

CAMBODIA DEMOGRAPHIC AND HEALTH SURVEYS 2014
WOMAN'S QUESTIONNAIRE

MINISTRY OF PLANNING
NATIONAL INSTITUTE OF STATISTICS

MINISTRY OF HEALTH
GENERAL DIRECTORATE FOR HEALTH

IDENTIFICATION	
DOMAIN	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
NAME OF HOUSEHOLD HEAD	
PROVINCE	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
DISTRICT	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
COMMUNE	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
VILLAGE	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
CLUSTER NUMBER	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
HOUSEHOLD NUMBER	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
NAME AND LINE NUMBER OF WOMAN	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
INTERVIEWER'S NAME	_____	_____	_____	MONTH <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
RESULT*	_____	_____	_____	YEAR <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
	_____	_____	_____	INT. NUMBER <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
	_____	_____	_____	RESULT* <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
TIME	_____	_____		
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)				

LANGUAGE OF QUESTIONNAIRE, LANGUAGE OF INTERVIEW, NATIVE :

KHMER LANGUAGE 1

OTHER LANGUAGE _____ 2
(SPECIFY)

USED TRANSLATOR:

YES 1

NO 2

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	NAME _____ <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
DATE: _____	DATE: _____		

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____. I am working with the ministry of health and ministry of planning. We are conducting a survey about health all over Cambodia. 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 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
102	In what month and year were you born? IF RESPONDENT DOES NOT KNOW GREGORIAN MONTH AND YEAR OF BIRTH, ASK FOR KHMER MONTH AND YEAR. USE DATE CONVERSION CHART. <div></div> <div>(SPECIFY KHMER MONTH AND YEAR OF BIRTH)</div>	GREGORIAN MONTH <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW MONTH 98 GREGORIAN YEAR <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> 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 <table border="1"><tr><td></td><td></td></tr></table>									
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 LOWER SECONDARY 2 UPPER SECONDARY 3 HIGHER 4									
106	What is the highest (grade/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/FORM/YEAR <table border="1"><tr><td></td><td></td></tr></table>									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	CHECK 105: <div> PRIMARY <input type="checkbox"/> <div> SECONDA RY OR HIGHER <input type="checkbox"/> </div> </div>		→ 110
108	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
109	CHECK 108: <div> CODE '2', '3' OR '4' <input type="checkbox"/> </div> <div> CODE '1' OR '5' CIRCLED <input type="checkbox"/> </div>		→ 111
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
112A	Do you access to internet, at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
113	What is your religion?	BUDDHIST 1 MOSLEM 2 CHRISTIAN 3 OTHER 4	
115	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES <input type="text"/> <input type="text"/> NONE 00	→ 201
116	In the last 12 months, have you been away from home for more than one month at a time?	YES 1 NO 2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
205A	Where do your sons or daughters who do not live with you live?	EXTENDED FAMILY/CAMP A NEIGHBOR B ORPHANAGE/NGO C TEMPLE (WAT) D OTHER E SPECIFY DON'T KNOW X									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> → 226										

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

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your next baby? (NAME)	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (NEXT BIRTH)	DAYS... 1 MONTHS 2 YEARS.. 3	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (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 <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (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 <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (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 <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (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 <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (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 <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (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 first/next baby? (NAME)	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
08	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (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 <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (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 <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (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 <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (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 <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (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 <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE)								
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2009 OR LATER.					NUMBER OF BIRTHS <input type="text"/> NONE 8 → 226			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	<p>C FOR EACH BIRTH SINCE JANUARY 2009, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)</p>		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 230
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. <p>C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.</p>	MONTHS <input type="text"/> <input type="text"/>	
228	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 230
229	Did you want to have a baby later on or did you not want any (more) children?	LATER 1 NO MORE 2	
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 238
231	When did the last such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
232	CHECK 231: LAST PREGNANCY ENDED IN <input type="checkbox"/> JAN. 2009 OR LATER LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JAN. 2009		→ 235A
233	How many months pregnant were you when the last such pregnancy ended? <p>C RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.</p>	MONTHS <input type="text"/> <input type="text"/>	
233A	Did this pregnancy end in an induced abortion?	YES 1 NO 2	→ 234
233B	What was the method used for that induced abortion	SURGICAL METHODS VACUME ASPIRATION A CURETTAGE B DILATATION AND EVACUATION ... C MEDICAL METHODS ORAL PILL/TABLET D VAGINAL PILL/TABLET E INJECTABLE F INTRAUTERINE G TRADITIONAL METHODS H OTHER METHODS X	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
233C	In the seven days after the abortion did you experience: fever? excessive bleeding?	<div>YES NO DK</div> <div>FEVER..... 1 2 8</div> <div>BLEEDING 1 2 8</div>	
233D	Did anyone help you to initiate the induced abortion? IF YES: Who helped you to initiate the abortion? Anyone else? RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR/MEDICAL ASSISTANT ... A NURSE B MIDWIFE C OTHER HEALTH PROF. D OTHER PERSON TRADITIONAL BIRTH ATTENDANT . E PHARMACIST F KRU KHMER/MAGICIAN G RELATIVE/FRIEND H OTHER X (SPECIFY) NO ONE Y	
233E	Where did the induced abortion take place? IF HOSPITAL, PROBE: Do you mean a permanent building where health workers are present everyday? IF YES: Was it a provincial hospital, district hospital, health center, or private hospital? WRITE THE NAME OF THE PLACE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC MEDICAL SECTOR NATIONAL HOSPITAL (PP) 11 PROVINCIAL HOSPITAL (RH) 12 DISTRICT HOSPITAL (RH) 13 HEALTH CENTER 14 HEALTH POST 15 MILITARY HOSPITAL 16 OTHER PUBLIC 17 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 21 PRIVATE CLINIC 22 OTHER PRIVATE MEDICAL 26 HOME YOUR HOME 31 OTHER HOME 32 OTHER PLACE 96 (SPECIFY)	
233F	Was anyone present to help you at the time of the abortion? IF YES: Who was present to help you? Anyone else? RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR/MEDICAL ASSISTANT ... A NURSE B MIDWIFE C OTHER HEALTH PROF. D OTHER PERSON TRADITIONAL BIRTH ATTENDANT . E PHARMACIST F KRU KHMER/MAGICIAN G RELATIVE/FRIEND H OTHER PERSON X (SPECIFY) NO ONE Y	
234	Since January 2009 , have you had any other pregnancies that did not result in a live birth?	YES 1 NO 2	→ 236

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
235	<p>ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2009.</p> <p>C ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.</p>		
235A	Since January 2009, how many induced abortion have you had ?	TOTAL NUMBER ABORTIONS SINCE JANUARY 2009 <input type="text"/> <input type="text"/>	
236	Did you have any miscarriages, abortions or stillbirths that ended before 2009?	YES 1 NO 2	→ 238
237	When did the last such pregnancy that terminated before 2009 end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
237A	In total, how many induced abortions have you had in your lifetime?	TOTAL NUMBER ABORTIONS IN LIFETIME <input type="text"/> <input type="text"/>	
238	<p>When did your last menstrual period start?</p> <p>_____</p> <p>(DATE, IF GIVEN)</p>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996	
239	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 241
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	
241	<p>Do you take iron tablet like this (or these) every week?</p> <p>SHOW THE PICTURE OF IRON TABLET TO RESPONDENT</p>	YES 1 NO 2	

SECTION 3. CONTRACEPTION

301	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>Have you ever heard of (METHOD)?</p>		
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	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, midwife, 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, a midwife, or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
06	DAILY PILL Women can take a pill every day. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	
07	MONTHLY PILL or CHINESE PILL. PROBE: Women can take a pill once a month to avoid becoming pregnant.	YES 1 NO 2	
08	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	
09	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2	
10	Lactational Amenorrhea Method (LAM)	YES 1 NO 2	
11	Rhythm Method. PROBE: Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2	
12	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2	
13	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2	
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	
302	CHECK 226: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> NOT PREGNANT OR UNSURE <input type="checkbox"/> </div> <div style="text-align: center;"> PREGNANT <input type="checkbox"/> </div> </div>		→ 311
303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 311

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	<p>Which method are you using?</p> <p>CIRCLE ALL MENTIONED.</p> <p>IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.</p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>DAILY PILL F</p> <p>MONTHLY METHOD (CHINESE PILL) . G</p> <p>CONDOM H</p> <p>FEMALE CONDOM I</p> <p>DIAPHRAGM J</p> <p>FOAM/JELLY K</p> <p>LACTATIONAL AMEN. METHOD L</p> <p>RHYTHM METHOD M</p> <p>WITHDRAWAL N</p> <p>OTHER MODERN METHOD O</p> <p>OTHER TRADITIONAL METHOD ... Y</p>	<p>→ 307</p> <p>→ 308A</p> <p>→ 306</p> <p>→ 308A</p>
305	<p>What is the brand name of the pills you are using?</p> <p>IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.</p>	<p>SREY PICH 01</p> <p>OK 02</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→ 308A</p>
306	<p>What is the brand name of the condoms you are using?</p> <p>IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.</p>	<p>NUMBER ONE 01</p> <p>OK 02</p> <p>NEAK KAPEAR/ NO NAME 03</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→ 308A</p>
307	<p>In what facility did the sterilization take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL HOSPITAL (PP) 11</p> <p>PROVINCIAL HOSPITAL (RH) 12</p> <p>DISTRICT HOSPITAL (RH) 13</p> <p>HEALTH CENTER 14</p> <p>HEALTH POST 15</p> <p>MILITARY HOSPITAL 16</p> <p>OTHER PUBLIC SECTOR 17</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>OTHER PRIVATE MEDICAL SECTOR 23</p> <p>(SPECIFY)</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
308	In what month and year was the sterilization performed?										
308A	<p>Since what month and year have you been using (CURRENT METHOD) without stopping?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table></p>									
309	<p>CHECK 308/308A, 215 AND 231:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308/308A</p> <p>GO BACK TO 308/308A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>									
310	<p>CHECK 308/308A:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>YEAR IS 2009 OR LATER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>THEN SKIP TO → 322</p> </div> <div style="text-align: center;"> <p>YEAR IS 2008 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2009.</p> </div> </div>										
311	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2009.</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>C IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then? <p>IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO THE LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> * Why did you stop using the (METHOD)? Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason? * IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1. 										

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/>		→ 314
313	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 324
314	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 DAILY PILL 06 MONTHLY METHOD (CHINESE PILL) 07 CONDOM 08 FEMALE CONDOM 09 DIAPHRAGM 10 FOAM/JELLY 11 LACTATIONAL AMEN. METHOD 12 RHYTHM METHOD 13 WITHDRAWAL 14 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 324 → 317A → 326 → 315A → 326
315	You first started using (CURRENT METHOD) in (DATE FROM 308/308A). Where did you get it at that time?	PUBLIC SECTOR NATIONAL HOSPITAL (PP) 11 PROVINCIAL HOSPITAL (RH) 12 DISTRICT HOSPITAL (RH) 13 HEALTH CENTER 14 HEALTH POST 15 MILITARY HOSPITAL 16 OTHER PUBLIC SECTOR 17 (SPECIFY)	
315A	Where did you learn how to use the rhythm/lactational amenorhea/withdrawal 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 21 PRIVATE CLINIC 22 PHARMACY 23 OTHER PRIVATE MEDICAL SECTOR 24 (SPECIFY) OTHER SHOP 31 COMMUNITY DISTRIBUTOR 32 FRIEND/RELATIVE 33 OTHER 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUD 03 INJECTABLES 04 IMPLANTS 05 DAILY PILL 06 MONTHLY METHOD (CHINESE PILL) 07 CONDOM 08 FEMALE CONDOM 09 DIAPHRAGM 10 FOAM/JELLY 11 LACTATIONAL AMEN. METHOD 12 RHYTHM METHOD 13	→ 323 → 320 → 326 → 326
317	At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 319
317A	When you got sterilized, were you told about side effects or problems you might have with the method?		
318	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES 1 NO 2	→ 320
319	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
320	CHECK 317: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> CODE '1' CIRCLED <input type="checkbox"/> ↓ At that time, were you told about other methods of family planning that you could use? </div> <div style="text-align: center;"> CODE '1' NOT CIRCLED <input type="checkbox"/> ↓ When you obtained (CURRENT METHOD FROM 314) from (SOURCE OF METHOD FROM 307 OR 315), were you told about other methods of family planning that you could use? </div> </div>	YES 1 NO 2	→ 322
321	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES 1 NO 2	
322	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 DAILY PILL 06 MONTHLY METHOD (CHINESE PILL) 07 CONDOM 08 FEMALE CONDOM 09 DIAPHRAGM 10 FOAM/JELLY 11 LACTATIONAL AMEN. METHOD 12 RHYTHM METHOD 13 WITHDRAWAL 14 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD ... 96	→ 326 → 326 → 326

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
323	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL HOSPITAL (PP) 11</p> <p>PROVINCIAL HOSPITAL (RH) 12</p> <p>DISTRICT HOSPITAL (RH) 13</p> <p>HEALTH CENTER 14</p> <p>HEALTH POST 15</p> <p>MILITARY HOSPITAL 16</p> <p>OTHER PUBLIC SECTOR 17</p> <p>(SPECIFY) _____</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PHARMACY 23</p> <p>OTHER PRIVATE MEDICAL SECTOR 24</p> <p>(SPECIFY) _____</p> <p>OTHER</p> <p>SHOP 31</p> <p>COMMUNITY DISTRIBUTOR 32</p> <p>FRIEND/RELATIVE 33</p> <p>OTHER 96</p> <p>(SPECIFY) _____</p>	<p>→ 326</p>
324	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 326</p>
325	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL HOSPITAL (PP) A</p> <p>PROVINCIAL HOSPITAL (RH) B</p> <p>DISTRICT HOSPITAL (RH) C</p> <p>HEALTH CENTER D</p> <p>HEALTH POST E</p> <p>MILITARY HOSPITAL F</p> <p>OTHER PUBLIC SECTOR G</p> <p>(SPECIFY) _____</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL H</p> <p>PRIVATE CLINIC I</p> <p>PHARMACY J</p> <p>OTHER PRIVATE MEDICAL SECTOR K</p> <p>(SPECIFY) _____</p> <p>OTHER</p> <p>SHOP L</p> <p>COMMUNITY DISTRIBUTOR M</p> <p>FRIEND/RELATIVE N</p> <p>OTHER X</p> <p>(SPECIFY) _____</p>	

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

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ONE OR MORE BIRTHS IN 2009 OR LATER <div style="border: 1px solid black; width: 20px; height: 20px; margin: 10px auto;"></div> </div> <div style="text-align: center;"> NO BIRTHS IN 2009 OR LATER <div style="border: 1px solid black; width: 20px; height: 20px; margin: 10px auto;"></div> </div> </div> <div style="text-align: right; margin-top: -20px;">→ 556</div>			
402	CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2009 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)			
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin-left: 5px;"></div>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin-left: 5px;"></div>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin-left: 5px;"></div>
404	FROM 212 AND 216	NAME _____ LIVING <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> DEAD <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	NAME _____ LIVING <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> DEAD <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	NAME _____ LIVING <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> DEAD <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 (SKIP TO 408) ← NO 2	YES 1 (SKIP TO 430) ← NO 2	YES 1 (SKIP TO 430) ← NO 2
406	Did you want to have a baby later on, or did you not want any (more) children?	LATER 1 NO MORE 2 (SKIP TO 408) ←	LATER 1 NO MORE 2 (SKIP TO 430) ←	LATER 1 NO MORE 2 (SKIP TO 430) ←
407	How much longer did you want to wait?	MONTHS ..1 <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> YEARS ..2 <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> DON'T KNOW ... 998	MONTHS ..1 <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> YEARS ..2 <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> DON'T KNOW ... 998	MONTHS ..1 <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> YEARS ..2 <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 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/MEDICAL ASSISTANT . A MIDWIFE B NURSE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT . D VILLAGE HEALTH VOLUNTEER ... E OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
410	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S).</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>HOME</p> <p>YOUR HOME ... A</p> <p>MIDWIFE/TBA</p> <p>HOME B</p> <p>OTHER HOME ... C</p> <p>PUBLIC SECTOR</p> <p>NATL HOSP (PP) D</p> <p>PROV HOSP (RH) E</p> <p>DIST HOSP (RH) F</p> <p>HLTH CENTER... G</p> <p>HLTH POST H</p> <p>OUTREACH I</p> <p>MILITARY HOSP J</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ K</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PRIV. HOSP ... L</p> <p>PRIV. CLINIC ... M</p> <p>OTHER PRIVATE MED. SECTOR</p> <p>_____ N</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>		
411	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p> <p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>			
412	<p>How many times did you receive antenatal care during this pregnancy?</p> <p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>			
413	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once:</p> <p>YES NO</p> <p>Were you weighed? WEIGHT ... 1 2</p> <p>Was your height taken? HEIGHT ... 1 2</p> <p>Was your blood pressure measured? BP 1 2</p> <p>Did you give a urine sample? URINE 1 2</p> <p>Did you give a blood sample? BLOOD ... 1 2</p> <p>Did you received nutritional counseling? NUTR COUN 1 2</p>			
414	<p>During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?</p> <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>			
415	<p>During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?</p> <p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 418) ←</p> <p>DON'T KNOW 8</p>			

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
416	During this pregnancy, how many times did you get a tetanus injection?	TIMES <input type="text"/> DON'T KNOW 8		
417	CHECK 416:	2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 421)		
418	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 (SKIP TO 421) ← DON'T KNOW ... 8		
419	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8		
420	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO <input type="text"/> <input type="text"/>		
421	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	YES 1 NO 2 (SKIP TO 423) ← DON'T KNOW 8		
422	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ... 998		
423	During this pregnancy, did you take any drug for intestinal parasites?	YES 1 NO 2 DON'T KNOW 8		
423A	During this pregnancy, did you have difficulty with your vision during daylight?	YES 1 NO 2 DON'T KNOW 8		
423B	During this pregnancy, did you suffer from night blindness?	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: SP/FANSIDAR TAKEN FOR MALARIA PREVENTION.	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 430) ←		
427	How many times did you take (SP/Fansidar) during this pregnancy?	TIMES <input type="text"/> <input type="text"/>		
428	CHECK 409: ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE 'A', 'B' OR 'C' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 430) ←		
429	Did you get the (SP/Fansidar) during any antenatal care visit, during another visit to a health facility or from another source?	ANTENATAL VISIT .. 1 ANOTHER FACILITY VISIT 2 OTHER 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 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
433	<p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR/MEDICAL ASSISTANT . A</p> <p>MIDWIFE B</p> <p>NURSE C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT D</p> <p>RELATIVE/FRIEND E</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE ASSISTED Y</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR/MEDICAL ASSISTANT . A</p> <p>MIDWIFE B</p> <p>NURSE C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT D</p> <p>RELATIVE/FRIEND E</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE ASSISTED Y</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR/MEDICAL ASSISTANT . A</p> <p>MIDWIFE B</p> <p>NURSE C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT D</p> <p>RELATIVE/FRIEND E</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE ASSISTED Y</p>
434	<p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>YOUR HOME ... 11 (SKIP TO 438) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR</p> <p>NATL HOSP (PP) 21</p> <p>PROV HOSP (RH) 22</p> <p>DIST HOSP (RH) 23</p> <p>HLTH CENTER 24</p> <p>HLTH POST 25</p> <p>MILITARY HOSP 26</p> <p>OTHER PUBLIC SECTOR _____ 27 (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PRIV. HOSP . 31</p> <p>PF CLINIC 32</p> <p>OTHER PRIVATE MED. SECTOR _____ 33 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 438) ←</p>	<p>HOME</p> <p>YOUR HOME ... 11 (SKIP TO 448) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR</p> <p>NATL HOSP (PP) 21</p> <p>PROV HOSP (RH) 22</p> <p>DIST HOSP (RH) 23</p> <p>HLTH CENTER 24</p> <p>HLTH POST 25</p> <p>MILITARY HOSP 26</p> <p>OTHER PUBLIC SECTOR _____ 27 (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PRIV. HOSP . 31</p> <p>PF CLINIC 32</p> <p>OTHER PRIVATE MED. SECTOR _____ 33 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 448) ←</p>	<p>HOME</p> <p>YOUR HOME ... 11 (SKIP TO 448) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR</p> <p>NATL HOSP (PP) 21</p> <p>PROV HOSP (RH) 22</p> <p>DIST HOSP (RH) 23</p> <p>HLTH CENTER 24</p> <p>HLTH POST 25</p> <p>MILITARY HOSP 26</p> <p>OTHER PUBLIC SECTOR _____ 27 (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PRIV. HOSP . 31</p> <p>PF CLINIC 32</p> <p>OTHER PRIVATE MED. SECTOR _____ 33 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 448) ←</p>
435	<p>Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?</p>	<p>YES, ELECTIVE ... 1</p> <p>YES, EMERGENCY/ MEDIC INDICATED 2</p> <p>NO 3</p>	<p>YES, ELECTIVE ... 1</p> <p>YES, EMERGENCY/ MEDIC INDICATED 2</p> <p>NO 3</p>	<p>YES, ELECTIVE ... 1</p> <p>YES, EMERGENCY/ MEDIC INDICATED 2</p> <p>NO 3</p>
436	<p>After you gave birth to (NAME), did anyone check on your health while you were still in the facility?</p>	<p>YES 1 (SKIP TO 439) ←</p> <p>NO 2</p>		
437	<p>Did anyone check on your health after you left the facility?</p>	<p>YES 1 (SKIP TO 439) ←</p> <p>NO 2 (SKIP TO 446) ←</p>		
438	<p>After you gave birth to (NAME), did anyone check on your health?</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 442) ←</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
439	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR/MEDICAL ASSISTANT . 11 MIDWIFE 12 NURSE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 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 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/> WEEKS 3 <input type="text"/> <input type="text"/> DON'T KNOW . . . 998		
441	In the six week after delivery, how many times did you received a check on your health?	TIMES <input type="text"/> <input type="text"/> DON'T KNOW . . . 98		
442	In the six weeks after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES 1 NO 2 (SKIP TO 446) ← DON'T KNOW 8		
443	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH .. 1 <input type="text"/> <input type="text"/> DAYS AFTER BIRTH .. 2 <input type="text"/> <input type="text"/> WKS AFTER BIRTH .. 3 <input type="text"/> <input type="text"/> DON'T KNOW . . . 998		
444	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR/MEDICAL ASSISTANT . 11 MIDWIFE 12 NURSE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 OTHER _____ 96 (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
445	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>YOUR HOME ... 11</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR</p> <p>NATL HOSP (PP) 21</p> <p>PROV HOSP (RH) 22</p> <p>DIST HOSP (RH) 23</p> <p>HLTH CENTER 24</p> <p>HLTH POST 25</p> <p>MILITARY HOSP 26</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 27</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PRIV. HOSP . 31</p> <p>PF CLINIC 32</p> <p>OTHER PRIVATE MED. SECTOR</p> <p>_____ 33</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>		
445A	<p>In the six week after (NAME) was born, many times did a health care provider or a traditional birth attendant check on his/her health?</p> <p>TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ... 98</p>			
446	<p>In the first six weeks after delivery, did you receive</p> <p>YES NO</p> <p>A deworming tablet (this/these)? DEWORMING 1 2</p> <p>An advice on contraception? CONTRA-CEPTION 1 2</p> <p>A counseling for newborn care? COUN NEWB 1 2</p> <p>An iron tablet (like this/these)? IRON 1 2</p> <p>SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS. (SKIP TO 447) ←</p>			
446A	<p>In the first six weeks after delivery, how many days did you receive iron tablets ?</p> <p>DAYS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ... 98</p>			
447	<p>Has your menstrual period returned since the birth of (NAME)?</p> <p>YES 1 (SKIP TO 449) ←</p> <p>NO 2 (SKIP TO 450) ←</p>			
448	<p>Did your period return between the birth of (NAME) and your next pregnancy?</p>		<p>YES 1</p> <p>NO 2 (SKIP TO 452) ←</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 452) ←</p>
449	<p>For how many months after the birth of (NAME) did you not have a period?</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
450	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG-NANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 452) ←		
451	Have you had sexual intercourse since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 453) ←		
452	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98		
453	Did you ever breastfeed (NAME)?	YES 1 (SKIP TO 455) ← NO 2	YES 1 NO 2	YES 1 NO 2
454	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 460) (GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 501)		
455	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ... 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>		
456	In the first three days after delivery, was (NAME) given anything to drink other than breast milk such as chheu em?	YES 1 NO 2 (SKIP TO 458) ←		
457	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER ... B SUGAR OR HONEY WATER ... C SUGAR-SALT-WATER SOLUTION D COCONUT/FRUIT JUICE E INFANT FORMULA F HERBAL TEA ... G OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
458	CHECK 404: IS CHILD LIVING?	<div>LIVING DEAD</div> <div> <input type="checkbox"/> <input type="checkbox"/> </div> <div> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) </div>	<div>LIVING DEAD</div> <div> <input type="checkbox"/> <input type="checkbox"/> </div> <div> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) </div>	<div>LIVING DEAD</div> <div> <input type="checkbox"/> <input type="checkbox"/> </div> <div> (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501) </div>
459	Are you still breastfeeding (NAME)?	YES 1 NO 2		
460	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
461		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

SECTION 5. CHILD IMMUNIZATION, HEALTH AND NUTRITION

501	ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2009 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 <input type="text"/> <input type="text"/>				NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>				SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>							
503	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553) </div> </div>				NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553) </div> </div>				NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> (GO TO 503 IN NEXT- TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 553) </div> </div>							
504	Do you have a card where (NAME)'s vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 506) ←┐ YES, NOT SEEN 2 (SKIP TO 509) ←┐ NO CARD 3				YES, SEEN 1 (SKIP TO 506) ←┐ YES, NOT SEEN 2 (SKIP TO 509) ←┐ NO CARD 3				YES, SEEN 1 (SKIP TO 506) ←┐ YES, NOT SEEN 2 (SKIP TO 509) ←┐ NO CARD 3							
505	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 509) ←┐ NO 2				YES 1 (SKIP TO 509) ←┐ NO 2				YES 1 (SKIP TO 509) ←┐ NO 2							
506	(1) COPY DATES FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.																
		LAST BIRTH DAY MONTH YEAR				NEXT-TO-LAST BIRTH DAY MONTH YEAR				SECOND-FROM-LAST BIRTH DAY MONTH YEAR							
	BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	HB 0 (HEPATITIS B GIVEN AT BIRTH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HB0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HB0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	OPV 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OPV1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OPV1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	OPV 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OPV2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OPV2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	OPV 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OPV3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OPV3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	TETRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T/P1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T/P1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	/PENTAVALENT 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T/P2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T/P2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	TETRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T/P3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T/P3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	/PENTAVALENT 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	TETRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIT A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIT A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	/PENTAVALENT 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
	MEASLES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
	VITAMIN A (MOST RECENT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
507	CHECK 506:	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> ↓ (GO TO 511)				OTHER <input type="checkbox"/> ↓				BCG TO MEASLES ALL RECORDED <input type="checkbox"/> ↓ (GO TO 511)				OTHER <input type="checkbox"/> ↓			

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
508	Has (NAME) had any vaccinations that are not recorded on this card, including vaccinations given in a national immunization day campaign? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 506 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ← NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ← NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ← NO 2 (SKIP TO 511) ← DON'T KNOW 8
509	Did (NAME) ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES 1 NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 511) ← DON'T KNOW 8
510	Please tell me if (NAME) had any of the following vaccinations:			
510A	A BCG vaccination against tuberculosis, that is, an injection in the left arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
510B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 510E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510E) ← DON'T KNOW 8
510D	How many times was the polio vaccine given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
510E	A Tetravalent/Pentavalent vaccination, that is, an injection given in the thigh, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 510G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510G) ← DON'T KNOW 8
510F	How many times was the Tetravalent/Pentavalent vaccination given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
510G	A measles injection - that is, a shot in the arm at the age of 9-11 months - to prevent him/her from getting measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
510H	A hepatitis B vaccination against hepatitis, that is, an injection given in the right thigh in the first weeks after birth?	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	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
511	<p>Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)?</p> <p>SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
512	<p>In the last seven days, was (NAME) given micrinutrient powder like (this/any of these)?</p> <p>SHOW PACKAGE OF MICRONUTRIENT POWDER</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
513	<p>Was (NAME) given any drug for intestinal worms in the last six months?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
514	<p>Has (NAME) had diarrhea in the last 2 weeks?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 525) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 525) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 525) ←</p> <p>DON'T KNOW 8</p>
515	<p>Was there any blood in the stools?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
516	<p>Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk).</p> <p>Was he/she given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>
517	<p>When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>
518	<p>Did you seek advice or treatment for the diarrhea from any source?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 522) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 522) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 522) ←</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
519	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>NATL HOSP (PP) A</p> <p>PROV HOSP (RH) B</p> <p>DIST HOSP (RH) C</p> <p>HLTH CENTER . D</p> <p>HLTH POST ... E</p> <p>OUTREACH ... F</p> <p>MILITARY HOSP G</p> <p>OTHER PUBLIC SECTOR ... H</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIV. HOSP ... I</p> <p>PRIV. CLINIC ... J</p> <p>PHARMACY ... K</p> <p>HOME OF TRAINED HEALTH WORKER ... L</p> <p>VISIT OF TRAINED HEALTH WORKER ... M</p> <p>OTHER PRIVATE MED. SECTOR N</p> <p>_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP O</p> <p>TRADITIONAL PRACTITIONER P</p> <p>OTHER _____ X</p> <p>_____ (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>NATL HOSP (PP) A</p> <p>PROV HOSP (RH) B</p> <p>DIST HOSP (RH) C</p> <p>HLTH CENTER . D</p> <p>HLTH POST ... E</p> <p>OUTREACH ... F</p> <p>MILITARY HOSP G</p> <p>OTHER PUBLIC SECTOR ... H</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIV. HOSP ... I</p> <p>PRIV. CLINIC ... J</p> <p>PHARMACY ... K</p> <p>HOME OF TRAINED HEALTH WORKER ... L</p> <p>VISIT OF TRAINED HEALTH WORKER ... M</p> <p>OTHER PRIVATE MED. SECTOR N</p> <p>_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP O</p> <p>TRADITIONAL PRACTITIONER P</p> <p>OTHER _____ X</p> <p>_____ (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>NATL HOSP (PP) A</p> <p>PROV HOSP (RH) B</p> <p>DIST HOSP (RH) C</p> <p>HLTH CENTER . D</p> <p>HLTH POST ... E</p> <p>OUTREACH ... F</p> <p>MILITARY HOSP G</p> <p>OTHER PUBLIC SECTOR ... H</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIV. HOSP ... I</p> <p>PRIV. CLINIC ... J</p> <p>PHARMACY ... K</p> <p>HOME OF TRAINED HEALTH WORKER ... L</p> <p>VISIT OF TRAINED HEALTH WORKER ... M</p> <p>OTHER PRIVATE MED. SECTOR N</p> <p>_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP O</p> <p>TRADITIONAL PRACTITIONER P</p> <p>OTHER _____ X</p> <p>_____ (SPECIFY)</p>
520	CHECK 519:	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p><input type="checkbox"/> CODES CODE <input type="checkbox"/></p> <p><input type="checkbox"/> CIRCLED CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 522) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p><input type="checkbox"/> CODES CODE <input type="checkbox"/></p> <p><input type="checkbox"/> CIRCLED CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 522) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p><input type="checkbox"/> CODES CODE <input type="checkbox"/></p> <p><input type="checkbox"/> CIRCLED CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 522) ←</p>
521	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 519.</p>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
522	<p>Was he/she given any of the following to drink at any time since he/she started having the diarrhea:</p> <p>a) A fluid made from a special packet called Oralyte?</p> <p>b) A ORS Tablet called Oralyte?</p>	<p>YES NO DK</p> <p>FLUID FROM</p> <p>ORS PKT 1 2 8</p> <p>ORS TAB 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM</p> <p>ORS PKT 1 2 8</p> <p>ORS TAB 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM</p> <p>ORS PKT 1 2 8</p> <p>ORS TAB 1 2 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
523	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8
524	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION ... H (IV) INTRAVENOUS I HOME REMEDY/HERBAL MEDICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION ... H (IV) INTRAVENOUS I HOME REMEDY/HERBAL MEDICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION ... H (IV) INTRAVENOUS I HOME REMEDY/HERBAL MEDICINE J OTHER _____ X (SPECIFY)
525	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 527) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 527) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 527) ← DON'T KNOW 8
526	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
527	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8
528	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8
529	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 531) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 531) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 531) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
530	CHECK 525: HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
531	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
532	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8
533	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 537) ←	YES 1 NO 2 (SKIP TO 537) ←	YES 1 NO 2 (SKIP TO 537) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
534	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>NATL HOSP (PP) A</p> <p>PROV HOSP (RH) B</p> <p>DIST HOSP (RH) C</p> <p>HLTH CENTER . D</p> <p>HLTH POST ... E</p> <p>OUTREACH ... F</p> <p>MILITARY HOSP G</p> <p>OTHER PUBLIC SECTOR ... H</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIV. HOSP ... I</p> <p>PRIV. CLINIC ... J</p> <p>PHARMACY ... K</p> <p>HOME OF TRAINED HEALTH WORKER ... L</p> <p>VISIT OF TRAINED HEALTH WORKER ... M</p> <p>OTHER PRIVATE MED. SECTOR N</p> <p>_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP O</p> <p>TRADITIONAL PRACTITIONER P</p> <p>OTHER _____ X</p> <p>_____ (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>NATL HOSP (PP) A</p> <p>PROV HOSP (RH) B</p> <p>DIST HOSP (RH) C</p> <p>HLTH CENTER . D</p> <p>HLTH POST ... E</p> <p>OUTREACH ... F</p> <p>MILITARY HOSP G</p> <p>OTHER PUBLIC SECTOR ... H</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIV. HOSP ... I</p> <p>PRIV. CLINIC ... J</p> <p>PHARMACY ... K</p> <p>HOME OF TRAINED HEALTH WORKER ... L</p> <p>VISIT OF TRAINED HEALTH WORKER ... M</p> <p>OTHER PRIVATE MED. SECTOR N</p> <p>_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP O</p> <p>TRADITIONAL PRACTITIONER P</p> <p>OTHER _____ X</p> <p>_____ (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>NATL HOSP (PP) A</p> <p>PROV HOSP (RH) B</p> <p>DIST HOSP (RH) C</p> <p>HLTH CENTER . D</p> <p>HLTH POST ... E</p> <p>OUTREACH ... F</p> <p>MILITARY HOSP G</p> <p>OTHER PUBLIC SECTOR ... H</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIV. HOSP ... I</p> <p>PRIV. CLINIC ... J</p> <p>PHARMACY ... K</p> <p>HOME OF TRAINED HEALTH WORKER ... L</p> <p>VISIT OF TRAINED HEALTH WORKER ... M</p> <p>OTHER PRIVATE MED. SECTOR N</p> <p>_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP O</p> <p>TRADITIONAL PRACTITIONER P</p> <p>OTHER _____ X</p> <p>_____ (SPECIFY)</p>
535	CHECK 534:	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p><input type="checkbox"/> CODES CODE <input type="checkbox"/></p> <p><input type="checkbox"/> CIRCLED CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 537) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p><input type="checkbox"/> CODES CODE <input type="checkbox"/></p> <p><input type="checkbox"/> CIRCLED CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 537) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p><input type="checkbox"/> CODES CODE <input type="checkbox"/></p> <p><input type="checkbox"/> CIRCLED CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 537) ←</p>
536	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 534.</p>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
537	At any time during the illness, did (NAME) take any drugs for the illness?	<p>YES 1</p> <p>NO 2</p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)</p> <p>DON'T KNOW 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
538	<p>What drugs did (NAME) take?</p> <p>Any other drugs?</p> <p>RECORD ALL MENTIONED.</p>	<p>ANTIMALARIAL DRUGS</p> <p>SP/FANSIDAR ... A</p> <p>CHLOROQUINE B</p> <p>QUININE C</p> <p>MALARINE D</p> <p>A+M (2, 3, 4) ... E</p> <p>MEFLOQUINE ... F</p> <p>ARTEMISININ ... G</p> <p>ARTESUNATE</p> <p>TABLET H</p> <p>ARTESUNATE</p> <p>SUPPOSITORY I</p> <p>ARTEKINE J</p> <p>COTEXIN K</p> <p>OTHER ANTI-MALARIAL</p> <p>_____ ... L</p> <p>(SPECIFY)</p> <p>ANTIBIOTIC DRUGS</p> <p>PILL/SYRUP ... M</p> <p>INJECTION ... N</p> <p>OTHER DRUGS</p> <p>ASPIRIN O</p> <p>ACETA-</p> <p>MINOPHEN ... P</p> <p>IBUPROFEN ... Q</p> <p>DRUG COCKTAIL R</p> <p>MULTIVITAMIN . S</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	<p>ANTIMALARIAL DRUGS</p> <p>SP/FANSIDAR ... A</p> <p>CHLOROQUINE B</p> <p>QUININE C</p> <p>MALARINE D</p> <p>A+M (2, 3, 4) ... E</p> <p>MEFLOQUINE ... F</p> <p>ARTEMISININ ... G</p> <p>ARTESUNATE</p> <p>TABLET H</p> <p>ARTESUNATE</p> <p>SUPPOSITORY I</p> <p>ARTEKINE J</p> <p>COTEXIN K</p> <p>OTHER ANTI-MALARIAL</p> <p>_____ ... L</p> <p>(SPECIFY)</p> <p>ANTIBIOTIC DRUGS</p> <p>PILL/SYRUP ... M</p> <p>INJECTION ... N</p> <p>OTHER DRUGS</p> <p>ASPIRIN O</p> <p>ACETA-</p> <p>MINOPHEN ... P</p> <p>IBUPROFEN ... Q</p> <p>DRUG COCKTAIL R</p> <p>MULTIVITAMIN . S</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	<p>ANTIMALARIAL DRUGS</p> <p>SP/FANSIDAR ... A</p> <p>CHLOROQUINE B</p> <p>QUININE C</p> <p>MALARINE D</p> <p>A+M (2, 3, 4) ... E</p> <p>MEFLOQUINE ... F</p> <p>ARTEMISININ ... G</p> <p>ARTESUNATE</p> <p>TABLET H</p> <p>ARTESUNATE</p> <p>SUPPOSITORY I</p> <p>ARTEKINE J</p> <p>COTEXIN K</p> <p>OTHER ANTI-MALARIAL</p> <p>_____ ... L</p> <p>(SPECIFY)</p> <p>ANTIBIOTIC DRUGS</p> <p>PILL/SYRUP ... M</p> <p>INJECTION ... N</p> <p>OTHER DRUGS</p> <p>ASPIRIN O</p> <p>ACETA-</p> <p>MINOPHEN ... P</p> <p>IBUPROFEN ... Q</p> <p>DRUG COCKTAIL R</p> <p>MULTIVITAMIN . S</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>
552		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
553	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2009 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 554</p> <p>_____</p> <p>(NAME)</p>		556
554	<p>The last time (NAME FROM 553) passed stools, what was done to dispose of the stools?</p>	<p>CHILD USED TOILET OR LATRINE ... 01</p> <p>PUT/RINSED</p> <p>INTO TOILET OR LATRINE 02</p> <p>PUT/RINSED</p> <p>INTO DRAIN OR DITCH 03</p> <p>THROWN INTO GARBAGE 04</p> <p>BURIED 05</p> <p>LEFT IN THE OPEN 06</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
555	<p>CHECK 522(a) AND 522(b), ALL COLUMNS:</p> <p>NO CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/></p> <p>ANY CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/></p>		557
556	<p>Have you ever heard of a special product called Oralte/Orasel you can get for the treatment of diarrhea?</p>	<p>YES 1</p> <p>NO 2</p>	
557	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2012 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 558</p> <p>_____</p> <p>(NAME)</p>		563

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
558	<p>Now I would like to ask you about liquids or foods that (NAME FROM 557) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods.</p> <p>Did (NAME FROM 557) (drink/eat):</p> <p>a) Plain water? a) 1 2 8</p> <p>b) Juice or juice drinks? b) 1 2 8</p> <p>c) Soup? c) 1 2 8</p> <p>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 <input type="text"/></p> <p>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 <input type="text"/></p> <p>f) Any other liquids? f) 1 2 8</p> <p>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 <input type="text"/></p> <p>h) Any [BRAND NAME OF COMMERCIALY FORTIFIED BABY FOOD, E.G., Cerelac]? h) 1 2 8</p> <p>i) Bread, rice, noodles, porridge, or other foods made from grains? i) 1 2 8</p> <p>j) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside? j) 1 2 8</p> <p>k) White potatoes, white yams, manioc, cassava, or any other foods made from roots? k) 1 2 8</p> <p>l) Any dark green, leafy vegetables? l) 1 2 8</p> <p>m) Ripe mangoes, papayas or [INSERT ANY OTHER LOCALLY AVAILABLE VITAMIN A-RICH FRUITS]? m) 1 2 8</p> <p>n) Any other fruits or vegetables? n) 1 2 8</p> <p>o) Liver, kidney, heart or other organ meats? o) 1 2 8</p> <p>p) Any meat, such as beef, pork, lamb, goat, chicken, or duck? p) 1 2 8 IF YES: How many times did (NAME) eat meat? IF 7 OR MORE TIMES, RECORD '7'. NUMBER OF TIMES ATE MEAT <input type="text"/></p> <p>q) Eggs? q) 1 2 8</p> <p>r) Fresh or dried fish or shellfish? r) 1 2 8</p> <p>s) Any foods made from beans, peas, lentils, or nuts? s) 1 2 8</p> <p>t) Cheese or other food made from milk? t) 1 2 8</p> <p>u) Any foods made with oil, fat, or butter? u) 1 2 8</p> <p>v) Any snake, snail, frog, rat, or insects? v) 1 2 8</p> <p>w) Any sugary foods such as pastry, cakes, chocolates, sweets or candies ? w) 1 2 8</p> <p>x) Any other solid, semi-solid, or soft food? x) 1 2 8</p>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
559	<p>CHECK 558 (CATEGORIES "g" THROUGH "x"):</p> <p>ALL <input type="checkbox"/> "NO" ↓</p> <p>AT LEAST ONE <input type="checkbox"/> "YES" OR ALL DKs</p>		561
560	<p>Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?</p>	<p>YES 1 (GO BACK TO 558 TO RECORD FOOD EATEN YESTERDAY) ←</p> <p>NO 2</p>	563
561	<p>How many times did (NAME FROM 557) eat solid, semisolid, or soft foods yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES <input type="checkbox"/></p> <p>DON'T KNOW 8</p>	

NO.	QUESTIONS AND FILTERS	CODINGS CATEGORIES	SKIP																
563	CHECK Q.217 AND Q.218, ALL ROW: AT LEAST ONE CHILD AGED 0-5 YEARS OLD AND LIVE WITH THE RESPONDENT YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 601																
564	CHECK Q.217 SELECT THE YOUNGEST CHILD AGED 0-5 YEARS OLD, RECORD THE CHILD NAME AND LINE NUMBER NAME OF THE YOUNGEST CHILD FROM Q.212 _____ LINE NUMBER OF THE YOUNGEST CHILD (Q.219) <input type="text"/> <input type="text"/>																		
565	Now I would like to ask you about (NAME); your youngest child that is 0-5 years old																		
566	How many children's books or picture books do you have for (NAME)?	NONE 00 NUMBER OF CHILDREN'S BOOKS .. <input type="text"/> 0 <input type="text"/> TEN OR MORE BOOKS 10																	
567	I am interested in learning about the things that (name) plays with when he/she is at home. Does he/she play with: a) Homemade toys (such as dolls, cars, or other toys made at home)? b) Toys from a shop or manufactured toys? c) Household objects (such as bowls or pots) or objects found outside (such as sticks, rocks, animal shells or leaves)? IF THE RESPONDENT SAYS "YES" TO THE CATEGORIES ABOVE, THEN PROBE TO LEARN SPECIFICALLY WHAT THE CHILD PLAYS WITH TO ASCERTAIN THE RESPONSE.	<table> <thead> <tr> <th></th><th>OUI</th><th>NON</th><th>NSP</th></tr> </thead> <tbody> <tr> <td>HOMEMADE TOYS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>TOYS FROM SHOP</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		OUI	NON	NSP	HOMEMADE TOYS	1	2	8	TOYS FROM SHOP	1	2	8	HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS	1	2	8	
	OUI	NON	NSP																
HOMEMADE TOYS	1	2	8																
TOYS FROM SHOP	1	2	8																
HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS	1	2	8																
568	Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons and have to leave young children. On how many days in the past week was (name): a) Left alone for more than an hour? b) Left in the care of another child, that is, someone less than 10 years old, for more than an hour? IF 'NONE' ENTER '0'. IF 'DON'T KNOW' ENTER '8'	NUMBER OF DAYS LEFT ALONE MORE THAN AN HOURS . <input type="text"/> NUMBER OF DAYS LEFT WITH ANOTHER CHILD FOR MORE THAN AN HOURS <input type="text"/>																	
569	CHECK Q.217 ET 218: A CHILD AGED 3, 4 OR 5 YEARS OLD; LIVE IN THIS HOUSEHOLD (Q.217=3 OR 4 AND Q.218=1)? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 601																
570	CHECK Q.217: SELECT THE YOUNGEST CHILD AGED 3, 4 OR 5 YEARS OLD. RECORD THE CHILD'S NAME AND LINE NUMBER NAME OF THE YOUNGEST CHILD 3, 4 OR 5 YEARS OLD (Q.212) _____ LINE NUMBER OF THE YOUNGEST CHILD (Q.219) <input type="text"/> <input type="text"/>																		
571	Now I would like to ask some questions regarding (NAME), your youngest child aged 3-5 years old.																		

572	Does (NAME) attend any organized learning or early childhood education programme, such as a private or government facility, including kindergarten or community child care?	YES 1 NO 2 DON'T KNOW 8	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div>																																			
573	In the past 7 days, about how many hours did (NAME) go to that place:	NUMBER OF HOURS <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div>																																				
574	In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with (NAME): ENCERCLEZ TOUT CE QUI EST MENTIONNÉ.	<table border="0" style="width: 100%;"> <thead> <tr> <th></th><th>MOM</th><th>DAD</th><th>OTHE R</th><th>NO ONE</th></tr> </thead> <tbody> <tr> <td>a) Read books to or looked at picture with (NAME)?</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr> <tr> <td>b) Told stories to (NAME)?</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr> <tr> <td>c) Sang songs to (NAME) or with (NAME), including lullabies?</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr> <tr> <td>d) Took (NAME) outside the home, compound, yard or enclosure?</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr> <tr> <td>e) Played with (NAME)</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr> <tr> <td>f) Named, counted, or drew things to or with (NAME)?</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr> </tbody> </table>			MOM	DAD	OTHE R	NO ONE	a) Read books to or looked at picture with (NAME)?	A	B	X	Y	b) Told stories to (NAME)?	A	B	X	Y	c) Sang songs to (NAME) or with (NAME), including lullabies?	A	B	X	Y	d) Took (NAME) outside the home, compound, yard or enclosure?	A	B	X	Y	e) Played with (NAME)	A	B	X	Y	f) Named, counted, or drew things to or with (NAME)?	A	B	X	Y
	MOM	DAD	OTHE R	NO ONE																																		
a) Read books to or looked at picture with (NAME)?	A	B	X	Y																																		
b) Told stories to (NAME)?	A	B	X	Y																																		
c) Sang songs to (NAME) or with (NAME), including lullabies?	A	B	X	Y																																		
d) Took (NAME) outside the home, compound, yard or enclosure?	A	B	X	Y																																		
e) Played with (NAME)	A	B	X	Y																																		
f) Named, counted, or drew things to or with (NAME)?	A	B	X	Y																																		
575	I would like to ask you some questions about the health and development of (NAME). Children do not all develop and learn at the same rate. For example, some walk earlier than others. These questions are related to several aspects of (NAME)'s development. Can (NAME) identify or name at least ten letters of the alphabet?	YES 1 NO 2 DK 8																																				
576	Can (NAME) read at least four simple, popular words?	YES 1 NO 2 DK 8																																				
577	Does (NAME) know the name and recognize the symbol of all numbers from 1 to 10?	YES 1 NO 2 DK 8																																				
578	Can (NAME) pick up a small object with two fingers, like a stick or a rock from the ground?	YES 1 NO 2 DK 8																																				
579	Is (NAME) sometimes too sick to play?	YES 1 NO 2 DK 8																																				
580	Does (NAME) follow simple directions on how to do something correctly?	YES 1 NO 2 DK 8																																				
581	When given something to do, is (NAME) able to do it independently?	YES 1 NO 2 DK 8																																				
582	Does (NAME) get along well with other children?	YES 1 NO 2 DK 8																																				
583	Does (NAME) kick, bite, or hit other children or adults?	YES 1 NO 2 DK 8																																				
584	Does (NAME) get distracted easily?	YES 1 NO 2 DK 8																																				

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	<input type="checkbox"/> → 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 612
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> → 609
604	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
606	Does your (husband/partner) have other wives or does he live with other women as if married?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 609
607	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS..... <input type="text"/> <input type="text"/> DON'T KNOW 98	
608	Are you the first, second, ... wife?	RANK <input type="text"/> <input type="text"/>	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
610	CHECK 609: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN ONLY ONCE ↓ In what month and year did you start living with your (husband/partner)? </div> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN MORE THAN ONCE ↓ Now I would like to ask about your first (husband/partner). In what month and year did you start living with him? </div> </div> IF RESPONDENT DOES NOT KNOW GREGORIAN DATE, ASK FOR KHMER DATE OF MARRIAGE. USE DATE CONVERSION CHART TO FIND GREGORIAN MONTH AND YEAR. (SPECIFY KHMER MONTH AND YEAR OF MARRIAGE)	GREGORIAN MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 GREGORIAN YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 612
611	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
612	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
613	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	→ 628

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

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
616	When was the last time you had sexual intercourse with this person?		DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/>
617	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES 1 NO 2 (SKIP TO 619) ←	YES 1 NO 2 (SKIP TO 619) ←	YES 1 NO 2 (SKIP TO 619) ←
618	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
619	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	HUSBAND 1 LIVE-IN PARTNER ... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) (SKIP TO 622) ←	HUSBAND 1 LIVE-IN PARTNER ... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) (SKIP TO 622) ←	HUSBAND 1 LIVE-IN PARTNER ... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) (SKIP TO 622) ←
620	CHECK 609:	MARRIED ONLY MARRIED MORE THAN ONCE (SKIP TO 622) ←	MARRIED ONLY MARRIED MORE THAN ONCE (SKIP TO 622) ←	MARRIED ONLY MARRIED MORE THAN ONCE (SKIP TO 622) ←
621	CHECK 613:	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND (SKIP TO 623) OTHER <input type="text"/>	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND (SKIP TO 623) OTHER <input type="text"/>	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND (SKIP TO 623) OTHER <input type="text"/>
622	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>
623	How many times during the last 12 months did you have sexual intercourse with this person?	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
624	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98
625	Apart from (this person/these two people), have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 616 IN NEXT COLUMN) NO 2 (SKIP TO 627) ←	YES 1 (GO BACK TO 616 IN NEXT COLUMN) NO 2 (SKIP TO 627) ←	
626	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST 12 MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
627	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.</p>	<p>NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>													
628	<p>PRESENCE OF OTHERS DURING THIS SECTION</p>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>CHILDREN <10</td><td>1</td><td>2</td></tr> <tr> <td>MALE ADULTS</td><td>1</td><td>2</td></tr> <tr> <td>FEMALE ADULTS</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	CHILDREN <10	1	2	MALE ADULTS	1	2	FEMALE ADULTS	1	2	
	YES	NO													
CHILDREN <10	1	2													
MALE ADULTS	1	2													
FEMALE ADULTS	1	2													
629	<p>Do you know of a place where a person can get condoms?</p>	<p>YES 1</p> <p>NO 2</p>	→ 632												
630	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL HOSPITAL (PP) A</p> <p>PROVINCIAL HOSP (RH) B</p> <p>DISTRICT HOSPITAL (RH) C</p> <p>HEALTH CENTER D</p> <p>HEALTH POST E</p> <p>OUTREACH F</p> <p>MILITARY HOSPITAL G</p> <p>OTHER PUBLIC SECTOR H</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL I</p> <p>PRIVATE CLINIC J</p> <p>PHARMACY K</p> <p>OTHER PRIVATE MEDICAL SECTOR L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>COMMUNITY DISTRIBUTOR N</p> <p>FRIENDS/RELATIVES O</p> <p>OTHER X</p> <p>(SPECIFY)</p>													
631	<p>If you wanted to, could you yourself get a condom?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>													
632	<p>Do you know of a place where a person can get female condoms?</p>	<p>YES 1</p> <p>NO 2</p>	→ 701												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
633	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL HOSPITAL (PP) A</p> <p>PROVINCIAL HOSP (RH) B</p> <p>DISTRICT HOSPITAL (RH) C</p> <p>HEALTH CENTER D</p> <p>HEALTH POST E</p> <p>OUTREACH F</p> <p>MILITARY HOSPITAL G</p> <p>OTHER PUBLIC SECTOR H</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL I</p> <p>PRIVATE CLINIC J</p> <p>PHARMACY K</p> <p>OTHER PRIVATE MEDICAL SECTOR L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>COMMUNITY DISTRIBUTOR N</p> <p>FRIENDS/RELATIVES O</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
634	<p>If you wanted to, could you yourself get a female condom?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	

SECTION 7. FERTILITY PREFERENCES

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	<p>CHECK 703 AND 704:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want (a/another) child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> </div> <div style="text-align: center;"> <p>WANTS NO MORE/ NONE <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> </div> </div> <p style="text-align: center;">RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED... J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>SIDE EFFECTS/HEALTH CONCERNS..... O</p> <p>LACK OF ACCESS/TOO FAR P</p> <p>COSTS TOO MUCH Q</p> <p>PREFERRED METHOD</p> <p>NOT AVAILABLE R</p> <p>NO METHOD AVAILABLE S</p> <p>INCONVENIENT TO USE T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES U</p> <p>OTHER X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
710	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <div style="display: flex; justify-content: space-around;"> <p>NOT ASKED <input type="checkbox"/></p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>YES, CURRENTLY USING <input type="checkbox"/></p> </div>		→ 712
711	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
712	<p>CHECK 216:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> <div style="text-align: center;"> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> </div> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>NUMBER <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p> <p>OTHER 96 (SPECIFY)</p>	<p>→ 714</p> <p>→ 714</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
713	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	<div> <div>BOYS</div> <div>GIRLS</div> <div>EITHER</div> </div> <div> <div>NUMBER</div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div> <div>OTHER</div> <div>_____</div> <div>96</div> <div>(SPECIFY)</div> </div>	
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? Through family or friends? From community council? Billboards, posters, or leaflets? Local campaign for family planing?	<div> <div></div> <div>YES</div> <div>NO</div> </div> <div> <div>RADIO</div> <div>1</div> <div>2</div> </div> <div> <div>TELEVISION</div> <div>1</div> <div>2</div> </div> <div> <div>NEWSPAPER OR MAGAZINE ...</div> <div>1</div> <div>2</div> </div> <div> <div>FAMILY/FRIENDS</div> <div>1</div> <div>2</div> </div> <div> <div>COMMUNITY COUNCIL</div> <div>1</div> <div>2</div> </div> <div> <div>BILLBOARDS/POSTERS</div> <div>1</div> <div>2</div> </div> <div> <div>LOCAL CAMPAIGN</div> <div>1</div> <div>2</div> </div>	
716	CHECK 601: <div> <div>YES,</div> <div>CURRENTLY</div> <div>MARRIED</div> <div> <div></div> <div>↓</div> </div> </div> <div> <div>YES,</div> <div>LIVING</div> <div>WITH A MAN</div> <div> <div></div> <div>↓</div> </div> </div> <div> <div>NO,</div> <div>NOT IN</div> <div>UNION</div> <div> <div></div> <div>→</div> </div> </div>	→ 801	
717	CHECK 303: USING A CONTRACEPTIVE METHOD? <div> <div>CURRENTLY</div> <div>USING</div> <div> <div></div> <div>↓</div> </div> </div> <div> <div>NOT</div> <div>CURRENTLY</div> <div>USING</div> <div> <div></div> <div>→</div> </div> </div> <div>OR NOT ASKED</div>	→ 720	
718	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	<div> <div>MAINLY RESPONDENT</div> <div>1</div> </div> <div> <div>MAINLY HUSBAND/PARTNER</div> <div>2</div> </div> <div> <div>JOINT DECISION</div> <div>3</div> </div> <div> <div>OTHER</div> <div>_____</div> <div>6</div> <div>(SPECIFY)</div> </div>	
719	CHECK 304: <div> <div>NEITHER</div> <div>STERILIZED</div> <div> <div></div> <div>↓</div> </div> </div> <div> <div>HE OR SHE</div> <div>STERILIZED</div> <div> <div></div> <div>→</div> </div> </div>	→ 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?	<div> <div>SAME NUMBER</div> <div>1</div> </div> <div> <div>MORE CHILDREN</div> <div>2</div> </div> <div> <div>FEWER CHILDREN</div> <div>3</div> </div> <div> <div>DON'T KNOW</div> <div>8</div> </div>	

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 601 AND 602: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div>	<div style="display: flex; justify-content: space-between;"> → 803 → 807 </div>	
802	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/>	
803	Did your (last) (husband/partner) ever attend school?	YES 1 NO 2	→ 806
804	What was the highest level of school he attended: primary, lower secondary, or higher?	PRIMARY 1 LOWER SECONDARY 2 UPPER SECONDARY 3 HIGHER 4 DON'T KNOW 8	→ 806
805	What was the highest (grade/form/year) he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> DON'T KNOW 98	
806	CHECK 801: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div> <p>What is your (husband's/ partner's) occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) (husband's/ partner's) occupation? That is, what kind of work did he mainly do?</p>	<div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 150px;"></div> <div style="border-bottom: 1px solid black; width: 150px;"></div> <div style="border-bottom: 1px solid black; width: 150px;"></div> </div> <div style="text-align: right; margin-top: 10px;"> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> </div>	
807	Aside from your own housework, have you done any work in the last seven days?	YES 1 NO 2	→ 811
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES 1 NO 2	→ 811
809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES 1 NO 2	→ 811
810	Have you done any work in the last 12 months?	YES 1 NO 2	→ 815
811	What is your occupation, that is, what kind of work do you mainly do?	<div style="border-bottom: 1px solid black; width: 150px;"></div> <div style="border-bottom: 1px solid black; width: 150px;"></div> <div style="border-bottom: 1px solid black; width: 150px;"></div> <div style="text-align: right; margin-top: 10px;"> <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> </div>	
812	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
814	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
815	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 823
816	CHECK 814: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 819
817	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 OTHER 6 (SPECIFY)	
817A	Have you ever given up/refused a job for money because your husband/partner did not want you to work?	YES 1 NO 2 DON'T KNOW 8	
817B	Has your husband/partner's ever disrupted your work or other income-generating activities?	NO 1 INTERRUPTED 2 DISTURBED 3 CANNOT WORK/STOP WORKING ... 4 LOST CONFIDENCE 5 DON'T KNOW 8	
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 DOESN'T BRING IN ANY MONEY 4 DON'T KNOW 8	→ 820
819	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 HUSBAND/PARTNER HAS NO EARNINGS 4 OTHER 6 (SPECIFY)	
820	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
821	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6	
822	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1 HUSBAND/PARTNER 2 SOMEONE ELSE 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)	<div> <div>PRES./ LISTEN.</div> <div>PRES./ NOT LISTEN.</div> <div>NOT PRES.</div> </div> CHILDREN < 10 1 2 3 HUSBAND 1 2 3 OTHER MALES 1 2 3 OTHER FEMALES ... 1 2 3	
826	In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food? If she ask him to use condom?	<div> <div>YES</div> <div>NO</div> <div>DK</div> </div> GOES OUT 1 2 8 NEGL. CHILDREN ... 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNS FOOD 1 2 8 ASK USE CONDOM . 1 2 8	
827	In your opinion, is a parent justified in hitting or beating his son for the following reasons: If he disobeys? If he impolite? If he has embarrassed the family? If he does not do the housework or cooking? If he does not take care of younger sibling ?	<div> <div>YES</div> <div>NO</div> <div>DK</div> </div> DISOBEY 1 2 8 IMPOLITE 1 2 8 EMBARR. FAMILY ... 1 2 8 HOUSEWORK ... 1 2 8 CARE SIBLING ... 1 2 8	
828	In your opinion, is a parent justified in hitting or beating his daughter for the following reasons: If she disobeys? If she impolite? If she has embarrassed the family? If she does not do the housework or cooking? If she does not take care of younger sibling ?	<div> <div>YES</div> <div>NO</div> <div>DK</div> </div> DISOBEY 1 2 8 IMPOLITE 1 2 8 EMBARR. FAMILY ... 1 2 8 HOUSEWORK ... 1 2 8 CARE SIBLING ... 1 2 8	

SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 937																
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8																	
903	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
906	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
907	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
908	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>DURING PREG.</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>DURING DELIVERY ...</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>BREASTFEEDING ...</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY ...	1	2	8	BREASTFEEDING ...	1	2	8	
	YES	NO	DK																
DURING PREG.	1	2	8																
DURING DELIVERY ...	1	2	8																
BREASTFEEDING ...	1	2	8																
909	CHECK 908: AT LEAST <input type="checkbox"/> OTHER <input type="checkbox"/> ONE 'YES' ↓		→ 911																
910	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
911	CHECK 208 AND 215: NO BIRTHS <input type="checkbox"/> LAST BIRTH SINCE <input type="checkbox"/> LAST BIRTH BEFORE <input type="checkbox"/> JANUARY 2012 JANUARY 2012 ↓		→ 926 → 926																
912	CHECK 408 FOR LAST BIRTH: HAD <input type="checkbox"/> NO ANTENATAL ANTENATAL CARE CARE <input type="checkbox"/>		→ 920																
913	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
914	During any of the antenatal visits for your last birth were you given any information about: Babies getting the AIDS virus from their mother? Things that you can do to prevent getting the AIDS virus? Getting tested for the AIDS virus?	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>AIDS FROM MOTHER</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>THINGS TO DO</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>TESTED FOR AIDS</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	AIDS FROM MOTHER	1	2	8	THINGS TO DO	1	2	8	TESTED FOR AIDS	1	2	8	
	YES	NO	DK																
AIDS FROM MOTHER	1	2	8																
THINGS TO DO	1	2	8																
TESTED FOR AIDS	1	2	8																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
915	Were you offered a test for the AIDS virus as part of your antenatal care?	YES 1 NO 2	
916	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	YES 1 NO 2	→ 920
917	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE 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 NATIONAL HOSPITAL (PP) 11 PROVINCIAL HOSP (RH) 12 DISTRICT HOSPITAL (RH) ... 13 HEALTH CENTER 14 HEALTH POST 15 OUTREACH 16 MILITARY HOSPITAL 17 VCCT CENTER 18 PMTCT SITE 19 OTHER PUBLIC SECTOR 20 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 21 PRIVATE CLINIC 22 PRIVATE LABORATORY 23 OTHER PRIVATE MEDICAL SECTOR 24 (SPECIFY) OTHER 96 (SPECIFY)	
918	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	→ 924
919	All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling?	YES 1 NO 2 DON'T KNOW 8	→ 924
920	CHECK 434 FOR LAST BIRTH: ANY CODE <input type="checkbox"/> OTHER <input type="checkbox"/> _____ 21-33 CIRCLED ↓		→ 926
921	Between the time you went for delivery but before the baby was born, were you offered a test for the AIDS virus?	YES 1 NO 2	
922	I don't want to know the results, but were you tested for the AIDS virus at that time?	YES 1 NO 2	→ 926
923	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
924	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES 1 NO 2	→ 927
925	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 96	→ 932

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
931	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL HOSPITAL (PP) A</p> <p>PROVINCIAL HOSP (RH) B</p> <p>DISTRICT HOSPITAL (RH) ... C</p> <p>HEALTH CENTER D</p> <p>HEALTH POST E</p> <p>OUTREACH F</p> <p>MILITARY HOSPITAL G</p> <p>VCCT CENTER H</p> <p>PMTCT SITE I</p> <p>OTHER PUBLIC SECTOR J</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL K</p> <p>PRIVATE CLINIC L</p> <p>PRIVATE LABORATORY M</p> <p>OTHER PRIVATE MEDICAL SECTOR N</p> <p>(SPECIFY)</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
932	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
933	<p>If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
934	<p>If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
935	<p>In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?</p>	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
936	<p>Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK ANYONE WITH AIDS 8</p>	
936A	<p>Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.</p>	<p>AGREE 1</p> <p>DISAGREE 2</p> <p>DON'T KNOW/NO OPINION 8</p>	
936B	<p>Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community?</p>	<p>AGREE 1</p> <p>DISAGREE 2</p> <p>DON'T KNOW/NO OPINION 8</p>	
937	<p>CHECK 901:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
938	CHECK 613: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 946
939	CHECK 937: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 941
940	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
941	Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES 1 NO 2 DON'T KNOW 8	
942	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DON'T KNOW 8	
943	CHECK 940, 941, AND 942: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 946
944	The last time you had (PROBLEM FROM 940/941/942), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 946
945	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR NATIONAL HOSPITAL (PP) A PROVINCIAL HOSP (RH) B DISTRICT HOSPITAL (RH) C HEALTH CENTER D HEALTH POST E FIELDWORKER F OUTREACH G MILITARY HOSPITAL H VCCT CENTER I PMTCT SITE J OTHER PUBLIC K (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL L PRIVATE CLINIC M PRIVATE LABORATORY N OTHER PRIVATE MEDICAL SECTOR O (SPECIFY) OTHER SOURCE OTHER X (SPECIFY)	
946	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DON'T KNOW 8	
947	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
948	CHECK 601: CURRENTLY MARRIED/ <input type="checkbox"/> LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		1001
949	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?	YES 1 NO 2 DEPENDS/NOT SURE 8	
950	Could you ask your (husband/partner) to use a condom if you wanted him to?	YES 1 NO 2 DEPENDS/NOT SURE 8	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
1001	<p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE 00 → 1004</p>																
1002	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE 00 → 1004</p>																
1003	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																
1004	Do you currently smoke cigarettes?	<p>YES 1</p> <p>NO 2 → 1006</p>																
1005	In the last 24 hours, how many cigarettes did you smoke?	<p>NUMBER OF CIGARETTES <input type="text"/> <input type="text"/></p>																
1006	Do you currently smoke or use any (other) type of tobacco?	<p>YES 1</p> <p>NO 2 → 1008</p>																
1007	<p>What (other) type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED.</p>	<p>PIPE A</p> <p>CHEWING TOBACCO B</p> <p>SNUFF C</p> <p>OTHER _____ X (SPECIFY)</p>																
1008	<p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?</p> <p>Getting permission to go to the doctor?</p> <p>Getting money needed for advice or treatment?</p> <p>The distance to the health facility?</p> <p>Not wanting to go alone?</p>	<table border="0"> <thead> <tr> <th></th><th>BIG PROB- LEM</th><th>NOT A BIG PROB- LEM</th></tr> </thead> <tbody> <tr> <td>PERMISSION TO GO ...</td><td>1</td><td>2</td></tr> <tr> <td>GETTING MONEY</td><td>1</td><td>2</td></tr> <tr> <td>DISTANCE</td><td>1</td><td>2</td></tr> <tr> <td>GO ALONE</td><td>1</td><td>2</td></tr> </tbody> </table>		BIG PROB- LEM	NOT A BIG PROB- LEM	PERMISSION TO GO ...	1	2	GETTING MONEY	1	2	DISTANCE	1	2	GO ALONE	1	2	
	BIG PROB- LEM	NOT A BIG PROB- LEM																
PERMISSION TO GO ...	1	2																
GETTING MONEY	1	2																
DISTANCE	1	2																
GO ALONE	1	2																
1009	Are you covered by any health insurance?	<p>YES 1</p> <p>NO 2 → 1101</p>																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1010	What type of health insurance are you covered by?	HEALTH EQUITY FUND A	
		MATERNAL HEALTH VOUCHER B	
		COMMUNITY-BASED HEALTH	
	RECORD ALL MENTIONED.	INSURANCE C	
		HEALTH INSURANCE THROUGH	
		EMPLOYER D	
		OTHER PRIVATELY PURCHASED	
		COMMERCIAL HEALTH INSURANCE E	
		OTHER _____ X	
		(SPECIFY)	

SECTION 11. MATERNAL MORTALITY

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 <input type="text"/> <input type="text"/>						
1102	CHECK 1101: TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>							→ 1114
1103	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>						
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)?	<input type="text"/> <input type="text"/> GO TO (2)	<input type="text"/> <input type="text"/> GO TO (3)	<input type="text"/> <input type="text"/> GO TO (4)	<input type="text"/> <input type="text"/> GO TO (5)	<input type="text"/> <input type="text"/> GO TO (6)	<input type="text"/> <input type="text"/> GO TO (7)	
1108	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
1109	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)	
1110	Was (NAME) pregnant when she died?	YES ... 1 GO TO 1112A NO ... 2	YES ... 1 GO TO 1112A NO ... 2	YES ... 1 GO TO 1112A NO ... 2	YES ... 1 GO TO 1112A NO ... 2	YES ... 1 GO TO 1112A NO ... 2	YES ... 1 GO TO 1112A 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 six weeks after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2 GO TO 1113	YES ... 1 NO ... 2 GO TO 1113	YES ... 1 NO ... 2 GO TO 1113	YES ... 1 NO ... 2 GO TO 1113	YES ... 1 NO ... 2 GO TO 1113	YES ... 1 NO ... 2 GO TO 1113	
1112A	Was the death of (NAME) related to accident such as traffic accident?	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 (before this pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
GO BACK TO 1004 IN NEXT COLUMN, OR, IF NO MORE BROTHERS OR SISTERS, END.								

1104	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1106	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (8)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (9)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (10)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (11)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (12)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (13)
1107	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (8)	<input type="text"/> <input type="text"/> GO TO (9)	<input type="text"/> <input type="text"/> GO TO (10)	<input type="text"/> <input type="text"/> GO TO (11)	<input type="text"/> <input type="text"/> GO TO (12)	<input type="text"/> <input type="text"/> GO TO (13)
1108	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1109	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
1110	Was (NAME) pregnant when she died?	YES ... 1 GO TO 1112A NO ... 2	YES ... 1 GO TO 1112A NO ... 2	YES ... 1 GO TO 1112A NO ... 2	YES ... 1 GO TO 1112A NO ... 2	YES ... 1 GO TO 1112A NO ... 2	YES ... 1 GO TO 1112A 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 six weeks after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2 GO TO 1113	YES ... 1 NO ... 2 GO TO 1113	YES ... 1 NO ... 2 GO TO 1113	YES ... 1 NO ... 2 GO TO 1113	YES ... 1 NO ... 2 GO TO 1113	YES ... 1 NO ... 2 GO TO 1113
1112A	Was the death of (NAME) related to accident such as traffic accident?	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 (before this pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
GO BACK TO 1004 IN NEXT COLUMN, OR, IF NO MORE BROTHERS OR SISTERS, END.							
1114	RECORD THE TIME.				HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>		

SECTION 12. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																			
DV00	CHECK COVER PAGE HOUSEHOLD QUESTIONNAIRE: HOUSEHOLD SELECTED FOR MALE INTERVIEW AND DOMESTIC VIOLENCE OF THE WOMEN	YES 1 NO 2	→ END																																			
DV00A	CHECK HOUSEHOLD QUESTIONNAIRE, Q.145 WOMAN SELECTED <input type="checkbox"/> FOR THIS SECTION WOMAN <input type="checkbox"/> NOT SELECTED		→ END																																			
DV01	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY <input type="checkbox"/> OBTAINED PRIVACY <input type="checkbox"/> NOT POSSIBLE		→ DV32																																			
	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 [COUNTRY]. 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.																																					
DV02	CHECK 601 AND 602: CURRENTLY <input type="checkbox"/> MARRIED/ LIVING WITH A MAN FORMERLY <input type="checkbox"/> MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH HUSBAND/PARTNER) NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/>		→ DV16																																			
DV03	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? f) He (does/did) not give you money to cover the household expenses? g) He (does/did) not trust you with money?	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) JEALOUS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) ACCUSES</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) NOT MEET FRIENDS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) NO FAMILY</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) WHERE YOU ARE</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>f) GIVE MONEY</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>g) TRUST WITH MONEY</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) JEALOUS	1	2	8	b) ACCUSES	1	2	8	c) NOT MEET FRIENDS	1	2	8	d) NO FAMILY	1	2	8	e) WHERE YOU ARE	1	2	8	f) GIVE MONEY	1	2	8	g) TRUST WITH MONEY	1	2	8				
	YES	NO	DK																																			
a) JEALOUS	1	2	8																																			
b) ACCUSES	1	2	8																																			
c) NOT MEET FRIENDS	1	2	8																																			
d) NO FAMILY	1	2	8																																			
e) WHERE YOU ARE	1	2	8																																			
f) GIVE MONEY	1	2	8																																			
g) TRUST WITH MONEY	1	2	8																																			
DV04	Now I need to ask some more questions about your relationship with your (last) (husband/partner). A Did your (last) (husband/partner) ever: a) say or do something to humiliate you in front of others? b) threaten to hurt or harm you or someone you care about? c) insult you or make you feel bad about yourself?	<table border="1"> <thead> <tr> <th></th><th>EVER</th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT IN LAST 12 MONTHS</th></tr> </thead> <tbody> <tr> <td>a) YES</td><td>1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO</td><td>2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>b) YES</td><td>1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO</td><td>2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>c) YES</td><td>1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO</td><td>2 ↓</td><td></td><td></td><td></td></tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) YES	1 →	1	2	3	NO	2 ↓				b) YES	1 →	1	2	3	NO	2 ↓				c) YES	1 →	1	2	3	NO	2 ↓				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) YES	1 →	1	2	3																																		
NO	2 ↓																																					
b) YES	1 →	1	2	3																																		
NO	2 ↓																																					
c) YES	1 →	1	2	3																																		
NO	2 ↓																																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																							
DV05	<p>A. Did your (last) (husband/partner) ever do any of the following things to you:</p> <table border="1"> <thead> <tr> <th></th><th>EVER</th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT IN LAST 12 MONTHS</th></tr> </thead> <tbody> <tr> <td>a) push you, shake you, or throw something at you?</td><td>a) YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>b) slap you?</td><td>b) YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>c) twist your arm or pull your hair?</td><td>c) YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>d) punch you with his fist or with something that could hurt you?</td><td>d) YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>e) kick you, drag you, or beat you up?</td><td>e) YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>f) try to choke you or burn you on purpose?</td><td>f) YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>g) threaten or attack you with a knife, gun, or other weapon?</td><td>g) YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>h) physically force you to have sexual intercourse with him when you did not want to?</td><td>h) YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>i) physically force you to perform any other sexual acts you did not want to?</td><td>i) YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>j) force you with threats or in any other way to perform sexual acts you did not want to?</td><td>j) YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) push you, shake you, or throw something at you?	a) YES 1 → NO 2 ↓	1	2	3	b) slap you?	b) YES 1 → NO 2 ↓	1	2	3	c) twist your arm or pull your hair?	c) YES 1 → NO 2 ↓	1	2	3	d) punch you with his fist or with something that could hurt you?	d) YES 1 → NO 2 ↓	1	2	3	e) kick you, drag you, or beat you up?	e) YES 1 → NO 2 ↓	1	2	3	f) try to choke you or burn you on purpose?	f) YES 1 → NO 2 ↓	1	2	3	g) threaten or attack you with a knife, gun, or other weapon?	g) YES 1 → NO 2 ↓	1	2	3	h) physically force you to have sexual intercourse with him when you did not want to?	h) YES 1 → NO 2 ↓	1	2	3	i) physically force you to perform any other sexual acts you did not want to?	i) YES 1 → NO 2 ↓	1	2	3	j) force you with threats or in any other way to perform sexual acts you did not want to?	j) YES 1 → NO 2 ↓	1	2	3	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>	
	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS																																																						
a) push you, shake you, or throw something at you?	a) YES 1 → NO 2 ↓	1	2	3																																																						
b) slap you?	b) YES 1 → NO 2 ↓	1	2	3																																																						
c) twist your arm or pull your hair?	c) YES 1 → NO 2 ↓	1	2	3																																																						
d) punch you with his fist or with something that could hurt you?	d) YES 1 → NO 2 ↓	1	2	3																																																						
e) kick you, drag you, or beat you up?	e) YES 1 → NO 2 ↓	1	2	3																																																						
f) try to choke you or burn you on purpose?	f) YES 1 → NO 2 ↓	1	2	3																																																						
g) threaten or attack you with a knife, gun, or other weapon?	g) YES 1 → NO 2 ↓	1	2	3																																																						
h) physically force you to have sexual intercourse with him when you did not want to?	h) YES 1 → NO 2 ↓	1	2	3																																																						
i) physically force you to perform any other sexual acts you did not want to?	i) YES 1 → NO 2 ↓	1	2	3																																																						
j) force you with threats or in any other way to perform sexual acts you did not want to?	j) YES 1 → NO 2 ↓	1	2	3																																																						
DV06	<p>CHECK DV05A (a-j):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/></p>	<p>→ DV09</p>																																																								
DV07	<p>How long after you first (got married/started living together) with your (last) (husband/partner) did (this/any of these things) first happen?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>NUMBER OF YEARS <input type="text"/> <input type="text"/></p> <p>BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95</p>																																																								
DV08	<p>Did the following ever happen as a result of what your (last) (husband/partner) did to you:</p> <p>a) You had cuts, bruises, or aches?</p> <p>b) You had eye injuries, sprains, dislocations, or burns?</p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</p>	<p>a) YES 1 NO 2</p> <p>b) YES 1 NO 2</p> <p>c) YES 1 NO 2</p>																																																								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
DV09	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	→ DV11															
DV10	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																
DV11	Does (did) your (last) (husband/partner) drink alcohol?	YES 1 NO 2	→ DV13															
DV12	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3																
DV13	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																
DV14	CHECK 609: MARRIED MORE <input type="checkbox"/> THAN ONCE MARRIED ONLY <input type="checkbox"/> ONCE		→ DV16															
DV15	<div> <div> A So far we have been talking about the behavior of your (current/last) (husband/partner). Now I want to ask you about the behavior of any previous (husband/partner). </div> <div> B How long ago did this last happen? </div> </div> <table border="1"> <thead> <tr> <th></th><th>EVER</th><th>0 - 11 MONTHS AGO</th><th>12+ MONTHS AGO</th><th>DON'T REMEMBER</th></tr> </thead> <tbody> <tr> <td>a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically?</td><td> a) YES 1 → NO 2 ↓ </td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?</td><td> b) YES 1 → NO 2 </td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>			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?	a) 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?	b) YES 1 → NO 2	1	2	3	
	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?	a) 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?	b) YES 1 → NO 2	1	2	3														

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
DV16	<p>CHECK 601 AND 602:</p> <table border="0"> <tr> <td> <p>EVER MARRIED/EVER LIVED WITH A MAN</p> <p><input type="checkbox"/></p> <p>↓</p> <p>From the time you were 15 years old has anyone other than (your/any) (husband/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically?</p> </td><td> <p>NEVER MARRIED/NEVER LIVED WITH A MAN</p> <p><input type="checkbox"/></p> <p>↓</p> <p>From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?</p> </td></tr> </table>	<p>EVER MARRIED/EVER LIVED WITH A MAN</p> <p><input type="checkbox"/></p> <p>↓</p> <p>From the time you were 15 years old has anyone other than (your/any) (husband/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically?</p>	<p>NEVER MARRIED/NEVER LIVED WITH A MAN</p> <p><input type="checkbox"/></p> <p>↓</p> <p>From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?</p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	<p>→ DV19</p>
<p>EVER MARRIED/EVER LIVED WITH A MAN</p> <p><input type="checkbox"/></p> <p>↓</p> <p>From the time you were 15 years old has anyone other than (your/any) (husband/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically?</p>	<p>NEVER MARRIED/NEVER LIVED WITH A MAN</p> <p><input type="checkbox"/></p> <p>↓</p> <p>From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?</p>				
DV17	<p>Who has hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER/STEP-MOTHER A</p> <p>FATHER/STEP-FATHER B</p> <p>SISTER/BROTHER C</p> <p>DAUGHTER/SON D</p> <p>OTHER RELATIVE E</p> <p>CURRENT BOYFRIEND F</p> <p>FORMER BOYFRIEND G</p> <p>MOTHER-IN-LAW H</p> <p>FATHER-IN-LAW I</p> <p>OTHER IN-LAW J</p> <p>TEACHER K</p> <p>EMPLOYER/SOMEONE AT WORK L</p> <p>POLICE/SOLDIER M</p> <p>OTHER X</p> <p>(SPECIFY)</p>			
DV18	<p>In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?</p>	<p>OFTEN 1</p> <p>SOMETIMES 2</p> <p>NOT AT ALL 3</p>			
DV19	<p>CHECK 201, 226, AND 230:</p> <table border="0"> <tr> <td> <p>EVER BEEN PREGNANT (YES ON 201 OR 226 OR 230)</p> <p><input type="checkbox"/></p> <p>↓</p> </td><td> <p>NEVER BEEN PREGNANT</p> <p><input type="checkbox"/></p> </td></tr> </table>	<p>EVER BEEN PREGNANT (YES ON 201 OR 226 OR 230)</p> <p><input type="checkbox"/></p> <p>↓</p>	<p>NEVER BEEN PREGNANT</p> <p><input type="checkbox"/></p>		<p>→ DV22</p>
<p>EVER BEEN PREGNANT (YES ON 201 OR 226 OR 230)</p> <p><input type="checkbox"/></p> <p>↓</p>	<p>NEVER BEEN PREGNANT</p> <p><input type="checkbox"/></p>				
DV20	<p>Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ DV22</p>		
DV21	<p>Who has done any of these things to physically hurt you while you were pregnant?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>CURRENT HUSBAND/PARTNER A</p> <p>MOTHER/STEP-MOTHER B</p> <p>FATHER/STEP-FATHER C</p> <p>SISTER/BROTHER D</p> <p>DAUGHTER/SON E</p> <p>OTHER RELATIVE F</p> <p>FORMER HUSBAND/PARTNER G</p> <p>CURRENT BOYFRIEND H</p> <p>FORMER BOYFRIEND I</p> <p>MOTHER-IN-LAW J</p> <p>FATHER-IN-LAW K</p> <p>OTHER IN-LAW L</p> <p>TEACHER M</p> <p>EMPLOYER/SOMEONE AT WORK N</p> <p>POLICE/SOLDIER O</p> <p>OTHER X</p> <p>(SPECIFY)</p>			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV22	CHECK 601 AND 602: EVER MARRIED/EVER <input type="checkbox"/> LIVED WITH A MAN NEVER MARRIED/NEVER <input type="checkbox"/> LIVED WITH A MAN		DV22B
DV22A	Now I want to ask you about things that may have been done to you by someone other than (your/any) (husband/partner). At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	DV23 DV24A
DV22B	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	DV26
DV23	Has you ever been forced in any way to have sexual intercourse or perform any other sexual acts when you did not want to by several person/group of person/gang?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	DV24
DV23A	Who was the person who was forcing you the very first time this happened?	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)	
DV24	CHECK 601 AND 602: EVER MARRIED/EVER <input type="checkbox"/> LIVED WITH A MAN In the last 12 months, has anyone other than (your/any) (husband/partner) physically forced you to have sexual intercourse when you did not want to? NEVER MARRIED/NEVER <input type="checkbox"/> LIVED WITH A MAN In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?	YES 1 NO 2	DV25
DV24A	CHECK DV05A (h-j) and DV15A(b) AT LEAST ONE <input type="checkbox"/> 'YES' NOT A <input type="checkbox"/> SINGLE 'YES'		DV26

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
DV25	<p>CHECK 601 AND 602:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) husband/partner?</p> </div> <div style="width: 45%;"> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?</p> </div> </div>	<p>AGE IN COMPLETED YEARS <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>DON'T KNOW 98</p>																	
DV26	<p>CHECK DV05A (a-j), DV15A (a,b), DV16, DV20, DV22A, AND DV22B:</p> <div style="display: flex; justify-content: space-around;"> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p> </div>		→ DV30																
DV27	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	<p>YES 1</p> <p>NO 2</p>	→ DV29																
DV28	<p>From whom have you sought help?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>OWN FAMILY A</p> <p>HUSBAND'S/PARTNER'S FAMILY B</p> <p>CURRENT/FORMER HUSBAND/PARTNER C</p> <p>CURRENT/FORMER BOYFRIEND D</p> <p>FRIEND E</p> <p>NEIGHBOR F</p> <p>RELIGIOUS LEADER G</p> <p>DOCTOR/MEDICAL PERSONNEL H</p> <p>POLICE I</p> <p>LAWYER J</p> <p>SOCIAL SERVICE ORGANIZATION K</p> <p>OTHER X</p> <p style="text-align: center;">(SPECIFY)</p>	→ DV30																
DV29	Have you ever told any one about this?	<p>YES 1</p> <p>NO 2</p>																	
DV30	As far as you know, did your father ever beat your mother?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																	
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.																			
DV31	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="1"> <thead> <tr> <th></th><th>YES ONCE</th><th>YES, MORE THAN ONCE</th><th>NO</th></tr> </thead> <tbody> <tr> <td>HUSBAND</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OTHER MALE ADULT ...</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>FEMALE ADULT</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT ...	1	2	3	FEMALE ADULT	1	2	3	
	YES ONCE	YES, MORE THAN ONCE	NO																
HUSBAND	1	2	3																
OTHER MALE ADULT ...	1	2	3																
FEMALE ADULT	1	2	3																
DV32	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE																		
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>																		

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:

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

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE**

B BIRTHS
P PREGNANCIES
T TERMINATIONS

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

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

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

			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
4	05	MAY	08	4
*	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
3	05	MAY	20	3
*	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
2	05	MAY	32	2
*	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
1	05	MAY	44	1
*	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
1	06	JUN	55	1
0	05	MAY	56	0
*	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
9	05	MAY	68	9
*	04	APR	69	*
	03	MAR	70	
	02	FEB	71	
	01	JAN	72	

