY . B
				  OTHER (NOT ANTI-
				   BIOTIC, ANTI-
				   MOTILITY) . . . C
				  UNKNOWN PILL
				   OR SYRUP . . . D
				
				INJECTION
				  ANTIBIOTIC . . . . . E
				  NON-ANTIBIOTIC . F
				  UNKNOWN
				   INJECTION . . . G
				
				(IV) INTRAVENOUS . H
				
				HOME REMEDY/
				  HERBAL MED-
				  ICINE I
				
				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 difficult breathing?	YES 1
		NO 2
		   (SKIP TO 531) ←―|
		DON'T KNOW 8
			YES 1
			NO 2
			   (SKIP TO 531) ←―|
			DON'T KNOW 8
				YES 1
				NO 2
				   (SKIP TO 531) ←―|
				DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
529	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY ... 1 NOSE ONLY ..... 2 BOTH .... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 531)	CHEST ONLY ... 1 NOSE ONLY ..... 2 BOTH .... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 531)	CHEST ONLY ... 1 NOSE ONLY ..... 2 BOTH .... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 531)
530	CHECK 525: HAD FEVER?	YES ⃞ 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 breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE .... 4 NOTHING TO DRINK . 5 DON'T KNOW 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE .... 4 NOTHING TO DRINK . 5 DON'T KNOW 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE .... 4 NOTHING TO DRINK . 5 DON'T KNOW 8
532	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE .... 4 STOPPED FOOD ... 5 NEVER GAVE FOOD. 6 DON'T KNOW 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE .... 4 STOPPED FOOD ... 5 NEVER GAVE FOOD. 6 DON'T KNOW 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE .... 4 STOPPED FOOD ... 5 NEVER GAVE FOOD. 6 DON'T KNOW 8
533	Did you seek advice or treatment for the illness from any source?	YES .... 1 NO .... 2 (SKIP TO 536B)	YES .... 1 NO .... 2 (SKIP TO 536B)	YES .... 1 NO .... 2 (SKIP TO 536B)

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

534	Where did you seek advice or treatment?
	
	Anywhere else?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE - LAST BIRTH)
	
	_____
	(NAME OF PLACE - NEXT TO LAST)
	
	_____
	(NAME OF PLACE SECOND FROM - LAST BIRTH)
		PUBLIC SECTOR
		  GOVT. HOSPITAL . A
		  GOVT HEALTH
		    CENTER/POST . B
		  MOBILE HOSPITAL/
		    CLINIC C
		  COMMUNITY
		    BASED AGENT/
		    FIELDWORKER . D
		  OTHER PUBLIC
		    SECTOR
		  _____ F
		    (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PVT. HOSPITAL/
		    CLINIC . . . . G
		  MISSION HOSPTIAL/
		    CLINIC . . . . H
		  PHARMACY . . . I
		  PVT. DOCTOR . J
		  MOBILE HOSPITAL/
		    CLINIC . . . . K
		  COMMUNITY
		    BASED AGENT/
		    FIELDWORKER . L
		  OTHER PRIVATE
		    SECTOR
		  _____ M
		    (SPECIFY)
		
		OTHER SOURCE
		  SHOP . . . . N
		  TRADITIONAL
		    PRACTITIONER . O
		  MARKET . . . . . P
		
		OTHER ____ X
		    (SPECIFY)
			PUBLIC SECTOR
			  GOVT. HOSPITAL . A
			  GOVT HEALTH
			    CENTER/POST . B
			  MOBILE HOSPITAL/
			    CLINIC C
			  COMMUNITY
			    BASED AGENT/
			    FIELDWORKER . D
			  OTHER PUBLIC
			    SECTOR
			  _____ F
			    (SPECIFY)
			
			PRIVATE MEDICAL SECTOR
			  PVT. HOSPITAL/
			    CLINIC . . . . G
			  MISSION HOSPTIAL/
			    CLINIC . . . . H
			  PHARMACY . . . I
			  PVT. DOCTOR . J
			  MOBILE HOSPITAL/
			    CLINIC . . . . K
			  COMMUNITY
			    BASED AGENT/
			    FIELDWORKER . L
			  OTHER PRIVATE
			    SECTOR
			  _____ M
			    (SPECIFY)
			
			OTHER SOURCE
			  SHOP . . . . N
			  TRADITIONAL
			    PRACTITIONER . O
			  MARKET . . . . . P
			
			OTHER ____ X
			    (SPECIFY)
				PUBLIC SECTOR
				  GOVT. HOSPITAL . A
				  GOVT HEALTH
				    CENTER/POST . B
				  MOBILE HOSPITAL/
				    CLINIC C
				  COMMUNITY
				    BASED AGENT/
				    FIELDWORKER . D
				  OTHER PUBLIC
				    SECTOR
				  _____ F
				    (SPECIFY)
				
				PRIVATE MEDICAL SECTOR
				  PVT. HOSPITAL/
				    CLINIC . . . . G
				  MISSION HOSPTIAL/
				    CLINIC . . . . H
				  PHARMACY . . . I
				  PVT. DOCTOR . J
				  MOBILE HOSPITAL/
				    CLINIC . . . . K
				  COMMUNITY
				    BASED AGENT/
				    FIELDWORKER . L
				  OTHER PRIVATE
				    SECTOR
				  _____ M
				    (SPECIFY)
				
				OTHER SOURCE
				  SHOP . . . . N
				  TRADITIONAL
				    PRACTITIONER . O
				  MARKET . . . . . P
				
				OTHER ____ X
				    (SPECIFY)

535	CHECK 534:	TWO OR ONLY
		☐ MORE ONE ☐
		  CODES CODE
		  CIRCLED CIRCLED
		↓ (SKIP TO 536A) ←
			TWO OR ONLY
			☐ MORE ONE ☐
			  CODES CODE
			  CIRCLED CIRCLED
			↓ (SKIP TO 536A) ←
				TWO OR ONLY
				☐ MORE ONE ☐
				  CODES CODE
				  CIRCLED CIRCLED
				↓ (SKIP TO 536A) ←

536	Where did you first seek advice or treatment? USE LETTER CODE FROM 534.	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐
536A	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS . . . . . ☐☐	DAYS . . . . . ☐☐	DAYS . . . . . ☐☐
536B	Is (NAME) still sick with a (fever/cough)?	FEVER . . . . A COUGH . . . . B NO, NEITHER . . . . . C DON'T KNOW . . . Z	FEVER . . . . A COUGH . . . . B NO, NEITHER . . . . . C DON'T KNOW . . . Z	FEVER . . . . A COUGH . . . . B NO, NEITHER . . . . . C DON'T KNOW . . . Z

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

538	What drugs did (NAME) take?
	
	Any other drugs?
	
	RECORD ALL MENTIONED.
		ANTIMALARIAL DRUGS
		  SP/FANSIDAR . . . A
		  CHLOROQUINE . B
		  AMODIAQUINE . C
		  QUININE . . . . D
		  COARTEM/ACT . E
		  ARTEMETHER . . . F
		  ASUNATE/
		    ARTESUNATE . G
		  ARTEETHER . . . H
		  OTHER ANTI-
		    MALARIAL
		    _____ I
		    (SPECIFY)
		
		ANTIBIOTIC DRUGS
		  PILL/SYRUP . . . J
		  INJECTION . . . K
		
		OTHER DRUGS
		  ASPRIN L
		  PARACETAMOL
		    (PANADOL) . . . . M
		  ACETA-
		    MINOPHEN . . . N
		  IBUPROFEN . . . O
		
		OTHER _____ X
		      (SPECIFY)
		DON'T KNOW . . . . . Z
			ANTIMALARIAL DRUGS
			  SP/FANSIDAR . . . A
			  CHLOROQUINE . B
			  AMODIAQUINE . C
			  QUININE . . . . D
			  COARTEM/ACT . E
			  ARTEMETHER . . . F
			  ASUNATE/
			    ARTESUNATE . G
			  ARTEETHER . . . H
			  OTHER ANTI-
			    MALARIAL
			    _____ I
			    (SPECIFY)
			
			ANTIBIOTIC DRUGS
			  PILL/SYRUP . . . J
			  INJECTION . . . K
			
			OTHER DRUGS
			  ASPRIN L
			  PARACETAMOL
			    (PANADOL) . . . . M
			  ACETA-
			    MINOPHEN . . . N
			  IBUPROFEN . . . O
			
			OTHER _____ X
			      (SPECIFY)
			DON'T KNOW . . . . . Z
				ANTIMALARIAL DRUGS
				  SP/FANSIDAR . . . A
				  CHLOROQUINE . B
				  AMODIAQUINE . C
				  QUININE . . . . D
				  COARTEM/ACT . E
				  ARTEMETHER . . . F
				  ASUNATE/
				    ARTESUNATE . G
				  ARTEETHER . . . H
				  OTHER ANTI-
				    MALARIAL
				    _____ I
				    (SPECIFY)
				
				ANTIBIOTIC DRUGS
				  PILL/SYRUP . . . J
				  INJECTION . . . K
				
				OTHER DRUGS
				  ASPRIN L
				  PARACETAMOL
				    (PANADOL) . . . . M
				  ACETA-
				    MINOPHEN . . . N
				  IBUPROFEN . . . O
				
				OTHER _____ X
				      (SPECIFY)
				DON'T KNOW . . . . . Z

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
538A	CHECK 538: ANY CODE A-K CIRCLED?	YES ☐ NO ☐ ↓ (SKIP TO 539)	YES ☐ NO ☐ ↓ (SKIP TO 539)	YES ☐ NO ☐ ↓ (SKIP TO 539)

538B	Did you already have (NAME OF DRUG FROM 538) at home when the child became ill?
	
	ASK SEPARATELY FOR EACH OF THE DRUGS 'A' THROUGH 'K' THAT THE CHILD IS RECORDED AS HAVING TAKEN IN 538.
	
	IF YES FOR ANY DRUG, CIRCLE CODE FOR THAT DRUG.
	
	IF NO FOR ALL DRUGS, CIRCLE 'Y'.
		ANTIMALARIAL DRUGS
		SP/FANSIDAR . . . A
		CHLOROQUINE . B
		AMODIAQUINE . C
		QUININE . . . . D
		COARTEM/ACT . E
		ARTEMETHER . . . F
		ASUNATE/
		   ARTESUNATE . G
		ARTEETHER . . . H
		OTHER ANTI-
		MALARIAL
		_____ I
		(SPECIFY)
		
		ANTIBIOTIC DRUGS
		PILL/SYRUP . . . J
		INJECTION . . . K
		
		NO DRUGS AT HOME. Y
		DON'T KNOW . . . . . Z
			ANTIMALARIAL DRUGS
			SP/FANSIDAR . . . A
			CHLOROQUINE . B
			AMODIAQUINE . C
			QUININE . . . . D
			COARTEM/ACT . E
			ARTEMETHER . . . F
			ASUNATE/
			   ARTESUNATE . G
			ARTEETHER . . . H
			OTHER ANTI-
			MALARIAL
			_____ I
			(SPECIFY)
			
			ANTIBIOTIC DRUGS
			PILL/SYRUP . . . J
			INJECTION . . . K
			
			NO DRUGS AT HOME. Y
			DON'T KNOW . . . . . Z
				ANTIMALARIAL DRUGS
				SP/FANSIDAR . . . A
				CHLOROQUINE . B
				AMODIAQUINE . C
				QUININE . . . . D
				COARTEM/ACT . E
				ARTEMETHER . . . F
				ASUNATE/
				   ARTESUNATE . G
				ARTEETHER . . . H
				OTHER ANTI-
				MALARIAL
				_____ I
				(SPECIFY)
				
				ANTIBIOTIC DRUGS
				PILL/SYRUP . . . J
				INJECTION . . . K
				
				NO DRUGS AT HOME. Y
				DON'T KNOW . . . . . Z

539	CHECK 538: ANY CODE A-I 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' CIRCLED ☐ CODE 'A' NOT CIRCLED ☐ ↓ (SKIP TO 542) ←	CODE 'A' CIRCLED ☐ CODE 'A' NOT CIRCLED ☐ ↓ (SKIP TO 542) ←	CODE 'A' CIRCLED ☐ CODE 'A' 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 DAYS AFTER
		   FEVER 3
		FOUR OR MORE DAYS
		   AFTER FEVER . . 4
		DON'T KNOW . . . 8
			SAME DAY 0
			NEXT DAY 1
			TWO DAYS AFTER
			   FEVER 2
			THREE DAYS AFTER
			   FEVER 3
			FOUR OR MORE DAYS
			   AFTER FEVER . . 4
			DON'T KNOW . . . 8
				SAME DAY 0
				NEXT DAY 1
				TWO DAYS AFTER
				   FEVER 2
				THREE DAYS AFTER
				   FEVER 3
				FOUR OR MORE DAYS
				   AFTER FEVER . . 4
				DON'T KNOW . . . 8

541A	For how many days did (NAME) take the (SP/Fansidar)? IF 7 DAYS OR MORE, RECORD 7.	DAYS . . . . ☐ DON'T KNOW . . . 8	DAYS . . . . ☐ DON'T KNOW . . . 8	DAYS . . . . ☐ 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' CODE 'B'
		CIRCLED NOT
		            CIRCLED
		□ □
		↓ (SKIP TO 544) ←
			CODE 'B' CODE 'B'
			CIRCLED NOT
			            CIRCLED
			□ □
			↓ (SKIP TO 544) ←
				CODE 'B' CODE 'B'
				CIRCLED 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 DAYS AFTER
		  FEVER 3
		FOUR OR MORE DAYS
		  AFTER FEVER . . 4
		DON'T KNOW . . . 8
			SAME DAY 0
			NEXT DAY 1
			TWO DAYS AFTER
			  FEVER 2
			THREE DAYS AFTER
			  FEVER 3
			FOUR OR MORE DAYS
			  AFTER FEVER . . 4
			DON'T KNOW . . . 8
				SAME DAY 0
				NEXT DAY 1
				TWO DAYS AFTER
				  FEVER 2
				THREE DAYS AFTER
				  FEVER 3
				FOUR OR MORE DAYS
				  AFTER FEVER . . 4
				DON'T KNOW . . . 8

543A	For how many days did (NAME) take the chloroquine? IF 7 DAYS OR MORE, RECORD 7.	DAYS . . . . □ DON'T KNOW . . . 8	DAYS . . . . □ DON'T KNOW . . . 8	DAYS . . . . □ DON'T KNOW . . . 8

544	CHECK 538:
	
	AMODIAQUINE ('C') GIVEN
		CODE 'C' CODE 'C'
		CIRCLED NOT
		            CIRCLED
		□ □
		↓ (SKIP TO 546) ←
			CODE 'C' CODE 'C'
			CIRCLED NOT
			            CIRCLED
			□ □
			↓ (SKIP TO 546) ←
				CODE 'C' CODE 'C'
				CIRCLED 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 DAYS AFTER
		  FEVER 3
		FOUR OR MORE DAYS
		  AFTER FEVER . . 4
		DON'T KNOW . . . 8
			SAME DAY 0
			NEXT DAY 1
			TWO DAYS AFTER
			  FEVER 2
			THREE DAYS AFTER
			  FEVER 3
			FOUR OR MORE DAYS
			  AFTER FEVER . . 4
			DON'T KNOW . . . 8
				SAME DAY 0
				NEXT DAY 1
				TWO DAYS AFTER
				  FEVER 2
				THREE DAYS AFTER
				  FEVER 3
				FOUR OR MORE DAYS
				  AFTER FEVER . . 4
				DON'T KNOW . . . 8

545A	For how many days did (NAME) take the amodiaquine? IF 7 DAYS OR MORE, RECORD 7.	DAYS . . . . □ DON'T KNOW . . . 8	DAYS . . . . □ DON'T KNOW . . . 8	DAYS . . . . □ DON'T KNOW . . . 8

546	CHECK 538:
	
	QUININE ('D') GIVEN
		CODE 'D' CODE 'D'
		CIRCLED NOT
		            CIRCLED
		□ □
		↓ (SKIP TO 548) ←
			CODE 'D' CODE 'D'
			CIRCLED NOT
			            CIRCLED
			□ □
			↓ (SKIP TO 548) ←
				CODE 'D' CODE 'D'
				CIRCLED 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 DAYS AFTER
		  FEVER 3
		FOUR OR MORE DAYS
		  AFTER FEVER . . 4
		DON'T KNOW . . . 8
			SAME DAY 0
			NEXT DAY 1
			TWO DAYS AFTER
			  FEVER 2
			THREE DAYS AFTER
			  FEVER 3
			FOUR OR MORE DAYS
			  AFTER FEVER . . 4
			DON'T KNOW . . . 8
				SAME DAY 0
				NEXT DAY 1
				TWO DAYS AFTER
				  FEVER 2
				THREE DAYS AFTER
				  FEVER 3
				FOUR OR MORE DAYS
				  AFTER FEVER . . 4
				DON'T KNOW . . . 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
547A	For how many days did (NAME) take the quinine? IF 7 DAYS OR MORE, RECORD 7.	DAYS . . . . ☐ DON'T KNOW . . . 8	DAYS . . . . ☐ DON'T KNOW . . . 8	DAYS . . . . ☐ DON'T KNOW . . . 8

548	CHECK 538:
	
	COARTEM/ACT ('E') GIVEN
		CODE 'E' CODE 'E'
		CIRCLED NOT
		☐ CIRCLED
		                    ☐
		
		↓ (SKIP TO 549B) ←
			CODE 'E' CODE 'E'
			CIRCLED NOT
			☐ CIRCLED
			                    ☐
			
			↓ (SKIP TO 549B) ←
				CODE 'E' CODE 'E'
				CIRCLED NOT
				☐ CIRCLED
				                    ☐
				
				↓ (SKIP TO 549B) ←

549	How long after the fever started did (NAME) first take coartem/ACT?	SAME DAY 0
		NEXT DAY 1
		TWO DAYS AFTER
		    FEVER 2
		THREE DAYS AFTER
		    FEVER 3
		FOUR OR MORE DAYS
		    AFTER FEVER . . 4
		DON'T KNOW . . . 8
			SAME DAY 0
			NEXT DAY 1
			TWO DAYS AFTER
			    FEVER 2
			THREE DAYS AFTER
			    FEVER 3
			FOUR OR MORE DAYS
			    AFTER FEVER . . 4
			DON'T KNOW . . . 8
				SAME DAY 0
				NEXT DAY 1
				TWO DAYS AFTER
				    FEVER 2
				THREE DAYS AFTER
				    FEVER 3
				FOUR OR MORE DAYS
				    AFTER FEVER . . 4
				DON'T KNOW . . . 8

549A	For how many days did (NAME) take the coartem/ACT (COMBINATION WITH ARTEMISININ)? IF 7 DAYS OR MORE, RECORD 7.	DAYS . . . . ☐ DON'T KNOW . . . 8	DAYS . . . . ☐ DON'T KNOW . . . 8	DAYS . . . . ☐ DON'T KNOW . . . 8

549B	CHECK 538:
	
	ARTEMETHER ('F') GIVEN
		CODE 'F' CODE 'F'
		CIRCLED NOT
		☐ CIRCLED
		                    ☐
		
		↓ (SKIP TO 549E) ←
			CODE 'F' CODE 'F'
			CIRCLED NOT
			☐ CIRCLED
			                    ☐
			
			↓ (SKIP TO 549E) ←
				CODE 'F' CODE 'F'
				CIRCLED NOT
				☐ CIRCLED
				                    ☐
				
				↓ (SKIP TO 549E) ←

549C	How long after the fever started did (NAME) first take artemether?	SAME DAY 0
		NEXT DAY 1
		TWO DAYS AFTER
		    FEVER 2
		THREE DAYS AFTER
		    FEVER 3
		FOUR OR MORE DAYS
		    AFTER FEVER . . 4
		DON'T KNOW . . . 8
			SAME DAY 0
			NEXT DAY 1
			TWO DAYS AFTER
			    FEVER 2
			THREE DAYS AFTER
			    FEVER 3
			FOUR OR MORE DAYS
			    AFTER FEVER . . 4
			DON'T KNOW . . . 8
				SAME DAY 0
				NEXT DAY 1
				TWO DAYS AFTER
				    FEVER 2
				THREE DAYS AFTER
				    FEVER 3
				FOUR OR MORE DAYS
				    AFTER FEVER . . 4
				DON'T KNOW . . . 8

549D	For how many days did (NAME) take the artemether? IF 7 DAYS OR MORE, RECORD 7.	DAYS . . . . ☐ DON'T KNOW . . . 8	DAYS . . . . ☐ DON'T KNOW . . . 8	DAYS . . . . ☐ DON'T KNOW . . . 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
549E	CHECK 538: ASUNATE/ARTESUNATE ('G') GIVEN	CODE 'G'　　CODE 'G' CIRCLED　　　　NOT ☐　　　　　CIRCLED 　　　　　　　☐ ↓　　(SKIP TO 549H) ←	CODE 'G'　　CODE 'G' CIRCLED　　　　NOT ☐　　　　　CIRCLED 　　　　　　　☐ ↓　　(SKIP TO 549H) ←	CODE 'G'　　CODE 'G' CIRCLED　　　　NOT ☐　　　　　CIRCLED 　　　　　　　☐ ↓　　(SKIP TO 549H) ←
549F	How long after the fever started did (NAME) first take asunate/artesunate?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER 　FEVER . . . . . 2 THREE DAYS AFTER 　FEVER . . . . 3 FOUR OR MORE DAYS 　AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER 　FEVER . . . . . 2 THREE DAYS AFTER 　FEVER . . . . 3 FOUR OR MORE DAYS 　AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER 　FEVER . . . . . 2 THREE DAYS AFTER 　FEVER . . . . 3 FOUR OR MORE DAYS 　AFTER FEVER . . 4 DON'T KNOW . . . 8
549G	For how many days did (NAME) take the asunate/artesunate? IF 7 DAYS OR MORE, RECORD 7.	DAYS . . . . ☐ DON'T KNOW . . . 8	DAYS . . . . ☐ DON'T KNOW . . . 8	DAYS . . . . ☐ DON'T KNOW . . . 8
549H	CHECK 538: ARTEETHER ('H') GIVEN	CODE 'H'　　CODE 'H' CIRCLED　　　　NOT ☐　　　　　CIRCLED 　　　　　　　☐ ↓　　(SKIP TO 550) ←	CODE 'H'　　CODE 'H' CIRCLED　　　　NOT ☐　　　　　CIRCLED 　　　　　　　☐ ↓　　(SKIP TO 550) ←	CODE 'H'　　CODE 'H' CIRCLED　　　　NOT ☐　　　　　CIRCLED 　　　　　　　☐ ↓　　(SKIP TO 550) ←
549I	How long after the fever started did (NAME) first take arteether?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER 　FEVER . . . . . 2 THREE DAYS AFTER 　FEVER . . . . . 3 FOUR OR MORE DAYS 　AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER 　FEVER . . . . . 2 THREE DAYS AFTER 　FEVER . . . . . 3 FOUR OR MORE DAYS 　AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER 　FEVER . . . . . 2 THREE DAYS AFTER 　FEVER . . . . . 3 FOUR OR MORE DAYS 　AFTER FEVER . . 4 DON'T KNOW . . . 8
549J	For how many days did (NAME) take the arteether? IF 7 DAYS OR MORE, RECORD 7.	DAYS . . . . ☐ DON'T KNOW . . . 8	DAYS . . . . ☐ DON'T KNOW . . . 8	DAYS . . . . ☐ DON'T KNOW . . . 8

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

550	CHECK 538:
	
	OTHER ANTIMALARIAL ('I') GIVEN
		CODE 'I' CODE 'I'
		CIRCLED NOT
		                        CIRCLED
		
		(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)
			CODE 'I' CODE 'I'
			CIRCLED NOT
			                        CIRCLED
			
			(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)
				CODE 'I' CODE 'I'
				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 DAYS AFTER
		    FEVER 3
		FOUR OR MORE DAYS
		    AFTER FEVER . . 4
		DON'T KNOW . . . 8
			SAME DAY 0
			NEXT DAY 1
			TWO DAYS AFTER
			    FEVER 2
			THREE DAYS AFTER
			    FEVER 3
			FOUR OR MORE DAYS
			    AFTER FEVER . . 4
			DON'T KNOW . . . 8
				SAME DAY 0
				NEXT DAY 1
				TWO DAYS AFTER
				    FEVER 2
				THREE DAYS AFTER
				    FEVER 3
				FOUR OR MORE DAYS
				    AFTER FEVER . . 4
				DON'T KNOW . . . 8

551A	For how many days did (NAME) take the (OTHER ANTIMALARIAL)? IF 7 DAYS OR MORE, RECORD 7.	DAYS . . . . ☐ DON'T KNOW . . . 8	DAYS . . . . ☐ DON'T KNOW . . . 8	DAYS . . . . ☐ 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	
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 stool,
	what was done to dispose off the stool?
		CHILD USED TOILET OR LATRINE 01
		PUT/RINSED
		  INTO TOILET OR LATRINE 02
		PUT/RINSED
		  INTO DRAIN OR DITCH 03
		THROWN INTO GARBAGE 04
		BURIED 05
		LEFT IN THE OPEN 06
		OTHER _____ 96
		                 (SPECIFY)	

555	CHECK 522(a), ALL COLUMNS: NO CHILD ANY CHILD RECEIVED FLUID ☐ RECEIVED FLUID ☐ FROM ORS PACKET FROM ORS PACKET		→ 557
556	Have you ever heard of a special product called ORS packet you can get for the treatment of diarrhoea?	YES . . . . 1 NO 2	
557	CHECK 215 AND 218, ALL ROWS: HAS AT LEAST ONE CHILD DOES NOT HAVE ANY CHILDREN BORN IN 2011 OR LATER ☐ BORN IN 2011 OR LATER ☐ AND LIVING WITH HER AND LIVING WITH HER RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 558) _____ (NAME)		→ 601

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES		

| 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 tinned, powdered, 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)	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 Provita, Delight, Cerelac, Soya Porridge?	**h**	1	2	8
i)	Bread, rice, noodles, porridge, nshima 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)	White potatoes, manioc, cassava, or any other foods made from roots?	**k**	1	2	8
l)	Any dark green, leafy vegetables, cassava leaves, rape, sweet potato leaves?	**l**	1	2	8
m)	Ripe mangoes, paw paw, apricot, watermelon?	**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 or dried fish or shellfish?	**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)	Any caterpillars, other insects or other small protein foods?	**u**	1	2	8
v)	Any other solid, semi-solid, or soft food?	**v**	1	2	8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
559	CHECK 558 (CATEGORIES "g" THROUGH "v"): NOT A SINGLE ☐ AT LEAST ONE ☐ "YES" ↓ "YES"		→ 561
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, semisolid, or soft foods other than liquids 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 elsewhere?	LIVING WITH HER .... 1 STAYING ELSEWHERE 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. .... ☐☐	
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 partners does your husband live with now as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ..... ☐☐ DON'T KNOW 98	
608	Are you the first, second, … wife/partner?	RANK .... ☐☐	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE .... 1 MORE THAN ONCE 2	→ 609B
609A	CHECK 603: IS RESPONDENT CURRENTLY WIDOWED? NOT ASKED OR CURRENTLY DIVORCED/ SEPARATED ☐ CURRENTLY WIDOWED ☐		→610 → 609D
609B	CHECK 603: IS RESPONDENT CURRENTLY WIDOWED? CURRENTLY WIDOWED ☐ NOT ASKED ☐ CURRENTLY DIVORCED/ SEPARATED ☐		→ 609D → 610
609C	How did your previous marriage or union end?	DEATH .... 1 DIVORCE .... 2 SEPARATION 3	→ 610
609D	To whom did most of your late husband's property go?	RESPONDENT .... 1 OTHER WIFE .... 2 SPOUSE'S CHILDREN .... 3 SPOUSE'S FAMILY .... 4 NO PROPERTY .... 5 OTHER _____ 6 (SPECIFY)	→ 610
609E	Did you receive any of your late husband's assets or valuables?	YES .... 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
610	CHECK 609: MARRIED/ LIVED WITH A MAN ONLY ONCE ⟶ In what month and year did you start living with your husband/partner? MARRIED/ LIVED WITH A MAN MORE THAN ONCE ⟶ Now I would like to ask about when you started living with your first husband/partner. In what month and year was that?	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 need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE . . . . 00 AGE IN YEARS . . . . ☐☐ FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	→ 613C → 613C
613A	CHECK 103: AGE 15-24 ⟶ AGE 25-49 ⟶		→ 628
613B	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE 8	→ 628
613C	CHECK 103: AGE 15-24 ⟶ AGE 25-49 ⟶		→ 614
613D	The first time you had sexual intercourse, was a female or male condom used?	YES . . . . 1 NO . . . . 2 DON'T KNOW/DON'T REMEMBER . . . 8	
613E	How old was the person you first had sexual intercourse with?	AGE OF PARTNER . . . . ☐☐ DON'T KNOW 98	→ 614
613F	Was this person older than you, younger than you, or about the same age as you?	OLDER . . . . 1 YOUNGER . . . . 2 ABOUT THE SAME AGE . . . . 3 DON'T KNOW/DON'T REMEMBER . . . 8	→ 614
613G	Would you say this person was ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . . . . . 1 LESS THAN TEN YEARS OLDER . . . 2 OLDER, UNSURE HOW MUCH 3	
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 had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS. IF LESS THAN 1 DAY RECORD "00" DAYS.	DAYS AGO . . . . 1 ☐☐ WEEKS AGO . . . . 2 ☐☐ MONTHS AGO . . . . . . 3 ☐☐ YEARS AGO . . . . 4 ☐☐	→ 627

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
616	When was the last time you had sexual intercourse with this person?		DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3
617	The last time you had sexual intercourse with (this/second/third) person, was a female or male condom used?	YES . . . . 1 NO . . . . 2 (SKIP TO 619) ←	YES . . . . 1 NO . . . . 2 (SKIP TO 619) ←	YES . . . . 1 NO . . . . 2 (SKIP TO 619) ←
618	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2
619	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	HUSBAND . . . . 1 LIVE-IN PARTNER . . . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 CLIENT/SEX WORKER . 5 OTHER _____ 6 (SPECIFY) (SKIP TO 622) ←	HUSBAND . . . . 1 LIVE-IN PARTNER . . . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 CLIENT/SEX WORKER . 5 OTHER _____ 6 (SPECIFY) (SKIP TO 622) ←	HUSBAND . . . . 1 LIVE-IN PARTNER . . . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 CLIENT/SEX WORKER . 5 OTHER _____ 6 (SPECIFY) (SKIP TO 622) ←
620	CHECK 609:	MARRIED ONLY ONCE 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 have sexual intercourse with (this/second/third) person?	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 did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE "95".	NUMBER OF TIMES	NUMBER OF TIMES	NUMBER OF TIMES

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
624	How old is this person?	AGE OF PARTNER ☐☐ DON'T KNOW 98	AGE OF PARTNER ☐☐ DON'T KNOW 98	AGE OF PARTNER ☐☐ DON'T KNOW 98
624A	The last time you had sexual intercourse with (this/second/third) person, did you or this person drink alcohol?	YES . . . . 1 NO . . . . 2 (SKIP TO 625) ◄──┘	YES . . . . 1 NO . . . . 2 (SKIP TO 625) ◄──┘	YES . . . . 1 NO . . . . 2 (SKIP TO 626) ◄──┘

624B	Were you or your partner drunk at that time?
	
	IF YES: Who was drunk?
		RESPONDENT ONLY 1
		PARTNER ONLY . . . 2
		RESPONDENT AND
		  PARTNER BOTH . 3
		NEITHER 4
			RESPONDENT ONLY 1
			PARTNER ONLY . . . 2
			RESPONDENT AND
			  PARTNER BOTH . 3
			NEITHER 4
				RESPONDENT ONLY 1
				PARTNER ONLY . . . 2
				RESPONDENT AND
				  PARTNER BOTH . 3
				NEITHER 4

625	Apart from (this person/these two people), have you had sexual intercourse with any other person in the last 12 months?	YES . . . . 1 (GO BACK TO 616 ◄──┘ IN NEXT COLUMN) NO . . . . 2 (SKIP TO 627) ◄──┘	YES . . . . 1 (GO BACK TO 616 ◄──┘ IN NEXT COLUMN) NO . . . . 2 (SKIP TO 627) ◄──┘	
626	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS LAST 12 MONTHS . . . ☐☐ DON'T KNOW . . . 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
627	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME . . . . ☐☐ DON'T KNOW 98	
628	CHECK 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 male condoms?	YES . . . . 1 NO 2	→ 632

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))
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL . . . . A
		   GOVT. HEALTH CENTER/POST . . . B
		   MOBILE HOSPITAL/CLINIC C
		   FAMILY PLANNING CLINIC . . . . D
		   COMMUNITY BASED
		     AGENT/FIELDWORKER . . . . E
		   OTHER PUBLIC
		     SECTOR _____ F
		            (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC . . . . G
		   MISSION HOSPITAL/CLINIC . . . . H
		   PHARMACY I
		   PRIVATE DOCTOR . . . . J
		   COMMUNITY BASED
		     AGENT/FIELDWORKER . . . . K
		   MOBILE HOSPITAL/CLINIC L
		   OTHER PRIVATE MEDICAL
		     SECTOR _____ M
		            (SPECIFY)
		
		OTHER SOURCE
		   SHOP . . . . N
		   CHURCH . . . . O
		   FRIENDS/RELATIVES . . . . P
		
		OTHER _____ X
		         (SPECIFY)	

631	If you wanted to, could you yourself get a male condom?	YES . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE 8	
632	Do you know of a place where a person can get female condoms?	YES . . . . 1 NO 2	→ 701

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

633	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))
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL . . . . A
		  GOVT. HEALTH CENTER/POST . . . B
		  MOBILE HOSPITAL/CLINIC C
		  FAMILY PLANNING CLINIC . . . . D
		  COMMUNITY BASED
		    AGENT/FIELDWORKER . . . . E
		  OTHER PUBLIC
		    SECTOR _____ F
		          (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC . . . . G
		  MISSION HOSPITAL/CLINIC . . . . H
		  PHARMACY I
		  PRIVATE DOCTOR . . . . J
		  COMMUNITY BASED
		    AGENT/FIELDWORKER . . . . K
		  MOBILE HOSPITAL/CLINIC L
		  OTHER PRIVATE MEDICAL
		    SECTOR _____ M
		          (SPECIFY)
		
		OTHER SOURCE
		  SHOP . . . . N
		  CHURCH . . . . O
		  FRIENDS/RELATIVES . . . . P
		
		OTHER _____ X
		          (SPECIFY)	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 304: NEITHER CODE A NOR CODE A OR B CIRCLED CODE B IS CIRCLED NEITHER HE OR SHE STERILIZED STERILIZED		→ 712

702	CHECK 226:
	
	       NOT PREGNANT
	       OR UNSURE
	PREGNANT
			→ 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 PREGNANT
	OR UNSURE
	
	How long would you like to After the birth of the child you are
	wait from now before the expecting now, how long would
	birth of (a/another) child? 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 PREGNANT OR UNSURE		→ 711

707	CHECK 303: USING A CONTRACEPTIVE METHOD?
	
	            NOT CURRENTLY
	        CURRENTLY USING
	          USING
			→ 712

708	CHECK 705: NOT 24 OR MORE MONTHS 00-23 MONTHS ASKED OR 02 OR MORE YEARS 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, but you are not using any method to avoid pregnancy. You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.
	
	 Can you tell me why you are not using a method? Can you tell me why you are not using a method?
	
	 Any other reason? 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	→ 711B → 712
711A	Which contraceptive method would you prefer to use?	FEMALE STERILIZATION . . . . 01 MALE STERILIZATION . . . . 02 IUD . . . . 03 INJECTABLES . . . . 04 IMPLANTS . . . . 05 PILL . . . . 06 MALE CONDOM . . . . 07 FEMALE CONDOM . . . . 08 DIAPHRAGM . . . . 09 FOAM/JELLY . . . . 10 STANDARD DAYS METHOD . . . . 11 LACTATIONAL AMEN. METHOD . . . . . 12 RHYTHM METHOD . . . . 13 WITHDRAWAL . . . . 14 OTHER _____ 96 (SPECIFY) UNSURE 98	712

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

711B	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED 11
		
		FERTILITY-RELATED REASONS
		   INFREQUENT SEX/NO SEX ... 22
		   MENOPAUSAL/HYSTERECTOMY . 23
		   SUBFECUND/INFECUND 24
		   WANTS AS MANY CHILDREN AS
		      POSSIBLE 26
		OPPOSITION TO USE
		   RESPONDENT OPPOSED 31
		   HUSBAND/PARTNER OPPOSED . 32
		   OTHERS OPPOSED 33
		   RELIGIOUS PROHIBITION 34
		LACK OF KNOWLEDGE
		   KNOWS NO METHOD 41
		   KNOWS NO SOURCE 42
		METHOD-RELATED REASONS
		   HEALTH CONCERNS 51
		   FEAR OF SIDE EFFECTS 52
		   LACK OF ACCESS/TOO FAR ... 53
		   COSTS TOO MUCH 54
		   INCONVENIENT TO USE 55
		   INTERFERES WITH BODY'S
		      NORMAL PROCESSES 56
		
		OTHER _____ 96
		         (SPECIFY)
		DON'T KNOW 98
			→ 712

711C	Would you ever use a contraceptive method if you were married?	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
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 last six months, have you listened to the following programmes on the radio?
	
	   Your Health Matters
	
	   Other health related programmes
		YES NO
		
		YOUR HEALTH MATTERS 1 2
		
		OTHER _____ 1 2
		         (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715A	In the last six months, have you seen any of the following programmes on television? Your Health Matters Other health related programmes	YES NO YOUR HEALTH MATTERS ...... 1 2 OTHER _____ 1 2 (SPECIFY)	
716	CHECK 601: YES, YES, NO, CURRENTLY [ ] LIVING [ ] NOT IN [ ] MARRIED ↓ WITH A MAN ↓ UNION		→ 801

717	CHECK 304: CURRENT CONTRACEPTIVE METHOD?
	
	    OTHER [ ]
	         ↓
		CIRCLED CODE
		   B, G, OR N [ ]
		
		       NOT
		    ASKED [ ]
			→ 718
			
			→ 720

717A	Does your (husband/partner) know that you are using a method of family planning?	YES .... 1 NO .... 2 DON'T KNOW 8	
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 CODE A NOR CODE A OR B CIRCLED
	CODE B IS CIRCLED
	
	   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 is 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	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	YES . . . . 1 NO 2	→ 811
810	Have you done any work in the last 12 months?	YES . . . . 1 NO 2	→ 815
811	What is your occupation, that is, what kind of work do you mainly do?	⬚⬚ _____ _____	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	
812A	Do you usually work at home or away from home?	HOME . . . . 1 AWAY 2	
813	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR . . . . 1 SEASONALLY/PART OF THE YEAR . 2 ONCE IN A WHILE 3	
814	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY . . . . 1 CASH AND KIND . . . . 2 IN KIND ONLY . . . . 3 NOT PAID 4	
815	CHECK 601: CURRENTLY MARRIED/LIVING NOT IN UNION ☐ WITH A MAN ↓		→ 823
816	CHECK 814: CODE 1 OR 2 OTHER ☐ CIRCLED ↓		→ 819

817	Who usually decides how the money that 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 EARNING . . . . 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 EARNING 4
		OTHER _____ 6
		                  (SPECIFY)	

820	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT . . . . 1 HUSBAND/PARTNER . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 SOMEONE ELSE . . . . 4 OTHER 6	
821	Who usually makes decisions about making major household purchases?	RESPONDENT . . . . 1 HUSBAND/PARTNER . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 SOMEONE ELSE . . . . 4 OTHER 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
821A	Who usually makes decisions about making purchases for daily household needs?	RESPONDENT . . . . 1 HUSBAND/PARTNER . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 SOMEONE ELSE . . . . 4 OTHER 6	
822	Who usually makes decisions about visits to your family or relatives?	RESPONDENT . . . . 1 HUSBAND/PARTNER . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 SOMEONE ELSE . . . . 4 OTHER 6	
823	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY . . . . 1 JOINTLY ONLY . . . . 2 BOTH ALONE AND JOINTLY . . . . 3 DOES NOT OWN 4	
824	Do you own any land either alone or jointly with someone else?	ALONE ONLY . . . . 1 JOINTLY ONLY . . . . 2 BOTH ALONE AND JOINTLY . . . . 3 DOES NOT OWN 4	
825	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)		

PRESENCE OF OTHERS (825):

	PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.
CHILDREN < 10	1	2	3
HUSBAND	1	2	3
OTHER MALES	1	2	3
OTHER FEMALES	1	2	3

| 826 | In your opinion, is a husband justified in hitting or beating his wife in the following situations: | | |

	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

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 chances 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	
905A	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	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	
907A	Do you think your risk of getting infected with HIV is low, medium or high, or do you have no risk at all?	LOW . . . . 1 MEDIUM . . . . 2 HIGH . . . . 3 NO RISK . . . . 4 OTHER . . . . 6 DON'T KNOW 8	
908	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. . . . . . 1 2 8 DURING DELIVERY . . . 1 2 8 BREASTFEEDING . . . 1 2 8	

909	CHECK 908:
	    AT LEAST [ ] OTHER [ ]
	    ONE 'YES' ↓
			→ 910A

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	
910A	Have you heard about antiretroviral drugs (ARVs) that people infected with the AIDS virus can get from a doctor or a nurse to help them live longer?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 911
910B	Do you know any one on antiretroviral therapy (ART) treatment?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
911	CHECK 208 AND 215: NO BIRTHS ☐ LAST BIRTH SINCE ☐ LAST BIRTH BEFORE ☐ JANUARY 2011 JANUARY 2011		→ 926 → 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.		
914	During any of the antenatal visits for your last birth, did anyone talk to you about: Babies getting the AIDS virus from their mother? Things that you can do to prevent getting the AIDS virus? Getting tested for the AIDS virus?	YES NO DK AIDS FROM MOTHER 1 2 8 THINGS TO DO . 1 2 8 TESTED FOR AIDS . 1 2 8	
915	Were you offered a test for the AIDS virus as part of your antenatal care?	YES . . . . 1 NO 2	
916	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	YES . . . . 1 NO 2	→ 920

917	Where was the test done?
	
	 PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	 IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	 _____
	 (NAME OF PLACE)
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL 11
		  GOVT. HEALTH CENTER/POST . . . 12
		  STAND-ALONE VCT CENTRE 13
		  FAMILY PLANNING CLINIC 14
		  MOBILE HOSPITAL/CLINIC 15
		  COMMUNITY BASED
		   AGENT/FIELDWORKER 16
		  OTHER PUBLIC
		   SECTOR _____ 17
		    (SPECIFY)
		
		 PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC/
		   PRIVATE DOCTOR 21
		  MISSION HOSPITAL/CLINIC 22
		  STAND-ALONE VCT CENTRE 23
		  MOBILE HOSPITAL/CLINIC 24
		  COMMUNITY BASED
		   AGENT/FIELDWORKER 25
		  OTHER PRIVATE MEDICAL
		   SECTOR _____ 26
		    (SPECIFY)
		
		 OTHER SOURCE
		  PRISON 31
		
		 OTHER
		   _____ 96
		    (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
918	I don't want to know the results, but did you get the results of the test?	YES . . . . 1 NO 2	→ 924
918A	Did you disclose your results to any of the following: 1 (Husband/Partner)? 2 Family member? 3 Religious leader? 4 Friend? 5 Any other?	YES NO HUSBAND/PARTNER . . . . 1 2 FAMILY MEMBER . . . . 1 2 RELIGIOUS LEADER . . . . 1 2 FRIEND . . . . 1 2 OTHER _____ 1 2 (SPECIFY)	
919	All women are supposed to receive counselling after being tested. After you were tested, did you receive counselling?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
919B	How many times were you tested in total at ANC?	TIMES TESTED . . . . ☐☐	→ 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
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	
927A	For your most recent test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST . . . . 1 OFFERED AND ACCEPTED . . . . 2 REQUIRED 3	
928	I don't want to know the results, but did you get the results of the test?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

929	Where was the test done?
	
	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)
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL 11
		  GOVT. HEALTH CENTER/POST ... 12
		  STAND-ALONE VCT CENTRE 13
		  FAMILY PLANNING CLINIC 14
		  MOBILE HOSPITAL/CLINIC 15
		  COMMUNITY BASED
		    AGENT/FIELDWORKER 16
		  OTHER PUBLIC
		    SECTOR _____ 17
		          (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC/
		    PRIVATE DOCTOR 21
		  MISSION HOSPITAL/CLINIC 22
		  STAND-ALONE VCT CENTRE 23
		  MOBILE HOSPITAL/CLINIC 24
		  COMMUNITY BASED
		    AGENT/FIELDWORKER 25
		  OTHER PRIVATE MEDICAL
		    SECTOR _____ 26
		          (SPECIFY)
		
		OTHER SOURCE
		  PRISON 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

931	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).
	
	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/POST ... B
		  STAND-ALONE VCT CENTRE C
		  FAMILY PLANNING CLINIC .... D
		  MOBILE HOSPITAL/CLINIC .... E
		  COMMUNITY BASED
		    AGENT/FIELDWORKER .... F
		  OTHER PUBLIC
		    SECTOR _____ G
		          (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC/
		    PRIVATE DOCTOR .... H
		  MISSION HOSPITAL/CLINIC I
		  STAND-ALONE VCT CENTRE ..... J
		  MOBILE HOSPITAL/CLINIC .... K
		  COMMUNITY BASED
		    AGENT/FIELDWORKER L
		  OTHER PRIVATE MEDICAL
		    SECTOR _____ M
		          (SPECIFY)
		
		OTHER SOURCE
		  PRISON .... 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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	
935A	Do you personally know someone who has or is suspected to have the AIDS virus?	YES .... 1 NO 2	
935B	Do you agree or disagree with the following statement: "People with the AIDS virus should be blamed for bringing the disease into the community."	AGREE .... 1 DISAGREE .... 2 DON'T KNOW 8	
936	Should children aged 12-14 be taught about using a condom to avoid getting AIDS?	YES .... 1 NO .... 2 DK/NOT SURE/DEPENDS 8	
936A	Should children aged 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid getting AIDS?	YES .... 1 NO .... 2 DON'T KNOW 8	
936B	Some individuals would choose not to go for HIV testing. Why in your opinion is this so? (CIRCLE ALL THAT ARE MENTIONED)	FEEL THEY ARE NOT AT RISK ..... A FEAR OF RESULTS .... B FEAR OF STIGMA/DISCRIMINATION .. C DON'T KNOW WHERE TO GO .... D OTHER _____ X (SPECIFY)	
937	CHECK 901: HEARD ABOUT ☐ NOT HEARD ☐ AIDS ↓ ABOUT AIDS ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? Have you heard about infections that can be transmitted through sexual contact?	YES .... 1 NO 2	
938	CHECK 613: HAS HAD SEXUAL ☐ HAS NOT HAD SEXUAL ☐ INTERCOURSE ↓ INTERCOURSE		→ 945A

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 sexual contact?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
941	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
942	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
943	**CHECK 940, 941, AND 942:** HAS HAD AN ☐ HAS NOT HAD AN INFECTION INFECTION OR (ANY 'YES') DOES NOT KNOW		→ 945A
944	The last time you had (PROBLEM FROM 940/941/942), did you seek any kind of advice or treatment?	YES . . . . 1 NO 2	→ 945A

945	Where did you go?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
	
	_____
	(NAME OF PLACE(S))
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL . . . . A
		  GOVT. HEALTH CENTER/POST . . . B
		  STAND-ALONE VCT CENTRE C
		  FAMILY PLANNING CLINIC . . . . D
		  MOBILE HOSPITAL/CLINIC . . . . E
		  COMMUNITY BASED
		    AGENT/FIELDWORKER . . . . F
		  OTHER PUBLIC
		    SECTOR _____ G
		        (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC/
		    PRIVATE DOCTOR . . . . H
		  MISSION HOSPITAL/CLINIC. I
		  STAND-ALONE VCT CENTRE . . . . . J
		  MOBILE HOSPITAL/CLINIC . . . . K
		  COMMUNITY BASED
		    AGENT/FIELDWORKER L
		  OTHER PRIVATE MEDICAL
		    SECTOR _____ M
		        (SPECIFY)
		
		OTHER SOURCE
		  SHOP . . . . N
		
		OTHER
		    _____ X
		      (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
945A	Husbands and wives do not always agree on everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
946	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
946A	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
947	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with women other than his wives?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
948	CHECK 601: CURRENTLY MARRIED/ LIVING WITH A PARTNER ☐ NOT IN UNION ☐		→ 1000A
949	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?	YES . . . . 1 NO . . . . 2 DEPENDS/NOT SURE 8	
950	Could you ask your (husband/partner) to use a condom if you wanted him to?	YES . . . . 1 NO . . . . 2 DEPENDS/NOT SURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1000A	Have you ever heard of an illness called tuberculosis or TB?	YES . . . . 1 NO 2	→ 1001

1000B	How does tuberculosis spread from one person to another?
	
	PROBE: Any other ways?
	
	RECORD ALL MENTIONED.
		THROUGH THE AIR WHEN
		   COUGHING OR SNEEZING . . . . A
		THROUGH SHARING UTENSILS . . . . . B
		THROUGH TOUCHING A PERSON
		   WITH TB C
		THROUGH FOOD . . . . D
		THROUGH SEXUAL CONTACT . . . . . E
		THROUGH MOSQUITO BITES . . . . F
		OTHER _____ X
		                    (SPECIFY)
		DON'T KNOW . . . . Z	

1000C	Can tuberculosis be cured?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1000D	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . 1 NO . . . . 2 DON'T KNOW 8	
1000E	If a member of your family got tuberculosis, would you care for them?	YES . . . . 1 NO . . . . 2 DON'T KNOW/DEPENDS 8	
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 GREATER THAN 90, 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 dentist, or any other health worker? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→ 1004

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

1002A	The last time you had an injection given to you by a trained health worker where did you go to get the injection?
	
	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)
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL 11
		  GOVT. HEALTH CENTER/POST ... 12
		  MOBILE HOSPITAL/CLINIC 13
		  OTHER PUBLIC
		    SECTOR _____ 16
		       (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC/
		    PRIVATE DOCTOR 21
		  MISSION HOSPITAL/CLINIC....... 22
		  DENTAL CLINIC/OFFICE 23
		  MOBILE HOSPITAL/CLINIC 24
		  PHARMACY 25
		  OFFICE OR HOME OF NURSE/
		    HEALTH WORKER 26
		  OTHER PRIVATE MEDICAL
		    SECTOR _____ 27
		       (SPECIFY)
		OTHER SOURCE
		  AT HOME 31
		
		OTHER _____ 96
		     (SPECIFY)	

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?	CIGARETTES .... ☐☐	
1006	Do you currently smoke or use any (other) type of tobacco?	YES .... 1 NO 2	→ 1007A
1007	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE .... A CHEWING TOBACCO .... B SNUFF .... C OTHER _____ X (SPECIFY)	
1007A	Do you drink alcohol?	YES .... 1 NO 2	→ 1008
1007B	In the last one week how many days did you drink alcohol?	NUMBER OF DAYS .... ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
1008	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?		BIG PROB-LEM NOT A BIG PROB-LEM	
	Getting permission to go for advice or treatment?	PERMISSION TO GO . . . 1	2	
	Getting money needed for advice or treatment?	GETTING MONEY 1	2	
	The distance to the health facility?	DISTANCE 1	2	
	Having to take transport?	TAKING TRANSPORT . . . 1	2	
	Not wanting to go alone?	GO ALONE 1	2	
	Concern that there may not be a female health provider?	NO FEMALE PROVIDER . 1	2	
	Concern that there may not be any health provider?	NO PROVIDER 1	2	
	Concern that there may be no drugs available?	NO DRUGS 1	2	
	Rude attitude of health provider?	RUDE ATTITUDE . . . 1	2	
1009	Are you covered by any health insurance or health scheme?	YES . . . . 1 NO 2		→ 1010A
1010	What type of health (insurance/scheme)? 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 LOW COST PRE-PAYMENT SCHEME/STANDARD . . . . E HIGH COST PRE-PAYMENT SCHEME/PREMIUM . . . . F OTHER _____ X (SPECIFY)		
1010A	CHECK 217: (YOUNGEST) CHILD ☐ OTHER ☐ IS AGE 0-17 ↓			→ 1010C
1010B	Now I would like to ask you about your own child(ren) who (is/are) under the age of 18. Have you made arrangements for someone to care for (him/her/them) in the event that you fall sick or are unable to care for (him/her/them)?	YES . . . . 1 NO . . . . 2 UNSURE 8		
1010C	(Besides your own child/children), are you the primary caregiver for any children under the age of 18?	YES . . . . 1 NO 2		→ 1101
1010D	Have you made arrangements for someone to care for this child/these children in the event that you fall sick or are unable to care for (him/her/them)?	YES . . . . 1 NO . . . . 2 UNSURE 8		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER .... [ ][ ]	
1102	CHECK 1101: TWO OR MORE BIRTHS [ ]	ONLY ONE BIRTH (RESPONDENT ONLY) [ ]	→ 1201
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 live born children did (NAME) give birth to during her lifetime?	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]

IF NO MORE BROTHERS OR SISTERS, GO TO 1201

		(7)	(8)	(9)	(10)	(11)	(12)
1104	What was the name given to your oldest (next oldest) brother or sister?	_____	_____	_____	_____	_____	_____
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 live born children did (NAME) give birth to during her lifetime?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

IF NO MORE BROTHERS OR SISTERS, GO TO 1201

TICK HERE IF CONTINUATION SHEET USED ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1201	CHECK HOUSEHOLD QUESTIONNAIRE, QH21 AND COVER PAGE. WOMAN SELECTED [ ] WOMAN [ ] FOR THIS SECTION NOT SELECTED		→ 1234
1202	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY PRIVACY OBTAINED . . . . 1 NOT POSSIBLE 2		→ 1233
	READ TO THE RESPONDENT Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Zambia. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions.		
1203	CHECK 601 AND 602: CURRENTLY FORMERLY MARRIED/ MARRIED/ NEVER MARRIED/ LIVING LIVED WITH A MAN NEVER LIVED WITH WITH A MAN (READ IN PAST TENSE A MAN [ ] AND USE 'LAST' WITH HUSBAND/PARTNER')		→ 1217
1204	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) (husband/partner)? a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times?		

In 1204 coding categories:

	YES	NO	DK
JEALOUS	1	2	8
ACCUSES	1	2	8
NOT MEET FRIENDS . . .	1	2	8
NO FAMILY	1	2	8
WHERE YOU ARE	1	2	8

1205 Now I need to ask some more questions about your relationship with your (last) (husband/partner).

A Did your (last) (husband/partner) ever:

B How often did this happen during the last 12 months: often, only sometimes, or not at all?

	EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
a) say or do something to humiliate you in front of others?	YES NO	1 → 2	1	2	3
b) threaten to hurt or harm you or someone you care about?	YES NO	1 → 2	1	2	3
c) insult you or make you feel bad about yourself?	YES NO	1 → 2	1	2	3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

1206 — **A** Did your (last) (husband/partner) ever do any of the following things to you: **B** How often did this happen during the last 12 months: often, only sometimes, or not at all?

		EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
a)	push you, shake you, or throw something at you?	YES NO	1 → 2 ↓	1	2	3
b)	slap you?	YES NO	1 → 2 ↓	1	2	3
c)	twist your arm or pull your hair?	YES NO	1 → 2 ↓	1	2	3
d)	punch you with his fist or with something that could hurt you?	YES NO	1 → 2 ↓	1	2	3
e)	kick you, drag you, or beat you up?	YES NO	1 → 2 ↓	1	2	3
f)	try to choke you or burn you on purpose?	YES NO	1 → 2 ↓	1	2	3
g)	threaten or attack you with a knife, gun, or other weapon?	YES NO	1 → 2 ↓	1	2	3
h)	physically force you to have sexual intercourse with him when you did not want to?	YES NO	1 → 2 ↓	1	2	3
i)	physically force you to perform any other sexual acts you did not want to?	YES NO	1 → 2 ↓	1	2	3
j)	force you with threats or in any other way to perform sexual acts you did not want to?	YES NO	1 → 2	1	2	3

1207	CHECK 1206A (a-j): AT LEAST ONE 'YES' ☐ NOT A SINGLE 'YES' ☐		→ 1210

1208	How long after you first (got married/started living together) with your (last) (husband/partner) did (this/any of these things) first happen? IF LESS THAN ONE YEAR, RECORD '00'.	NUMBER OF YEARS .... ☐☐ BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95	

1209	Did the following ever happen as a result of what your (last) (husband/partner) did to you:		
	a) You had cuts, bruises, or aches?	YES .... 1 NO 2	
	b) You had eye injuries, sprains, dislocations, or burns?	YES .... 1 NO 2	
	c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES .... 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1210	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/partner) at times when he was not already beating or physically hurting you?	YES . . . . 1 NO 2	→ 1212
1211	In the last 12 months, how often have you done this to your (last) (husband/partner): often, only sometimes, or not at all?	OFTEN . . . . 1 SOMETIMES . . . . 2 NOT AT ALL 3	
1212	Does (did) your (last) (husband/partner) drink alcohol?	YES . . . . 1 NO 2	→ 1214
1213	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN . . . . 1 SOMETIMES . . . . 2 NEVER 3	
1214	Are (Were) you afraid of your (last) (husband/partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID . . . . 1 SOMETIMES AFRAID . . . . 2 NEVER AFRAID 3	
1215	CHECK 609: MARRIED MORE THAN ONCE ☐↓ MARRIED ONLY ONCE ☐		→ 1217
1216	A So far we have been talking about the behaviour of your (current/last) (husband/partner). Now I want to ask you about the behaviour of any previous (husband/partner). B How long ago did this last happen?		

Table for 1216:

	EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER
a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically?	YES 1 → NO 2 ↓	1	2	3
b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?	YES 1 → NO 2	1	2	3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1217	CHECK 601 AND 602: EVER MARRIED/EVER ☐ NEVER MARRIED/NEVER ☐ LIVED WITH A MAN LIVED WITH A MAN From the time you were 15 years old has anyone other than (your/any) (husband/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically? From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES . . . . 1 NO . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1220
1218	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER . . . . A FATHER/STEP-FATHER . . . . B SISTER/BROTHER . . . . C DAUGHTER/SON . . . . D OTHER RELATIVE . . . . E CURRENT BOYFRIEND . . . . F FORMER BOYFRIEND . . . . G MOTHER-IN-LAW . . . . H FATHER-IN-LAW . . . . I OTHER IN-LAW . . . . J TEACHER . . . . K EMPLOYER/SOMEONE AT WORK . . . . . L POLICE/SOLDIER . . . . M OTHER _____ X (SPECIFY)	
1219	In the last 12 months, how often (has this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN . . . . 1 SOMETIMES . . . . 2 NOT AT ALL 3	
1220	CHECK 201, 226, AND 230: EVER BEEN ☐ NEVER BEEN ☐ PREGNANT PREGNANT (YES ON 201 OR 226 OR 230)		→ 1223
1221	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES . . . . 1 NO 2	→ 1223
1222	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER . . . . . A MOTHER/STEP-MOTHER . . . . B FATHER/STEP-FATHER . . . . C SISTER/BROTHER . . . . D DAUGHTER/SON . . . . E OTHER RELATIVE . . . . F FORMER HUSBAND/PARTNER . . . . G CURRENT BOYFRIEND . . . . H FORMER BOYFRIEND . . . . I MOTHER-IN-LAW . . . . J FATHER-IN-LAW . . . . K OTHER IN-LAW . . . . L TEACHER . . . . M EMPLOYER/SOMEONE AT WORK . . . . . N POLICE/SOLDIER . . . . O OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

1223 — CHECK 601 AND 602:

EVER MARRIED/EVER LIVED WITH A MAN ↓   NEVER MARRIED/NEVER LIVED WITH A MAN ☐ → 1223B

1223A — Now I want to ask you about things that may have been done to you by someone other than (your/any) (husband/partner).

At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?

YES . . . . 1 → 1224
NO 2
REFUSED TO ANSWER/
   NO ANSWER . . . . 3 → 1225A

1223B — At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?

YES 1
NO 2
REFUSED TO ANSWER/
   NO ANSWER . . . . 3 → 1227

1224 — Who was the person who was forcing you the first time?

CURRENT HUSBAND/PARTNER 01
FORMER HUSBAND/PARTNER 02
CURRENT/FORMER BOYFRIEND 03
FATHER/STEP-FATHER 04
BROTHER/STEP-BROTHER 05
OTHER RELATIVE 06
IN-LAW 07
OWN FRIEND/ACQUAINTANCE 08
FAMILY FRIEND 09
TEACHER 10
EMPLOYER/SOMEONE AT WORK 11
POLICE/SOLDIER 12
PRIEST/RELIGIOUS LEADER 13
STRANGER 14

OTHER _____ 96
          (SPECIFY)

1225 — CHECK 601 AND 602:

EVER MARRIED/EVER LIVED WITH A MAN ↓   NEVER MARRIED/NEVER LIVED WITH A MAN ↓

In the last 12 months, has anyone other than (your/any) (husband/partner) physically forced you to have sexual intercourse when you did not want to?   In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?

YES 1
NO . . . . 2 → 1226

1225A — CHECK 1206A (h-j) and 1216A(b)

AT LEAST ONE 'YES' ↓   NOT A SINGLE 'YES' ☐ → 1227

1226 — CHECK 601 AND 602:

EVER MARRIED/EVER LIVED WITH A MAN ↓   NEVER MARRIED/NEVER LIVED WITH A MAN ↓

How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) husband/partner?   How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?

AGE IN COMPLETED YEARS ☐☐

DON'T KNOW 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1227	CHECK 1206A (a-j), 1216A (a,b), 1217, 1221, 1223A, AND 1223B: AT LEAST ONE ☐ NOT A SINGLE ☐ 'YES' ↓ 'YES'		→ 1231
1228	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES . . . . 1 NO 2	→ 1230

1229	From whom have you sought help?
	
	Anyone else?
	
	RECORD ALL MENTIONED.
		OWN FAMILY . . . . A
		HUSBAND'S/PARTNER'S FAMILY . . . . . B
		CURRENT/FORMER
		   HUSBAND/PARTNER C
		CURRENT/FORMER BOYFRIEND . . . . . D
		FRIEND . . . . E
		NEIGHBOUR . . . . F
		RELIGIOUS LEADER . . . . G
		DOCTOR/MEDICAL PERSONNEL . . . . . H
		POLICE I
		LAWYER . . . . J
		SOCIAL SERVICE ORGANIZATION . . . . . K
		
		OTHER _____ X
		            (SPECIFY)
			→ 1231

1230	Have you ever told any one about this?	YES . . . . 1 NO 2	
1231	As far as you know, did your father ever beat your mother?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
1232	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?		YES ONCE	YES, MORE THAN ONCE	NO	
		HUSBAND	1	2	3	
		OTHER MALE ADULT . . .	1	2	3	
		FEMALE ADULT	1	2	3	
1233	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE _____ _____ _____ _____					
1234	RECORD THE TIME.	HOUR . . . . ☐☐ 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: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE
        B BIRTHS
        P PREGNANCIES
        T TERMINATIONS

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

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

				1	2	
	12	DEC	01			
	11	NOV	02			
	10	OCT	03			
	09	SEP	04			
2	08	AUG	05			2
0	07	JUL	06			0
1	06	JUN	07			1
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			