

RWANDA DEMOGRAPHIC AND HEALTH SURVEYS 2014-15
WOMAN'S QUESTIONNAIRE

MINECOFIN

MINISTRY OF HEALTH

NATIONAL INSTITUTE OF STATISTICS

IDENTIFICATION				
PROVINCE: _____ DISTRICT: _____ SECTOR: _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER HOUSEHOLD STRUCTURE NUMBER HOUSEHOLD NUMBER NAME AND LINE NUMBER OF WOMAN _____				
CHECK COVER PAGE OF THE HOUSEHOLD QUESTIONNAIRE: HOUSEHOLD SELECTED FOR FEMALE DOMESTIC MODULE				YES = 1 <input type="checkbox"/> NO = 2 <input type="checkbox"/>
CHECK Q. 141w IN HOUSEHOLD QUESTIONNAIRE: IS THIS WOMAN SELECTED FOR FEMALE DOMESTIC VIOLENCE MODULE ?				YES = 1 <input type="checkbox"/> NO = 2 <input type="checkbox"/>
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> INT. NUMBER <input type="text"/> <input type="text"/> <input type="text"/> RESULT <input type="text"/>
INTERVIEWER'S NAME	_____	_____	_____	
RESULT*	_____	_____	_____	
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <input type="text"/>
TIME	_____	_____		
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)				
LANGUAGE OF INTERVIEW: KINYARWANDA 1 OTHER _____ 6 SPECIFY _____				TRANSLATOR USED? YES 1 NO 2
SUPERVISOR	FIELD EDITOR		OFFICE EDITOR	KEYED BY
NAME _____ <input type="text"/> <input type="text"/> <input type="text"/>	NAME _____ <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

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

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

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

SIGNATURE OF INTERVIEWER: _____ DATE: _____

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

↓

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, post-primary, secondary, or higher?	PRIMARY 1 POST-PRIMARY/VOCATIONAL 2 SECONDARY 3 TERTIARY 4 PRE-PRIMARY 6	
106	What is the highest (grade/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/FORM/YEAR <input type="text"/> <input type="text"/>	
107	CHECK 105: PRIMARY OR LESS <input type="checkbox"/> ↓ POST-PRIMARY/ VOCATIONAL SECONDARY OR TERTIARY <input type="checkbox"/>		→ 110

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	<p>Now I would like you to read this sentence to me.</p> <p>SHOW CARD TO RESPONDENT.</p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?</p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE 2</p> <p>ABLE TO READ WHOLE SENTENCE 3</p> <p>NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE)</p> <p>BLIND/VISUALLY IMPAIRED 5</p>	
109	<p>CHECK 108:</p> <p>CODE '2', '3' OR '4' <input type="checkbox"/> ↓ CIRCLED</p> <p>CODE '1' OR '5' CIRCLED <input type="checkbox"/></p>		→ 111
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
112	Do you watch television at least once a week, less than once a week or not at all?	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
113	What is your religion?	<p>CATHOLIC 1</p> <p>PROTESTANT 2</p> <p>ADVENTIST 3</p> <p>MUSLIM 4</p> <p>TRADITIONAL 5</p> <p>OTHER _____ 6 SPECIFY</p> <p>NO RELIGION 7</p>	
115	In the last 12 months, how many times have you been away from home for one or more nights?	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 201
116	In the last 12 months, have you been away from home for more than one month at a time?	<p>YES 1</p> <p>NO 2</p>	

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? RECORD NAME. BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: 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"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS ... 1 MONTHS 2 YEARS ... 3	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <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"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <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"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <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"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <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"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <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"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <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 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) babv? RECORD NAME. BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: 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	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH
09	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH
10	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH
11	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH
12	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	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 0 → 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"/> LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JAN. 2009 OR LATER JAN. 2009		→ 238
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"/>	
234	Since January 2009, have you had any other pregnancies that did not result in a live birth?	YES 1 NO 2	→ 236
235	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2009. <p>C ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.</p>		
236	Did you have any miscarriages, abortions or stillbirths that ended before 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"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
238	When did your last menstrual period start? <hr/> (DATE, IF GIVEN)	DAYS AGO 1 <table border="1" data-bbox="1247 153 1352 212"> <tr><td></td><td></td></tr> </table> WEEKS AGO 2 <table border="1" data-bbox="1247 212 1352 270"> <tr><td></td><td></td></tr> </table> MONTHS AGO 3 <table border="1" data-bbox="1247 270 1352 329"> <tr><td></td><td></td></tr> </table> YEARS AGO 4 <table border="1" data-bbox="1247 329 1352 388"> <tr><td></td><td></td></tr> </table> 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	<input type="checkbox"/> → 301								
240	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8									

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?		
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2	
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2	
03	IUD PROBE: Women can have a loop or coil placed inside them (uterus) by a doctor or a nurse.	YES 1 NO 2	
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2	
05	Implants/Jadelle. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2	
09	Lactational Amenorrhea Method (LAM)	YES 1 NO 2	
10	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	
11	Standard Days Methods (SDM). PROBE: The woman know days of the month when she can get pregnant by using beads or calendar	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: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 311
303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 311

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	<p>Which method are you using?</p> <p>CIRCLE ALL MENTIONED.</p> <p>IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.</p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>IMPLANTS/JADELLE E</p> <p>PILL F</p> <p>CONDOM G</p> <p>FEMALE CONDOM H</p> <p>DIAPHRAGM I</p> <p>FOAM/JELLY J</p> <p>LACTATIONAL AMEN. METHOD K</p> <p>RHYTHM METHOD L</p> <p>STANDARD DAYS METHOD M</p> <p>WITHDRAWAL N</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD ... Y</p>	<p>→ 307</p> <p>→ 308A</p> <p>→ 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>MICROGYNON 01</p> <p>LOFEMENAL 02</p> <p>OVRETTE 03</p> <p>OTHER _____ 96 (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>PRUDENCE PLUS 01</p> <p>PLEASURE 02</p> <p>GENERIC CONDOM 03</p> <p>OTHER _____ 96 (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/AGREE SECTOR</p> <p>REFERRAL HOSPITAL 11</p> <p>PROVINCIAL/DISTRICT HOSPITAL 12</p> <p>HEALTH CENTER 13</p> <p>HEALTH POST 14</p> <p>OUTREACH 15</p> <p>OTHER PUBLIC HEALTH FACILITY _____ 16 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC 21</p> <p>CLINIC 22</p> <p>DISPENSARY 23</p> <p>OTHER PRIVATE HEALTH FACILITY _____ 26 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
308	In what month and year was the sterilization performed?										
308A	<p>Since what month and year have you been using (CURRENT METHOD) without stopping?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>									
309	<p>CHECK 308/308A, 215 AND 231:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308/308A</p> <p>GO BACK TO 308/308A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>									
310	<p>CHECK 308/308A:</p> <p>YEAR IS 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>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> <p>THEN SKIP TO 322</p>									
311	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 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
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/JADELLE 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMEN. METHOD 11 RHYTHM METHOD 12 STANDARD DAYS METHOD 13	→ 323 → 320 → 326
317	At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 319
317A	When you got sterilized, were you told about side effects or problems you might have with the method?		
318	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES 1 NO 2	→ 320
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;"> <p>CODE '1' CIRCLED</p>  </div> <div style="text-align: center;"> <p>CODE '1' NOT CIRCLED</p>  </div> </div> <p>At that time, were you told about other methods of family planning that you could use?</p> <p>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?</p>	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/JADELLE 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMEN. METHOD 11 RHYTHM METHOD 12 STANDARD DAYS METHOD 13 WITHDRAWAL 14 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 326 → 326

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
323	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC/AGREE SECTOR</p> <p>REFERRAL HOSPITAL 11</p> <p>PROVINCIAL/DISTRICT HOSPITAL 12</p> <p>HEALTH CENTER 13</p> <p>HEALTH POST 14</p> <p>OUTREACH 15</p> <p>COMMUNITY HEALTH WORKER ... 16</p> <p>OTHER PUBLIC HEALTH FACILITY _____ 17</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC 21</p> <p>CLINIC 22</p> <p>DISPENSARY 23</p> <p>PHARMACY 24</p> <p>FAMILY PLANNING CLINIC 25</p> <p>OTHER PRIVATE HEALTH FACILITY _____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCES</p> <p>KIOSK/SHOP/BAR 31</p> <p>CHURCH 32</p> <p>FRIEND/RELATIVE 33</p> <p>YOUTH CENTER 34</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</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/AGREE SECTOR</p> <p>REFERRAL HOSPITAL A</p> <p>PROVINCIAL/DISTRICT HOSPITAL B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST D</p> <p>OUTREACH E</p> <p>COMMUNITY HEALTH WORKER ... F</p> <p>OTHER PUBLIC HEALTH FACILITY _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC H</p> <p>CLINIC I</p> <p>DISPENSARY J</p> <p>PHARMACY K</p> <p>FAMILY PLANNING CLINIC L</p> <p>OTHER PRIVATE HEALTH FACILITY _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCES</p> <p>KIOSK/SHOP/BAR N</p> <p>CHURCH O</p> <p>FRIEND/RELATIVE P</p> <p>YOUTH CENTER Q</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	

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

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: ONE OR MORE BIRTHS IN 2009 OR LATER <input type="checkbox"/> NO BIRTHS IN 2009 OR LATER <input type="checkbox"/>	556		
402	CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2005 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 <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 (SKIP TO 408) ← NO 2	YES 1 (SKIP TO 430) ← NO 2	YES 1 (SKIP TO 430) ← NO 2
406	Did you want to have a baby later on, or did you not want any (more) children?	LATER 1 NO MORE 2 (SKIP TO 408) ←	LATER 1 NO MORE 2 (SKIP TO 430) ←	LATER 1 NO MORE 2 (SKIP TO 430) ←
407	How much longer did you want to wait?	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998
408	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2 (SKIP TO 415) ←		
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE/MED. ASST B MIDWIFE C OTHER PERSON TRADITIONAL HEALER D COMMUNITY HEALTH WORKER E COMMUNITY HEALTH MOTHER AND CHILD ... F OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
410	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY 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 YOUR HOME . . . A OTHER HOME . . . B</p> <p>PUBLIC/AGREE SECTOR REF. HOSPITAL C PROV/DIST. HOSPITAL D HEALTH CENTER E HEALTH POST F OTHER PUBLIC FACILITY _____ G (SPECIFY)</p> <p>PRIVATE MED. SECTOR POLYCLINIC . . . H CLINIC I DISPENSARY J OTHER PRIVATE MED. FACILITY _____ K (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>		
411	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>MONTHS . . . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>		
412	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98 (SKIP TO 413) ←</p>		
412A	<p>CHECK 412:</p>	<p>2 OR MORE TIMES <input type="checkbox"/> LESS THAN 2 TIMES <input type="checkbox"/></p> <p>(SKIP TO 413)</p>		
412B	<p>How many months pregnant were you when you received your second antenatal care for this pregnancy?</p>	<p>MONTHS . . . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>		
412C	<p>CHECK 412:</p>	<p>3 OR MORE TIMES <input type="checkbox"/> LESS THAN 3 TIMES <input type="checkbox"/></p> <p>(SKIP TO 413)</p>		
412D	<p>How many months pregnant were you when you received your third antenatal care for this pregnancy?</p>	<p>MONTHS . . . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>		
412E	<p>CHECK 412:</p>	<p>4 OR MORE TIMES <input type="checkbox"/> LESS THAN 4 TIMES <input type="checkbox"/></p> <p>(SKIP TO 413)</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
412F	How many months pregnant were you when you received your fourth antenatal care for this pregnancy?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98		
413	As part of your antenatal care during this pregnancy, were any of the following done at least once: Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO BP 1 2 URINE 1 2 BLOOD ... 1 2		
414	During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?	YES 1 NO 2 DON'T KNOW 8		
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 418) ← DON'T KNOW 8		
416	During this pregnancy, how many times did you get a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8		
417	CHECK 416:	2 OR MORE OTHER TIMES <input type="checkbox"/> <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? SHOW TABLETS/SYRUP.	YES 1 NO 2 (SKIP TO 423) ← DON'T KNOW 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
422	During the whole pregnancy, for how many days did you take the iron tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW . . . 998		
423	During this pregnancy, did you take any drug for intestinal worms?	YES 1 NO 2 DON'T KNOW 8		
423	During this pregnancy, did you take any drug for intestinal worms?	YES 1 NO 2 DON'T KNOW 8		
424	During this pregnancy, did you take any antimalarial drugs?	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.	COARTEM A QUININE B OTHER _____ X (SPECIFY) DON'T KNOW Z		
425A	Where did you get the antimalarial drug? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC/AGREE SECTOR REF. HOSPITAL . . A PROV/DIST. HOSPITAL B HEALTH CENTER . . C HEALTH POST. . . . D OUTREACH E COMMUNITY HEALTH WORKER. F OTHER PUBLIC FACILITY _____ G (SPECIFY) PRIVATE MED. SECTOR POLYCLINIC H CLINIC I DISPENSARY J PHARMACY K OTHER PRIVATE MED. FACILITY _____ L (SPECIFY) OTHER SOURCE KIOSK M TRADITIONAL HEALER N CHURCH O FRIEND/RELATIVE P OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
430	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
431	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 433) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 433) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 433) ← DON'T KNOW 8
432	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99.998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99.998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99.998
433	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR A NURSE/MED. ASST B MIDWIFE C OTHER PERSON TRADITIONAL HEALER D COMMUNITY HEALTH WORKER E COMMUNITY HEALTH MOTHER AND CHILD ... F OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PERSONNEL DOCTOR A NURSE/MED. ASST B MIDWIFE C OTHER PERSON TRADITIONAL HEALER D COMMUNITY HEALTH WORKER E COMMUNITY HEALTH MOTHER AND CHILD ... F OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PERSONNEL DOCTOR A NURSE/MED. ASST B MIDWIFE C OTHER PERSON TRADITIONAL HEALER D COMMUNITY HEALTH WORKER E COMMUNITY HEALTH MOTHER AND CHILD ... F OTHER _____ X (SPECIFY) NO ONE Y

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
434	<p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME YOUR HOME ... 11 (SKIP TO 438) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC/AGREE SECTOR REF. HOSPITAL 21 PROV./DIST. HOSPITAL 22 HEALTH CENTER 23 HEALTH POST 24 OTHER PUBLIC FACILITY _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR POLYCLINIC 31 CLINIC 32 DISPENSARY 33 OTHER PRIVATE MED. FACILITY _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) ↓ (SKIP TO 438) ←</p>	<p>HOME YOUR HOME ... 11 (SKIP TO 448) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC/AGREE SECTOR REF. HOSPITAL 21 PROV./DIST. HOSPITAL 22 HEALTH CENTER 23 HEALTH POST 24 OTHER PUBLIC FACILITY _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR POLYCLINIC 31 CLINIC 32 DISPENSARY 33 OTHER PRIVATE MED. FACILITY _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) ↓ (SKIP TO 448) ←</p>	<p>HOME YOUR HOME ... 11 (SKIP TO 448) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC/AGREE SECTOR REF. HOSPITAL 21 PROV./DIST. HOSPITAL 22 HEALTH CENTER 23 HEALTH POST 24 OTHER PUBLIC FACILITY _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR POLYCLINIC 31 CLINIC 32 DISPENSARY 33 OTHER PRIVATE MED. FACILITY _____ 36 (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 1 NO 2 (SKIP TO 436) ←</p>	<p>YES 1 NO 2 (SKIP TO 448) ←</p>	<p>YES 1 NO 2 (SKIP TO 448) ←</p>
435A	<p>How did you travel to the health facility to deliver (NAME) by caesarean?</p>	<p>AMBULANCE 1 PRIVATE CAR ... 2 OTHER _____ 6 SPECIFY</p>	<p>AMBULANCE 1 PRIVATE CAR ... 2 OTHER _____ 6 SPECIFY</p>	<p>AMBULANCE 1 PRIVATE CAR ... 2 OTHER _____ 6 SPECIFY</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 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 11 NURSE/MED. ASST 12 MIDWIFE 13 OTHER PERSON TRADITIONAL HEALER 21 COMMUNITY HEALTH WORKER 22 COMMUNITY HEALTH MOTHER AND CHILD . . . 23 OTHER _____ 96 (SPECIFY)														
440	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="771 674 865 730"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="771 730 865 787"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="771 787 865 844"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW . . . 998														
441	CHECK 437:	YES NOT ASKED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 446)														
442	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES 1 NO 2 (SKIP TO 446) ← DON'T KNOW 8														
443	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH . . 1 <table border="1" data-bbox="771 1209 865 1266"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS AFTER BIRTH . . 2 <table border="1" data-bbox="771 1266 865 1323"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WKS AFTER BIRTH . . 3 <table border="1" data-bbox="771 1323 865 1379"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW . . . 998														
444	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MED. ASST 12 MIDWIFE 13 OTHER PERSON TRADITIONAL HEALER 21 COMMUNITY HEALTH WORKER 22 COMMUNITY HEALTH MOTHER AND CHILD . . . 23 OTHER _____ 96 (SPECIFY)														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____				
445	Where did this first check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME YOUR HOME . . . 11 OTHER HOME . . . 12 PUBLIC/AGREE SECTOR REF. HOSPITAL 21 PROV./DIST. HOSPITAL 22 HEALTH CENTER 23 HEALTH POST 24 OTHER PUBLIC FACILITY _____ 26 (SPECIFY) PRIVATE MED. SECTOR POLYCLINIC 31 CLINIC 32 DISPENSARY 33 OTHER PRIVATE MED. FACILITY _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)						
446	In the first two months after delivery, did you receive a vitamin A dose (like this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8						
447	Has your menstrual period returned since the birth of (NAME)?	YES 1 (SKIP TO 449) ← NO 2 (SKIP TO 450) ←						
448	Did your period return between the birth of (NAME) and your next pregnancy?							
449	For how many months after the birth of (NAME) did you not have a period?	MONTHS . . . <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS . . . <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS . . . <input type="text"/> <input type="text"/> DON'T KNOW 98				
450	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT NANT <input type="checkbox"/> OR <input type="checkbox"/> UNSURE <input type="checkbox"/> (SKIP TO 452) ←						

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
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?	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS... 2 <input type="text"/> <input type="text"/> DON'T KNOW 98	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS... 2 <input type="text"/> <input type="text"/> DON'T KNOW 98	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS... 2 <input type="text"/> <input type="text"/> DON'T KNOW 98
453	Did you ever breastfeed (NAME)?	YES 1 (SKIP TO 455) ← NO 2	YES 1 NO 2	YES 1 NO 2
454	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> ↓ (SKIP TO 460)	DEAD <input type="checkbox"/> ↓ (GO TO 460A)	
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?	YES 1 NO 2 (SKIP TO 458) ←		
457	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER ... B SUGAR OR GLUCOSE WATER ... C GRYPE WATER ... D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS ... H COFFEE I HONEY J OTHER _____ X (SPECIFY)		
458	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> ↓ (GO TO 460A)	LIVING <input type="checkbox"/> ↓ (GO TO 460A)	LIVING <input type="checkbox"/> ↓ (GO TO 460A)
459	Are you still breastfeeding (NAME)?	YES 1 NO 2		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
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
460A	CHECK 434: WAS CHILD DELIVERED AT HOME?	YES NO <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 461)	YES NO <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 461)	YES NO <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 461)
460B	Why you did not deliver (NAME) at a health facility?	FACILITY COST TOO MUCH 01 TOO FAR/NO TRANSPORT ... 02 DON'T TRUST FACILITY 03 NO FEMALE PROVIDER 04 HUSBAND FAMILY DON'T ALLOW . 05 NOT NECESSARY/ EASY TO DELI- VERY/COMFOR- TABLE POSITION . 06 CUSTOMARY TO DELIVER AT HOME 07 OTHER _____ 96 SPECIFY	FACILITY COST TOO MUCH 01 TOO FAR/NO TRANSPORT ... 02 DON'T TRUST FACILITY 03 NO FEMALE PROVIDER 04 HUSBAND FAMILY DON'T ALLOW . 05 NOT NECESSARY/ EASY TO DELI- VERY/COMFOR- TABLE POSITION . 06 CUSTOMARY TO DELIVER AT HOME 07 OTHER _____ 96 SPECIFY	FACILITY COST TOO MUCH 01 TOO FAR/NO TRANSPORT ... 02 DON'T TRUST FACILITY 03 NO FEMALE PROVIDER 04 HUSBAND FAMILY DON'T ALLOW . 05 NOT NECESSARY/ EASY TO DELI- VERY/COMFOR- TABLE POSITION . 06 CUSTOMARY TO DELIVER AT HOME 07 OTHER _____ 96 SPECIFY
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"/> ↓ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)			NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)			NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 553)				
504	Do you have a card where (NAME)'s vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 506) ←	YES, NOT SEEN 2 (SKIP TO 509) ←	NO CARD 3	YES, SEEN 1 (SKIP TO 506) ←	YES, NOT SEEN 2 (SKIP TO 509) ←	NO CARD 3	YES, SEEN 1 (SKIP TO 506) ←	YES, NOT SEEN 2 (SKIP TO 509) ←	NO CARD 3		
505	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 509) ←	NO 2		YES 1 (SKIP TO 509) ←	NO 2		YES 1 (SKIP TO 509) ←	NO 2			
506	(1) COPY DATES FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.											
		LAST BIRTH DAY MONTH YEAR			NEXT-TO-LAST BIRTH DAY MONTH YEAR			SECOND-FROM-LAST BIRTH DAY MONTH YEAR				
	BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POLIO 0 (POLIO GIVEN AT BIRTH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POLIO 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POLIO 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POLIO 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PENTAVALENT 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PENTAVALENT 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PENTAVALENT 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PNEUMO. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PC1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PC1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PNEUMO. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PC2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PC2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PNEUMO. 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PC3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PC3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ROTAVIRUS 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RV1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RV1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ROTAVIRUS 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RV2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RV2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ROTAVIRUS 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RV3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RV3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	MEASLES & RUBELLA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	MEASLES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VITAMIN A (MOST RECENT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIT A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIT A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
507	CHECK 506:	BCG TO MEASLES ALL RECORDED		OTHER	BCG TO MEASLES ALL RECORDED		OTHER	BCG TO MEASLES ALL RECORDED		OTHER		
		<input type="checkbox"/>	<input type="checkbox"/>	↓	<input type="checkbox"/>	<input type="checkbox"/>	↓	<input type="checkbox"/>	<input type="checkbox"/>	↓		
		(GO TO 511)			(GO TO 511)			(GO TO 511)				

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
508	Has (NAME) had any vaccinations that are not recorded on this card, including vaccinations given in a national immunization day campaign? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 506 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ← NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ← NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ← NO 2 (SKIP TO 511) ← DON'T KNOW 8
509	Did (NAME) ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES 1 NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 511) ← DON'T KNOW 8
510	Please tell me if (NAME) had any of the following vaccinations:			
510A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
510B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 510E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510E) ← DON'T KNOW 8
510C	Was the first polio vaccine given in the first two weeks after birth or later?	FIRST 2 WEEKS ... 1 LATER 2	FIRST 2 WEEKS ... 1 LATER 2	FIRST 2 WEEKS ... 1 LATER 2
510D	How many times was the polio vaccine given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
510E	A Pentavalent vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 510G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510G) ← DON'T KNOW 8
510F	How many times was the Pentavalent vaccination given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
510G	A Pneumococcal vaccination, that is, an injection given in the thigh, sometimes at the same time as polio or pentavalent vaccines?	YES 1 NO 2 (SKIP TO 510I) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510I) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510I) ← DON'T KNOW 8
510H	How many times was the Pneumococcal vaccination given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
510I	A Rotavirus vaccine. That is a vaccine given by mouth to protect diarrhea due to Rotavirus. It is given at the same time with pentavalence, polio, and pneumococcal vaccines.	YES 1 NO 2 (SKIP TO 510K) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510I) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510I) ← DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH		
		NAME _____						
510J	How many times was the Rotavirus vaccination given?	NUMBER OF TIMES <input type="checkbox"/>						
510K	A measles and rubella vaccine - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles and rubella?	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	
510L	A measles injection that is, a shot in the arm at the age of 15 months or older - to prevent him/her from getting measles?	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	
511	Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	
513	Was (NAME) given any drug for intestinal worms in the last six months?	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	
514	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 525) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DONT KNOW 8	
515	Was there any blood in the stools?	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	
516	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DONT KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DONT KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DONT KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DONT KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DONT KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DONT KNOW 8	
517	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DONT KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DONT KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DONT KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DONT KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DONT KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DONT KNOW 8	
517A	CHECK 453: EVER BREASTFED <input type="checkbox"/> ↓ NEVER BREASTFED <input type="checkbox"/> ↓ SKIP TO 518							

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
517B	When (NAME) had diarrhea, did you continue to breastfeed him/her?	YES 1 NO 2		
518	Did you seek advice or treatment for the diarrhea from any source?	YES 1 NO 2 (SKIP TO 522) ←	YES 1 NO 2 (SKIP TO 522) ←	YES 1 NO 2 (SKIP TO 522) ←
519	<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/AGREE SECTOR</p> <p>REF. HOSPITAL A</p> <p>PROV./DIST. HOSPITAL B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST D</p> <p>OUTREACH ... E</p> <p>COMMUNITY HEALTH WORKER ... F</p> <p>OTHER PUBLIC FACILITY _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>POLYCLINIC ... H</p> <p>CLINIC ... I</p> <p>DISPENSARY J</p> <p>PHARMACY K</p> <p>OTHER PRIVATE MED. FACILITY _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>KIOSK/SHOP ... M</p> <p>TRADITIONAL HEALER ... N</p> <p>CHURCH ... O</p> <p>FRIEND/RELATIVE P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC/AGREE SECTOR</p> <p>REF. HOSPITAL A</p> <p>PROV./DIST. HOSPITAL B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST D</p> <p>OUTREACH ... E</p> <p>COMMUNITY HEALTH WORKER ... F</p> <p>OTHER PUBLIC FACILITY _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>POLYCLINIC ... H</p> <p>CLINIC ... I</p> <p>DISPENSARY J</p> <p>PHARMACY K</p> <p>OTHER PRIVATE MED. FACILITY _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>KIOSK/SHOP ... M</p> <p>TRADITIONAL HEALER ... N</p> <p>CHURCH ... O</p> <p>FRIEND/RELATIVE P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC/AGREE SECTOR</p> <p>REF. HOSPITAL A</p> <p>PROV./DIST. HOSPITAL B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST D</p> <p>OUTREACH ... E</p> <p>COMMUNITY HEALTH WORKER ... F</p> <p>OTHER PUBLIC FACILITY _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>POLYCLINIC ... H</p> <p>CLINIC ... I</p> <p>DISPENSARY J</p> <p>PHARMACY K</p> <p>OTHER PRIVATE MED. FACILITY _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>KIOSK/SHOP ... M</p> <p>TRADITIONAL HEALER ... N</p> <p>CHURCH ... O</p> <p>FRIEND/RELATIVE 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>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>(SKIP TO 522) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>(SKIP TO 522) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>(SKIP TO 522) ←</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
521	Where did you first seek advice or treatment? USE LETTER CODE FROM 519.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
522	Was he/she given any of the following to drink at any time since he/she started having the diarrhea: a) A fluid made from a special packet called ORS PACKET? b) A government-recommended homemade fluid?	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p>
523	Was anything (else) given to treat the diarrhea?	<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>
524	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) C</p> <p>UNKNOWN PILL OR SYRUP ... D</p> <p>INJECTION</p> <p>ANTIBIOTIC E</p> <p>NON-ANTIBIOTIC F</p> <p>UNKNOWN INJECTION ... G</p> <p>(IV) INTRAVENOUS H</p> <p>HOME REMEDY/ HERBAL MEDICINE I</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) C</p> <p>UNKNOWN PILL OR SYRUP ... D</p> <p>INJECTION</p> <p>ANTIBIOTIC E</p> <p>NON-ANTIBIOTIC F</p> <p>UNKNOWN INJECTION ... G</p> <p>(IV) INTRAVENOUS H</p> <p>HOME REMEDY/ HERBAL MEDICINE I</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) C</p> <p>UNKNOWN PILL OR SYRUP ... D</p> <p>INJECTION</p> <p>ANTIBIOTIC E</p> <p>NON-ANTIBIOTIC F</p> <p>UNKNOWN INJECTION ... G</p> <p>(IV) INTRAVENOUS H</p> <p>HOME REMEDY/ HERBAL MEDICINE I</p> <p>OTHER _____ X (SPECIFY)</p>
525	Has (NAME) been ill with a fever at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 527) ← </p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 527) ← </p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 527) ← </p> <p>DON'T KNOW 8</p>
526	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	<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>
527	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 530) ← </p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 530) ← </p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 530) ← </p> <p>DON'T KNOW 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
528	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8
529	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 531) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 531) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 531) ←
530	CHECK 525: HAD FEVER OR COUGH?	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/AGREE SECTOR REF. HOSPITAL . . . A PROV./DIST. HOSPITAL . . . B HEALTH CENTER . . . C HEALTH POST . . . D OUTREACH . . . E COMMUNITY HEALTH WORKER . . . F OTHER PUBLIC FACILITY _____ G (SPECIFY)</p> <p>PRIVATE MED. SECTOR POLYCLINIC . . . H CLINIC I DISPENSARY . . . J PHARMACY K OTHER PRIVATE MED. FACILITY _____ L (SPECIFY)</p> <p>OTHER SOURCE KIOSK/SHOP . . . M TRADITIONAL HEALER N CHURCH O FRIEND/RELATIVE P</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC/AGREE SECTOR REF. HOSPITAL . . . A PROV./DIST. HOSPITAL . . . B HEALTH CENTER . . . C HEALTH POST . . . D OUTREACH . . . E COMMUNITY HEALTH WORKER . . . F OTHER PUBLIC FACILITY _____ G (SPECIFY)</p> <p>PRIVATE MED. SECTOR POLYCLINIC . . . H CLINIC I DISPENSARY . . . J PHARMACY K OTHER PRIVATE MED. FACILITY _____ L (SPECIFY)</p> <p>OTHER SOURCE KIOSK/SHOP . . . M TRADITIONAL HEALER N CHURCH O FRIEND/RELATIVE P</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC/AGREE SECTOR REF. HOSPITAL . . . A PROV./DIST. HOSPITAL . . . B HEALTH CENTER . . . C HEALTH POST . . . D OUTREACH . . . E COMMUNITY HEALTH WORKER . . . F OTHER PUBLIC FACILITY _____ G (SPECIFY)</p> <p>PRIVATE MED. SECTOR POLYCLINIC . . . H CLINIC I DISPENSARY . . . J PHARMACY K OTHER PRIVATE MED. FACILITY _____ L (SPECIFY)</p> <p>OTHER SOURCE KIOSK/SHOP . . . M TRADITIONAL HEALER N CHURCH O FRIEND/RELATIVE P</p> <p>OTHER _____ X (SPECIFY)</p>
535	CHECK 534:	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 537) ←</p>	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 537) ←</p>	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED</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 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8</p>	<p>YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8</p>	<p>YES 1 NO 2 (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
538	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS COARTEM ... A PRIMO ... B QUININE C OTHER ANTI-MALARIAL _____ ... D (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... E INJECTION ... F OTHER DRUGS ASPIRIN G ACETA-MINOPHEN ... H IBUPROFEN ... I OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS COARTEM ... A PRIMO ... B QUININE C OTHER ANTI-MALARIAL _____ ... D (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... E INJECTION ... F OTHER DRUGS ASPIRIN G ACETA-MINOPHEN ... H IBUPROFEN ... I OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS COARTEM ... A PRIMO ... B QUININE C OTHER ANTI-MALARIAL _____ ... D (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... E INJECTION ... F OTHER DRUGS ASPIRIN G ACETA-MINOPHEN ... H IBUPROFEN ... I OTHER _____ X (SPECIFY) DON'T KNOW Z
539	CHECK 538: ANY CODE A-D CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
540	CHECK 538: COARTEM ('A') GIVEN	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 542) ←	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 542) ←	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 542) ←
541	How long after the fever started did (NAME) first take Coartem?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8
542	CHECK 538: PRIMO ('B') GIVEN	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 544) ←	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 544) ←	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 544) ←

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
553	<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>	<p>→ 556</p>	
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 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER _____ 96 (SPECIFY)</p>	
555	<p>CHECK 522(a) AND 522(b), ALL COLUMNS:</p> <p>NO CHILD RECEIVED FLUID FROM ORS PACKET OR HOMEMADE FLUID <input type="checkbox"/></p> <p>ANY CHILD RECEIVED FLUID FROM ORS PACKET OR HOMEMADE FLUID <input type="checkbox"/></p>	<p>→ 557</p>	
556	<p>Have you ever heard of a special product called ORS PACKET you can get for the treatment of diarrhea?</p>	<p>YES 1 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>	<p>→ 563</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																				
558	<p>Now I would like to ask you about liquids or foods that (NAME FROM 557) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods.</p> <p>Did (NAME FROM 557) (drink/eat):</p> <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>a) Plain water?</td> <td style="text-align: center;">a) 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b) Juice or juice drinks?</td> <td style="text-align: center;">b) 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>c) Soup?</td> <td style="text-align: center;">c) 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>d) Milk such as tinned, powdered, or fresh animal milk?</td> <td style="text-align: center;">d) 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.</td> <td style="text-align: center;">NUMBER OF TIMES DRANK MILK</td> <td></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>e) Infant formula?</td> <td style="text-align: center;">e) 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.</td> <td style="text-align: center;">NUMBER OF TIMES DRANK FORMULA</td> <td></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>f) Any other liquids?</td> <td style="text-align: center;">f) 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>g) Yogurt?</td> <td style="text-align: center;">g) 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>IF YES: How many times did (NAME) eat yogurt? 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(17)</td> <td style="text-align: center;">h) 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>i) Bread, rice, noodles, porridge, or other foods made from grains?</td> <td style="text-align: center;">i) 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>j) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?</td> <td style="text-align: center;">j) 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>k) White potatoes, white yams, manioc, cassava, or any other foods made from roots?</td> <td style="text-align: center;">k) 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>l) Any dark green, leafy vegetables?</td> <td style="text-align: center;">l) 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>m) Ripe mangoes, papayas or [INSERT ANY OTHER LOCALLY AVAILABLE VITAMIN A-RICH FRUITS]?</td> <td style="text-align: center;">m) 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>n) Any other fruits or vegetables?</td> <td style="text-align: center;">n) 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>o) Liver, kidney, heart or other organ meats?</td> <td style="text-align: center;">o) 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?</td> <td style="text-align: center;">p) 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>q) Eggs?</td> <td style="text-align: center;">q) 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>r) Fresh or dried fish or shellfish?</td> <td style="text-align: center;">r) 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>s) Any foods made from beans, peas, lentils, or nuts?</td> <td style="text-align: center;">s) 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>t) Cheese or other food made from milk?</td> <td style="text-align: center;">t) 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>u) Any other solid, semi-solid, or soft food?</td> <td style="text-align: center;">u) 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	a) Plain water?	a) 1	2	8	b) Juice or juice drinks?	b) 1	2	8	c) Soup?	c) 1	2	8	d) Milk such as tinned, powdered, or fresh animal milk?	d) 1	2	8	IF YES: How many times did (NAME) drink milk? 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559	<p>CHECK 558 (CATEGORIES "g" THROUGH "u"):</p> <p>ALL "NO" <input type="checkbox"/></p> <p>AT LEAST ONE "YES" OR ALL DKs <input type="checkbox"/></p>		→ 561																																																																																																				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
560	<p>Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?</p>	<p>YES 1 (GO BACK TO 558 TO RECORD ← FOOD EATEN YESTERDAY)</p> <p>NO 2</p>	→ 561A
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="text"/></p> <p>DON'T KNOW 8</p>	
561A	<p>Have you ever heard of any counseling or education on nutrition?</p>	<p>YES 1 NO 2</p>	→ 563
561B	<p>Where did you hear about counseling or education on nutrition?</p>	<p>A HEALTH FACILITY A COMMUNITY HEALTH WORKER..... B FRIENDS/RELATIVE C MAGAZINE/PAPER/RADIO/TV D OTHER _____ X SPECIFY</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" value="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 border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</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>		YES	NO	DK	HOMEMADE TOYS	1	2	8	TOYS FROM SHOP	1	2	8	HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS	1	2	8	
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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 HOUR <input type="checkbox"/> NUMBER OF DAYS LEFT WITH ANOTHER CHILD FOR MORE THAN AN HOUR <input type="checkbox"/>																	
569	CHECK Q.217 ET 218: A CHILD AGED 3, 4 OR 5 YEARS OLD; LIVE IN THIS HOUSEHOLD WITH THE MOTHER (Q.217=3, 4, OR 5 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.																		

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	→ 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 612
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 609
604	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <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	→ 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	<p>CHECK 609:</p> <p>MARRIED/ LIVED WITH A MAN <input type="checkbox"/> ONLY ONCE ↓</p> <p>In what month and year did you start living with your (husband/partner)?</p> <p>MARRIED/ LIVED WITH A MAN <input type="checkbox"/> MORE THAN ONCE ↓</p> <p>Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	→ 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	<p>Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues.</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95</p>	→ 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. 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" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>→ 616</p> <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 ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE (SKIP TO 622) <input type="checkbox"/>	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE (SKIP TO 622) <input type="checkbox"/>	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE (SKIP TO 622) <input type="checkbox"/>
621	CHECK 613:	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 623) ↓	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 623) ↓	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 623) ↓
622	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>
623	How many times during the <u>last 12 months</u> did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
623A	How many times during the <u>last month</u> 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

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
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 <u>last 12 months</u> ? 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
626A	In total, with how many different people have you had sexual intercourse in the <u>last month</u> ? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST MONTH ... <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"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>CHILDREN <10</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>MALE ADULTS</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>FEMALE ADULTS</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </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 style="text-align: center;">(NAME OF PLACE(S))</p>	<p>PUBLIC/AGREE SECTOR</p> <p>REFERRAL HOSPITAL A</p> <p>PROVINCIAL/DISTRICT HOSPITAL B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST D</p> <p>OUTREACH E</p> <p>COMMUNITY HEALTH WORKER F</p> <p>OTHER PUBLIC HEALTH FACILITY _____ G</p> <p style="text-align: center;">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC H</p> <p>CLINIC I</p> <p>DISPENSARY J</p> <p>PHARMACY K</p> <p>FAMILY PLANNING CLINIC L</p> <p>OTHER PRIVATE HEALTH FACILITY _____ M</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER SOURCES</p> <p>KIOSK/SHOP/BAR N</p> <p>TRADITIONAL HEALER O</p> <p>FRIEND/RELATIVE P</p> <p>YOUTH CENTER Q</p> <p>OTHER _____ X</p> <p style="text-align: center;">(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/AGREE SECTOR</p> <p>REFERRAL HOSPITAL A</p> <p>PROVINCIAL/DISTRICT HOSPITAL B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST D</p> <p>OUTREACH E</p> <p>COMMUNITY HEALTH WORKER F</p> <p>OTHER PUBLIC HEALTH FACILITY _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC H</p> <p>CLINIC I</p> <p>DISPENSARY J</p> <p>PHARMACY K</p> <p>FAMILY PLANNING CLINIC L</p> <p>OTHER PRIVATE HEALTH FACILITY _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCES</p> <p>KIOSK/SHOP/BAR N</p> <p>TRADITIONAL HEALER O</p> <p>FRIEND/RELATIVE P</p> <p>YOUTH CENTER Q</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/NONE 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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 (SPECIFY) DON'T KNOW 998									→ 710 → 712 → 710
706	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 711								
707	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→ 712								
708	CHECK 705: NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		→ 711								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	<p>CHECK 703 AND 704:</p> <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? Any other reason?</p> <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? Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>SIDE EFFECTS/HEALTH CONCERNS O</p> <p>LACK OF ACCESS/TOO FAR P</p> <p>COSTS TOO MUCH Q</p> <p>PREFERRED METHOD NOT AVAILABLE R</p> <p>NO METHOD AVAILABLE S</p> <p>INCONVENIENT TO USE T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES U</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
710	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NO, NOT CURRENTLY USING <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/></p>		→ 712
711	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
712	<p>CHECK 216:</p> <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> <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> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00 → 714</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 → 714 (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
713	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">BOYS</td> <td style="text-align: center;">GIRLS</td> <td style="text-align: center;">EITHER</td> </tr> <tr> <td style="text-align: right;">NUMBER</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> </table> OTHER _____ 96 (SPECIFY)		BOYS	GIRLS	EITHER	NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>								
	BOYS	GIRLS	EITHER															
NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>															
714	In the last few months have you: Heard about family planning on the radio? Seen anything about family planning on the television? Read about family planning in a newspaper or magazine? Read about family planning in a brochure/pamphlet?	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BROCHURE OR PAMPHLET</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER OR MAGAZINE ...	1	2	BROCHURE OR PAMPHLET	1	2	
	YES	NO																
RADIO	1	2																
TELEVISION	1	2																
NEWSPAPER OR MAGAZINE ...	1	2																
BROCHURE OR PAMPHLET	1	2																
716	CHECK 601: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→ 801															
717	CHECK 303: USING A CONTRACEPTIVE METHOD? CURRENTLY USING <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> OR NOT ASKED		→ 720															
718	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER _____ 6 (SPECIFY)																
719	CHECK 304: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 801															
720	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8																

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	<p>CHECK 601 AND 602:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/></p>	<p>→ 803</p> <p>→ 807</p>	
802	<p>How old was your (husband/partner) on his last birthday?</p>	<p>AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/></p>	
803	<p>Did your (last) (husband/partner) ever attend school?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 806</p>
804	<p>What was the highest level of school he attended: primary, secondary, or higher?</p>	<p>PRIMARY 1</p> <p>POST-PRIMARY/VOCATIONAL 2</p> <p>SECONDARY 3</p> <p>TERTIARY 4</p> <p>PRE-PRIMARY 6</p> <p>DON'T KNOW 8</p>	<p>→ 806</p>
805	<p>What was the highest (grade/form/year) he completed at that level?</p> <p>IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.</p>	<p>GRADE <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
806	<p>CHECK 801:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>What is your (husband's/ partner's) occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) (husband's/ partner's) occupation? That is, what kind of work did he mainly do?</p>	<p><input type="text"/> <input type="text"/></p> <p>_____</p> <p>_____</p> <p>_____</p>	
807	<p>Aside from your own housework, have you done any work in the last seven days?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 811</p>
808	<p>As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business.</p> <p>In the last seven days, have you done any of these things or any other work?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 811</p>
809	<p>Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 811</p>
810	<p>Have you done any work in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 815</p>
811	<p>What is your occupation, that is, what kind of work do you mainly do?</p>	<p><input type="text"/> <input type="text"/></p> <p>_____</p> <p>_____</p> <p>_____</p>	
812	<p>Do you do this work for a member of your family, for someone else, or are you self-employed?</p>	<p>FOR FAMILY MEMBER 1</p> <p>FOR SOMEONE ELSE 2</p> <p>SELF-EMPLOYED 3</p>	

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: mainly you, mainly your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 OTHER 6 (SPECIFY)	
818	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER 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 IN FAMILY 4 OTHER 6	
821	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE IN FAMILY 4 OTHER 6	
822	Who usually makes decisions about visits to your family, relatives and friends?	RESPONDENT 1 HUSBAND/PARTNER 2 SOMEONE ELSE HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE IN FAMILY 4 OTHER 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
823	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																													
824	Do you own any land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																													
825	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="0"> <thead> <tr> <th></th> <th>PRES./ LISTEN.</th> <th>PRES./ NOT LISTEN.</th> <th>NOT PRES.</th> </tr> </thead> <tbody> <tr> <td>CHILDREN < 10</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER FEMALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.	CHILDREN < 10	1	2	3	HUSBAND	1	2	3	OTHER MALES	1	2	3	OTHER FEMALES	1	2	3									
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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 has sex with someone else? If she burns the food?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. CHILDREN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SEX WITH SOMEONE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS FOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	GOES OUT	1	2	8	NEGL. CHILDREN	1	2	8	ARGUES	1	2	8	REFUSES SEX	1	2	8	SEX WITH SOMEONE	1	2	8	BURNS FOOD	1	2	8	
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BURNS FOOD	1	2	8																												
827	In your opinion, is a parent justified in hitting or beating his children for the following reasons: If he disobeys? If he impolite? If he has embarrassed the family?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>DISOBEY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>IMPOLITE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>EMBARR. FAMILY</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	DISOBEY	1	2	8	IMPOLITE	1	2	8	EMBARR. FAMILY	1	2	8													
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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	
907A	Can men reduce their chance of getting the AIDS virus by getting circumcised?	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?	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	
910A	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
910B	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus for prenuptial purposes?	YES 1 NO 2	
910C	CHECK 601, 602, and 603: CURRENTLY MARRIED <input type="checkbox"/> OR LIVING WITH A MAN ↓ FORMERLY MARRIED OR LIVING WITH A MAN <input type="checkbox"/> NEVER MARRIED OR NEVER LIVED WITH A MAN <input type="checkbox"/>		→ 911
910D	I don't want to know the results, but have you ever been tested as couple with your husband/partner to see if you and/or him have the AIDS virus?	YES 1 NO 2	→ 911

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
910E	I don't want to know the results, but have you and your husband told each other the results of your tests?	YES 1 NO 2	
911	CHECK 208 AND 215: NO BIRTHS <input type="checkbox"/> → 926 LAST BIRTH SINCE <input type="checkbox"/> JANUARY 2012 LAST BIRTH BEFORE <input type="checkbox"/> JANUARY 2012 → 926		
912	CHECK 408 FOR LAST BIRTH: HAD ANTENATAL CARE <input type="checkbox"/> → 920 NO ANTENATAL CARE <input type="checkbox"/>		
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?	YES NO DK AIDS FROM MOTHER 1 2 8 THINGS TO DO 1 2 8 TESTED FOR AIDS 1 2 8	
915	Were you offered a test for the AIDS virus as part of your antenatal care?	YES 1 NO 2	
916	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	YES 1 NO 2	→ 920
917	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC/AGREE SECTOR REFERRAL HOSPITAL 11 PROVINCIAL/DISTRICT HOSPITAL 12 HEALTH CENTER 13 HEALTH POST 14 OUTREACH 15 COMMUNITY HEALTH WORKER 16 OTHER PUBLIC HEALTH FACILITY _____ 17 (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC 21 CLINIC 22 DISPENSARY 23 PHARMACY 24 FAMILY PLANNING CLINIC 25 OTHER PRIVATE HEALTH FACILITY _____ 26 (SPECIFY) OTHER SOURCES KIOSK/SHOP/BAR 31 TRADITIONAL HEALER 32 FRIEND/RELATIVE 33 YOUTH CENTER 34 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
920	CHECK 434 FOR LAST BIRTH: ANY CODE <input type="checkbox"/> OTHER <input type="checkbox"/> 21-36 CIRCLED <input type="checkbox"/>		→ 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
926	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→ 930
927	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 96	
928	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
929	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC/AGREE SECTOR REFERRAL HOSPITAL 11 PROVINCIAL/DISTRICT HOSPITAL 12 HEALTH CENTER 13 HEALTH POST 14 OUTREACH 15 COMMUNITY HEALTH WORKER 16 OTHER PUBLIC HEALTH FACILITY _____ 17 (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC 21 CLINIC 22 DISPENSARY 23 PHARMACY 24 FAMILY PLANNING CLINIC 25 OTHER PRIVATE HEALTH FACILITY _____ 26 (SPECIFY) OTHER SOURCES KIOSK/SHOP/BAR 31 TRADITIONAL HEALER 32 FRIEND/RELATIVE 33 YOUTH CENTER 34 CORRECTIONAL FACILITY 35 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 932

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
930	Do you know of a place where people can go to get tested for the AIDS virus?	YES 1 NO 2	→ 932
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/AGREE SECTOR</p> <p>REFERRAL HOSPITAL A</p> <p>PROVINCIAL/DISTRICT HOSPITAL B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST D</p> <p>OUTREACH E</p> <p>COMMUNITY HEALTH WORKER F</p> <p>OTHER PUBLIC HEALTH FACILITY _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC H</p> <p>CLINIC I</p> <p>DISPENSARY J</p> <p>PHARMACY K</p> <p>FAMILY PLANNING CLINIC L</p> <p>OTHER PRIVATE HEALTH FACILITY _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCES</p> <p>KIOSK/SHOP/BAR N</p> <p>TRADITIONAL HEALER O</p> <p>FRIEND/RELATIVE P</p> <p>YOUTH CENTER Q</p> <p>CORRECTIONAL FACILITY R</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
932	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
933	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DK/NOT SURE/DEPENDS 8	
934	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
935	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED 2 DK/NOT SURE/DEPENDS 8	
936	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
937	<p>CHECK 901:</p> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p>	<p>YES 1 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/AGREE SECTOR REFERRAL HOSPITAL A PROVINCIAL/DISTRICT HOSPITAL B HEALTH CENTER C HEALTH POST D OUTREACH E COMMUNITY HEALTH WORKER F OTHER PUBLIC HEALTH FACILITY _____ G (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC H CLINIC I DISPENSARY J PHARMACY K FAMILY PLANNING CLINIC L OTHER PRIVATE HEALTH FACILITY _____ M (SPECIFY) OTHER SOURCES KIOSK/SHOP/BAR N TRADITIONAL HEALER O FRIEND/RELATIVE P YOUTH CENTER Q 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 he use a condom when they have sex?	YES 1 NO 2 DON'T KNOW 8	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
1001	<p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	1004																					
1002	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	1004																					
1003	<p>The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																						
1004	<p>Do you currently smoke cigarettes?</p>	<p>YES 1</p> <p>NO 2</p>	1006																					
1005	<p>In the last 24 hours, how many cigarettes did you smoke?</p>	<p>NUMBER OF CIGARETTES <input type="text"/> <input type="text"/></p>																						
1006	<p>Do you currently smoke or use any (other) type of tobacco?</p>	<p>YES 1</p> <p>NO 2</p>	1008																					
1007	<p>What (other) type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED.</p>	<p>PIPE A</p> <p>CHEWING TOBACCO B</p> <p>SNUFF C</p> <p>OTHER _____ X (SPECIFY)</p>																						
1008	<p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?</p> <p>Getting permission to go to the doctor?</p> <p>Getting money needed for advice or treatment?</p> <p>The distance to the health facility?</p> <p>Not wanting to go alone?</p>	<table border="0"> <tr> <td></td> <td align="center">BIG</td> <td align="center">NOT A BIG</td> </tr> <tr> <td></td> <td align="center">PROB-</td> <td align="center">PROB-</td> </tr> <tr> <td></td> <td align="center">LEM</td> <td align="center">LEM</td> </tr> <tr> <td>PERMISSION TO GO ...</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>GETTING MONEY</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>DISTANCE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>GO ALONE</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		BIG	NOT A BIG		PROB-	PROB-		LEM	LEM	PERMISSION TO GO ...	1	2	GETTING MONEY	1	2	DISTANCE	1	2	GO ALONE	1	2	
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PERMISSION TO GO ...	1	2																						
GETTING MONEY	1	2																						
DISTANCE	1	2																						
GO ALONE	1	2																						
1009	<p>Have you ever heard of an illness called tuberculosis or TB?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1011																					
1010	<p>How does tuberculosis spread from one person to another?</p> <p>PROBE: Any other ways?</p> <p>RECORD ALL MENTIONED.</p>	<p>THROUGH THE AIR WHEN, COUGHING SNEEZING OR SPEAKING A</p> <p>THROUGH SHARING UTENSILS B</p> <p>THROUGH TOUCHING A PERSON WITH TB C</p> <p>THROUGH SHARING FOOD OR DRINK WITH A PERSON WITH TB D</p> <p>THROUGH SEXUAL CONTACT E</p> <p>THROUGH MOSQUITO BITES F</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>																						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1011	Do you currently have the following symptoms? a. Cough b. Fever c. Drenching night sweats d. Unexpected weight lost e. General fatigue or malaise f. Chest pain	YES, TWO WEEKS OR LONGER ... 1 YES, LESS THAN TWO WEEKS 2 NO 3 YES, ONE MONTH OR LONGER ... 1 YES, LESS THAN ONE MONTH 2 NO 3 YES, ONE MONTH OR LONGER ... 1 YES, LESS THAN ONE MONTH 2 NO 3 YES, ONE MONTH OR LONGER ... 1 YES, LESS THAN ONE MONTH 2 NO 3 YES, ONE MONTH OR LONGER ... 1 YES, LESS THAN ONE MONTH 2 NO 3	
1012	CHECK 1011: IF AT LEAST ONE SYMPTOM "YES" <input type="checkbox"/> IF "NO" <input type="checkbox"/> CODE "1" OR "2" CIRCLED TO ALL SYMPTOMS		→ 1015
1013	Have you ever sought care or help?	YES 1 NO 2	→ 1015
1014	(IF "YES") Where did you seek care or help? RECORD ALL MENTIONED	PUBLIC/AGREE SECTOR REFERRAL HOSPITAL A PROVINCIAL/DISTRICT HOSPITAL B HEALTH CENTER C HEALTH POST D OUTREACH E COMMUNITY HEALTH WORKER F OTHER PUBLIC HEALTH FACILITY G (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC H CLINIC I DISPENSARY J PHARMACY K FAMILY PLANING CLINIC L OTHER PRIVATE HEALTH FACILITY M (SPECIFY) OTHER SOURCES KIOSK/SHOP/BAR N TRADITIONAL HEALER O FRIEND/RELATIVE P OTHER X (SPECIFY)	
1015	GO TO THE NEXT SECTION (11)		

SECTION 11. ADULT 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"/>						
1102	CHECK 1101: TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>							DV01A
1103	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <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						
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"/> GO TO (2)	<input type="text"/> GO TO (3)	<input type="text"/> GO TO (4)	<input type="text"/> GO TO (5)	<input type="text"/> GO TO (6)	<input type="text"/> GO TO (7)	
1108	How many years ago did (NAME) die?	<input type="text"/>						
1109	How old was (NAME) when he/she died?	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<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 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	
1111	Did (NAME) die during childbirth?	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2						
1113	How many live born children did (NAME) give birth to during her lifetime	<input type="text"/>						
GO BACK TO 1104 IN NEXT COLUMN, OR, IF NO MORE BROTHERS OR SISTERS, GO TO THE NEXT SECTION.								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1104	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____	
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1106	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (8) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (9) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (10) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (11) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (12) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (13) ←	
1107	How old is (NAME)?	<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 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	
1111	Did (NAME) die during childbirth?	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
1113	How many live born children did (NAME) give birth to during her lifetime	<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"/>	
1114		GO BACK TO 1104 IN NEXT COLUMN, OR, IF NO MORE BROTHERS OR SISTERS, GO TO THE NEXT SECTION.						

FEMALE DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																			
DV01A	<p>CHECK THE COVER PAGE IF THIS HOUSEHOLD SELECTED FOR FEMALE DV QUESTIONNAIRE</p> <p>HOUSEHOLD SELECTED <input type="checkbox"/> HOUSEHOLD NOT SELECTED <input type="checkbox"/></p>		DV33																																			
DV01B	<p>CHECK THE COVER PAGE IF THIS WOMAN SELECTED FOR FEMALE DV QUESTIONNAIRE</p> <p>WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/> WOMAN NOT SELECTED <input type="checkbox"/></p>		DV33																																			
DV01C	<p>CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.</p> <p>PRIVACY OBTAINED 1 PRIVACY NOT POSSIBLE 2</p>		DV32																																			
<p>READ TO THE RESPONDENT</p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Rwanda. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions.</p>																																						
DV02	<p>CHECK 601 AND 602:</p> <p>CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH HUSBAND/PARTNER') <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p>		DV16																																			
DV03	<p>First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) (husband/partner)?</p> <p>a) He (is/was) jealous or angry if you (talk/talked) to other men? 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?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>JEALOUS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ACCUSES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NOT MEET FRIENDS ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NO FAMILY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WHERE YOU ARE</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	JEALOUS	1	2	8	ACCUSES	1	2	8	NOT MEET FRIENDS ...	1	2	8	NO FAMILY	1	2	8	WHERE YOU ARE	1	2	8												
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DV04	<p>Now I need to ask some more questions about your relationship with your (last) (husband/partner).</p> <p>A Did your (last) (husband/partner) ever:</p> <p>a) say or do something to humiliate you in front of others? b) threaten to hurt or harm you or someone you care about? c) insult you or make you feel bad about yourself?</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>a) NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) YES	1 →	1	2	3	a) NO	2 ↓				b) YES	1 →	1	2	3	b) NO	2 ↓				c) YES	1 →	1	2	3	c) NO	2 ↓				
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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> <p>a) push you, shake you, or throw something at you?</p> <p>b) slap you?</p> <p>c) twist your arm or pull your hair?</p> <p>d) punch you with his fist or with something that could hurt you?</p> <p>e) kick you, drag you, or beat you up?</p> <p>f) try to choke you or burn you on purpose?</p> <p>g) threaten or attack you with a knife, gun, or other weapon?</p> <p>h) physically force you to have sexual intercourse with him when you did not want to?</p> <p>i) physically force you to perform any other sexual acts you did not want to?</p> <p>j) force you with threats or in any other way to perform sexual acts you did not want to?</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				
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DV06	<p>CHECK DV05A (a-j):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>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>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p>																																																																												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																									
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 THAN ONCE <input type="checkbox"/> MARRIED ONLY ONCE <input type="checkbox"/>		→ DV16																									
DV15	A So far we have been talking about the behavior of your (current/last) (husband/partner). Now I want to ask you about the behavior of any previous (husband/partner). a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically? b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?	B How long ago did this last happen? <table border="1"> <thead> <tr> <th>EVER</th> <th></th> <th>0 - 11 MONTHS AGO</th> <th>12+ MONTHS AGO</th> <th>DON'T REMEMBER</th> </tr> </thead> <tbody> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	EVER		0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2				
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV16	<p>CHECK 601 AND 602:</p> <p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>From the time you were 15 years old has anyone other than (your/any) (husband/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically?</p> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?</p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	<p>→ DV19</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 (SPECIFY)</p>	
DV18	<p>Has (this person/have these persons) physically hurt you in the last 12 months, ?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ DV19</p>
DV18A	<p>How often has (this person/have these persons) physically hurt you in the last 12 months: often or only sometimes?</p>	<p>OFTEN 1</p> <p>SOMETIME 2</p>	
DV18B	<p>CHECK DV17</p> <p>MORE THAN ONE RESPONSE SELECTED <input type="checkbox"/></p> <p>ONLY ONE RESPONSE SELECTED <input type="checkbox"/></p>		<p>→ DV19</p>
DV18C	<p>Who is the main person that has hurt you in this way in the last 12 months?</p>	<p>MOTHER/STEP-MOTHER 01</p> <p>FATHER/STEP-FATHER 02</p> <p>SISTER/BROTHER 03</p> <p>DAUGHTER/SON 04</p> <p>OTHER RELATIVE 05</p> <p>CURRENT BOYFRIEND 06</p> <p>FORMER BOYFRIEND 07</p> <p>MOTHER-IN-LAW 08</p> <p>FATHER-IN-LAW 09</p> <p>OTHER IN-LAW 10</p> <p>TEACHER 11</p> <p>EMPLOYER/SOMEONE AT WORK 12</p> <p>POLICE/SOLDIER 13</p> <p>OTHER _____ 96 (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV19	CHECK 201, 226, AND 230: EVER BEEN PREGNANT <input type="checkbox"/> (YES ON 201 OR 226 OR 230) NEVER BEEN PREGNANT <input type="checkbox"/>		→ DV22
DV20	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	→ DV22
DV21	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER A MOTHER/STEP-MOTHER B FATHER/STEP-FATHER C SISTER/BROTHER D DAUGHTER/SON E OTHER RELATIVE F FORMER HUSBAND/PARTNER G CURRENT BOYFRIEND H FORMER BOYFRIEND I MOTHER-IN-LAW J FATHER-IN-LAW K OTHER IN-LAW L TEACHER M EMPLOYER/SOMEONE AT WORK N POLICE/SOLDIER O OTHER _____ X (SPECIFY)	
DV22	CHECK 601 AND 602: EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/>		→ 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 → DV24B
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	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)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV24	<p>CHECK 601 AND 602:</p> <p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>In the last 12 months, has anyone other than (your/any) (husband/partner) physically forced you to have sexual intercourse when you did not want to?</p> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?</p>	<p>YES 1</p> <p>NO 2</p>	→ DV25
DV24A	<p>Who was the person who was forcing you the very first time this happened in the last 12 months?</p>	<p>CURRENT/FORMER BOYFRIEND ... 03</p> <p>FATHER/STEP-FATHER 04</p> <p>BROTHER/STEP-BROTHER 05</p> <p>OTHER RELATIVE 06</p> <p>IN-LAW 07</p> <p>OWN FRIEND/ACQUAINTANCE 08</p> <p>FAMILY FRIEND 09</p> <p>TEACHER 10</p> <p>EMPLOYER/SOMEONE AT WORK 11</p> <p>POLICE/SOLDIER 12</p> <p>PRIEST/RELIGIOUS LEADER 13</p> <p>STRANGER 14</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
DV24B	<p>CHECK DV05A (h-j) and DV15A(b), DV22A, DV22B</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>		→ DV26
DV25	<p>CHECK 601 AND 602:</p> <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> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>How old were you the first first time you were forced to have sexual intercourse or perform any other sexual acts?</p>	<p>AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
DV26	<p>CHECK DV05A (a-j), DV15A (a,b), DV16, DV20, DV22A, AND DV22B:</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>		→ DV30
DV27	<p>Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?</p>	<p>YES 1</p> <p>NO 2</p>	→ DV29

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/JADELLE
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD
- M STANDARD DAYS METHOD
- N WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

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

			1	2			
	06	JUN	01				
2	05	MAY	02				2
0	04	APR	03				0
1	03	MAR	04				1
5	02	FEB	05				5
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	10	OCT	09				
	09	SEP	10				
2	08	AUG	11				2
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1	06	JUN	13				1
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0	07	JUL	72				0
0	06	JUN	73				0
9	05	MAY	74				9
	04	APR	75				
	03	MAR	76				
	02	FEB	77				
	01	JAN	78				