

2012 KYRGYZ DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE

KYRGYZ REPUBLIC
THE MINISTRY OF HEALTH
NATIONAL STATISTICAL COMMITTEE

IDENTIFICATION										
PLACE NAME _____										
NAME OF HOUSEHOLD HEAD _____										
CLUSTER NUMBER	<table border="1" style="width: 30px; height: 20px; margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>									
HOUSEHOLD NUMBER	<table border="1" style="width: 30px; height: 20px; margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>									
NAME AND LINE NUMBER OF WOMAN _____										

CHECK QUESTION 142 IN THE HOUSEHOLD QUESTIONNAIRE. IS THIS WOMAN SELECTED FOR QUESTIONS IN "SECTION 12-DV" ? (YES = 1, NO=2)

INTERVIEWER VISITS										
	1	2	3	FINAL VISIT						
DATE	_____	_____	_____	DAY <table border="1" style="width: 30px; height: 20px; margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>						
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 30px; height: 20px; margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>						
RESULT*	_____	_____	_____	YEAR <table border="1" style="width: 30px; height: 20px; margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>						
NEXT VISIT: DATE	_____	_____		INT. NUMBER <table border="1" style="width: 30px; height: 20px; margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>						
TIME	_____	_____		RESULT <table border="1" style="width: 30px; height: 20px; margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>						
				TOTAL NUMBER OF VISITS <input style="width: 30px; height: 20px;" type="text"/>						

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

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

CODES: KYRGYZ-1; RUSSIAN-2 ; OTHER-6 (SPECIFY _____)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY										
NAME _____ <table border="1" style="width: 30px; height: 20px; margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> </table>				NAME _____ <table border="1" style="width: 30px; height: 20px; margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> </table>				<table border="1" style="width: 30px; height: 20px; margin: auto;"> <tr><td> </td><td> </td></tr> </table>			<table border="1" style="width: 30px; height: 20px; margin: auto;"> <tr><td> </td><td> </td></tr> </table>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101D	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR MODEL AND CUFF SIZE. CIRCLE THE CODE FOR THE MODEL AND CUFF SIZE.	MODEL 767 SMALL: 16 CM – 23 CM 1 MEDIUM: 24 CM – 35 CM 2 LARGE: 36 CM – 41 CM 3 MODEL 789 EXTRA LARGE: 42 CM – 60 CM 4	
101E	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE. THEN PROCEED TO Q102. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON IN Q101F.	BLOOD PRESSURE MEASURED SYSTOLIC 1 <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC 2 <input type="text"/> <input type="text"/> <input type="text"/>	
101F	RECORD REASON BLOOD PRESSURE NOT MEASURED	REASON BLOOD PRESSURE NOT MEASURED REFUSED '9994 TECHNICAL PROBLEMS '9995 OTHER '9996 _____ SPECIFY	
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	→ 106A
104A	What is the total number of years of schooling you have had?	YEARS OF SCHOOLING <input type="text"/> <input type="text"/>	
105	What is the highest level of school you attended: general education school, professional primary(trade-school, lyceum), professional middle (tekhnikum, trade-school, college), higher or post-graduate?	SCHOOL 1 PROFESSIONAL PRIMARY 2 PROFESSIONAL MIDDLE 3 HIGHER 4 POST-GRADUATE 5	
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"/>	
106A	CHECK 105 AND 106: CODES "1" GENERAL SCHOOL LEVEL AND GRADES 10-11 AT THAT LEVEL, OR CODES "2" OR "3" PROFESSIONAL-PRIMARY OR MIDDLE LEVEL CIRCLED, ASK: ↓ Did you receive a diploma (attestat) for completing secondary education?	OTHER (CODES <input type="text"/> YES 1 NO 2	→ 110

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
112A	Have you used a computer from any location in the last 12 months?	YES 1 NO 2	→ 112C
112B	During the last one month, how often did you use a computer: almost every day, at least once a week, less than once a week or not at all?	EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
112C	In the last 12 months, have you used the internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 115
112D	During the last one month, how often did you use the internet: almost every day, at least once a week, less than once a week or not at all ?	EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
115	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES <input type="text"/> <input type="text"/> NONE 00	→ 201
116	In the last 12 months, have you been away from home for more than one month at a time?	YES 1 NO 2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
207A	Were there any other children who were born alive, but who died within a few minutes, hours, or days?	YES 1 NO 2	→ 208								
207B	CORRECT 207 AND THEN CONTINUE WITH QUESTION 208.										
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
209A	Women sometimes have pregnancies which do not result in a live born child. That is, a pregnancy can be ended early by an abortion, a miscarriage, or a stillbirth. I will now ask you about each of them separately. In total, how many abortions have you had? IF NONE, RECORD '00'	TOTAL ABORTIONS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209B	How many miscarriages? IF NONE, RECORD '00'	TOTAL MISCARRIAGES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209C	How many stillbirths? IF NONE, RECORD '00'	TOTAL STILLBIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209D	SUM ANSWERS TO 208, 209A, 209B, 209C, AND ENTER TOTAL. IF NO PREGNANCIES/OUTCOMES, RECORD '00'.	TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
210	CHECK 209D: Just to make sure that I have this right: you have had in TOTAL _____ pregnancies/ outcomes during your life. Is that correct? ONE OR MORE PREGNANCIES <input type="checkbox"/> NO PREGNANCIES <input type="checkbox"/> → 226										

211 PREGNANCY HISTORY: Now I want to talk about each of your pregnancies, including those which ended in a live birth, a stillbirth, a miscarriage, and an induced abortion. Starting with your first pregnancy, please tell me the following information:
RECORD ALL PREGNANCIES. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. IF THERE MORE THAN 15 PREGNANCIES USE AN ADDITIONAL QUESTIONNAIRE

212	213	214	215	215A	216	217	218	219	220	221	222	222A
Did your (first/next) pregnancy end in a live birth, a stillbirth, a miscarriage, or an abortion?	Was this a single or a multiple birth?	In what month and year (was this child born / did this pregnancy end?)	Were there any other pregnancies between this and the pregnancy we were just talking about? IF YES, ADD IT TO TABLE	CHECK 212: RECORD SAME RESPONSE	What name was given to this child? WRITE 'BABY 1', 'BABY 2', ETC. IF NO NAME WAS GIVEN TO A CHILD	Is (NAME) a boy or girl?	Is (NAME) still alive?	How old was (NAME) on his/her last birthday?	Is (NAME) living with you?	IF ALIVE: RECORD HOUSEHOLD LINE NO. OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD	IF DIED: 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.	IF DIED: Does (NAME) have a death certificate? IF NO, PROBE: Has (NAME)'s death ever been registered in ZAGS? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
01 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214	SING 1 MULT 2	MONTH YEAR		LIVE BIRTH 1 STILL BIRTH ... 2 MISCARRIAGE ... 3 ABORTION 4 NEXT PREGNANCY	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO ... 2 222	AGE IN YEARS	YES ... 1 NO ... 2	LINE NO.: NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS ... 3	<input type="checkbox"/> NEXT PREGNANCY
02 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	YES 1 ADD PREGN NO 2	LIVE BIRTH 1 STILL BIRTH ... 2 MISCARRIAGE ... 3 ABORTION 4 NEXT PREGNANCY	NAME: _____	BOY 1 GIRL 2	YES 1 NO ... 2 222	AGE IN YEARS	YES ... 1 NO ... 2	LINE NO.: NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS ... 3	<input type="checkbox"/> NEXT PREGNANCY
03 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	YES 1 ADD PREGN NO 2	LIVE BIRTH 1 STILL BIRTH ... 2 MISCARRIAGE ... 3 ABORTION 4 NEXT PREGNANCY	NAME: _____	BOY 1 GIRL 2	YES 1 NO ... 2 222	AGE IN YEARS	YES ... 1 NO ... 2	LINE NO.: NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS ... 3	<input type="checkbox"/> NEXT PREGNANCY
04 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	YES 1 ADD PREGN NO 2	LIVE BIRTH 1 STILL BIRTH ... 2 MISCARRIAGE ... 3 ABORTION 4 NEXT PREGNANCY	NAME: _____	BOY 1 GIRL 2	YES 1 NO ... 2 222	AGE IN YEARS	YES ... 1 NO ... 2	LINE NO.: NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS ... 3	<input type="checkbox"/> NEXT PREGNANCY
05 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	YES 1 ADD PREGN NO 2	LIVE BIRTH 1 STILL BIRTH ... 2 MISCARRIAGE ... 3 ABORTION 4 NEXT PREGNANCY	NAME: _____	BOY 1 GIRL 2	YES 1 NO ... 2 222	AGE IN YEARS	YES ... 1 NO ... 2	LINE NO.: NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS ... 3	<input type="checkbox"/> NEXT PREGNANCY

212	Did your next pregnancy end in a live birth, a stillbirth, a miscarriage, or an abortion?	SING 1 MULT 2	MONTH YEAR	Were there any other pregnancies between this and the pregnancy we were just talking about? IF YES, ADD IT TO TABLE	215A CHECK 212: RECORD SAME RESPONSE	216 What name was given to this child? WRITE 'BABY 1', 'BABY 2', ETC. IF NO NAME WAS GIVEN TO A CHILD	217 Is (NAME) a boy or girl?	218 Is (NAME) still alive?	219 IF ALIVE: How old was (NAME) on his/her last birthday? RECORD AGE IN COMPLETE YEARS	220 IF ALIVE: Is (NAME) living with you?	221 IF ALIVE: RECORD HOUSEHOLD LINE NO. OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD	222 IF DIED: 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.	222A IF DIED: Does (NAME) have a death certificate? IF NO, PROBE: Has (NAME)'s death ever been registered in ZAGS? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
06	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	YES 1 ADD PREGN NO 2	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 NEXT PREGNANCY	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO ... 2 222	AGE IN YEARS	YES ... 1 NO ... 2	LINE NO.: NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS ... 3	<input type="checkbox"/> NEXT PREGNANCY
07	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	YES 1 ADD PREGN NO 2	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 NEXT PREGNANCY	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO ... 2 222	AGE IN YEARS	YES ... 1 NO ... 2	LINE NO.: NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS ... 3	<input type="checkbox"/> NEXT PREGNANCY
08	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	YES 1 ADD PREGN NO 2	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 NEXT PREGNANCY	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO ... 2 222	AGE IN YEARS	YES ... 1 NO ... 2	LINE NO.: NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS ... 3	<input type="checkbox"/> NEXT PREGNANCY
09	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	YES 1 ADD PREGN NO 2	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 NEXT PREGNANCY	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO ... 2 222	AGE IN YEARS	YES ... 1 NO ... 2	LINE NO.: NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS ... 3	<input type="checkbox"/> NEXT PREGNANCY
10	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	YES 1 ADD PREGN NO 2	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 NEXT PREGNANCY	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO ... 2 222	AGE IN YEARS	YES ... 1 NO ... 2	LINE NO.: NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS ... 3	<input type="checkbox"/> NEXT PREGNANCY

212	213	214	215	215A	216	217	218	219	220	221	222	222A
Did your next pregnancy end in a live birth, a stillbirth, a miscarriage, or an abortion?	Was this a single or multiple birth?	In what month and year (was this child born / did this pregnancy end?)	Were there any other pregnancies between this and the pregnancy we were just talking about? IF YES, ADD IT TO TABLE	CHECK 212: RECORD SAME RESPONSE	What name was given to this child? WRITE 'BABY 1', 'BABY 2', ETC. IF NO NAME WAS GIVEN TO A CHILD	Is (NAME) a boy or girl?	Is (NAME) still alive?	How old was (NAME) on his/her last birthday? RECORD AGE IN COMPLETE YEARS	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NO. OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD	How old was (NAME) when he/she died? IF '1' YR, 'PROBE' was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Does (NAME) have a death certificate? IF NO, PROBE: Has (NAME)'s death ever been registered in ZAGS? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
11 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	YES 1 ADD PREGN NO 2	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 NEXT PREGNANCY	NAME: _____	BOY 1 GIRL 2	YES ... 1 NO ... 2 222	AGE IN YEARS	YES .. 1 NO ... 2	LINE NO.: NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS ... 3	<input type="text"/> NEXT PREGNANCY
12 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	YES 1 ADD PREGN NO 2	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 NEXT PREGNANCY	NAME: _____	BOY 1 GIRL 2	YES 1 NO 2 222	AGE IN YEARS	YES .. 1 NO ... 2	LINE NO.: NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS ... 3	<input type="text"/> NEXT PREGNANCY
13 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	YES 1 ADD PREGN NO 2	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 NEXT PREGNANCY	NAME: _____	BOY 1 GIRL 2	YES 1 NO 2 222	AGE IN YEARS	YES .. 1 NO ... 2	LINE NO.: NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS ... 3	<input type="text"/> NEXT PREGNANCY
14 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	YES 1 ADD PREGN NO 2	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 NEXT PREGNANCY	NAME: _____	BOY 1 GIRL 2	YES 1 NO 2 222	AGE IN YEARS	YES .. 1 NO ... 2	LINE NO.: NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS ... 3	<input type="text"/> NEXT PREGNANCY
15 LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 GOTO 214	SING 1 MULT 2	MONTH YEAR	YES 1 ADD PREGN NO 2	LIVE BIRTH 1 STILL BIRTH 2 MISCARRIAGE ... 3 ABORTION 4 NEXT PREGNANCY	NAME: _____	BOY 1 GIRL 2	YES 1 NO 2 222	AGE IN YEARS	YES .. 1 NO ... 2	LINE NO.: NEXT PREGNANCY	DAYS ... 1 MONTHS 2 YEARS ... 3	<input type="text"/> NEXT PREGNANCY

222B	Have you had any ended pregnancies since the last birth of (NAME of LAST BIRTH)/stillbirth/ miscarriage/ abortion? IF YES, RECORD PREGNANCIES IN TABLE ABOVE.	YES 1 NO 2
222C	RECORD AND COMPARE NUMBER OF EVENTS RECORDED IN PREGNANCY HISTORY WITH EARLIER RESPONSES <div style="margin-bottom: 20px;"> TOTAL NUMBER OF PREGANCIAS <input style="width: 40px; height: 20px;" type="text"/><input style="width: 40px; height: 20px;" type="text"/> TOTAL NUMBER OF PREGANCIAS SAME AS NUMBER IN 209D <input style="width: 20px; height: 20px;" type="checkbox"/> DIFFERENT <input style="width: 20px; height: 20px;" type="checkbox"/> → (PROBE AND RECONCILE) </div> <div style="margin-bottom: 20px;"> TOTAL NUMBER OF LIVE BIRTH <input style="width: 40px; height: 20px;" type="text"/><input style="width: 40px; height: 20px;" type="text"/> TOTAL NUMBER OF LIVE BIRTH SAME AS NUMBER IN 208 <input style="width: 20px; height: 20px;" type="checkbox"/> DIFFERENT <input style="width: 20px; height: 20px;" type="checkbox"/> → (PROBE AND RECONCILE) </div> <div> TOTAL NUMBER OF ABORTIONS <input style="width: 40px; height: 20px;" type="text"/><input style="width: 40px; height: 20px;" type="text"/> TOTAL NUMBER OF ABORTIONS SAME AS NUMBER IN 209A <input style="width: 20px; height: 20px;" type="checkbox"/> DIFFERENT <input style="width: 20px; height: 20px;" type="checkbox"/> → (PROBE AND RECONCILE) </div>	
223	COMPARE 209D WITH TOTAL NUMBER OF PREGNANCIES IN PREGNANCY HISTORY AND MARK: <div style="margin-bottom: 20px;"> NUMBERS ARE SAME <input style="width: 20px; height: 20px;" type="checkbox"/> NUMBERS ARE DIFFERENT <input style="width: 20px; height: 20px;" type="checkbox"/> → (PROBE AND RECONCILE) </div> <div> CHECK: FOR EACH PREGNANCY: YEAR WHEN PREGNANCY ENDED IS RECORDED (Q.214) FOR EACH LIVE BIRTH SINCE JANUARY 2007, MONTH AND YEAR OF BIRTH IS RECORDED (Q.214) FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED (Qs. 218, 219) FOR EACH CHILD THAT DIED: AGE AT DEATH IS RECORDED (Qs. 218, 222). FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS (Q. 222). </div> <div style="float: right; border: 1px solid black; width: 20px; height: 40px; margin-top: 20px;"> <div style="border-bottom: 1px solid black; height: 10px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 10px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 10px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 10px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 10px; width: 100%;"></div> </div>	
224	CHECK 212 AND 214: ENTER THE NUMBER OF BIRTHS IN 2007 OR LATER (IN 212 CIRCLED CODE "1")	NUMBER OF BIRTHS <input style="width: 40px; height: 20px;" type="text"/> NONE 0

241	CHECK 212 AND 214: ONE OR MORE ABORTIONS SINCE JANUARY 2007 OR LATER <input type="checkbox"/>	NO ABORTIONS IN 2007 OR LATER <input type="checkbox"/>	→ 301		
NO.	QUESTIONS AND FILTER	LAST ABORTION	NEXT-TO-LAST ABORTION	SECOND-TO-LAST ABORTION	THIRD-TO-LAST ABORTION
242	PREGNANCY № FROM 212	PREGNANCY № <input type="text"/> <input type="text"/>	PREGNANCY № <input type="text"/> <input type="text"/>	PREGNANCY № <input type="text"/> <input type="text"/>	PREGNANCY № <input type="text"/> <input type="text"/>
243	How many weeks pregnant you were at the time of this abortion?	WEEKS <input type="text"/> <input type="text"/>	WEEKS <input type="text"/> <input type="text"/>	WEEKS <input type="text"/> <input type="text"/>	WEEKS <input type="text"/> <input type="text"/>
244	What was the main reason you decided to have this (last, next-to-last, second-from-last, third-from-last) abortion (mini-abortion)?	HEALTH OF MOTHER 01 RISK OF BIRTH DEFECTS 02 SOCIOECONOMIC REASONS 03 RESPONDENT DID NOT WANT (ANYMORE) CHILDREN 04 SPACING NEXT PREGNANCY 05 PARTNER DID NOT WANT THE CHILD 06 SEX SELECTION/WANTED BOY 07 SEX SELECTION/WANTED GIRL 08 UNMARRIED 09 OTHER _____ 96 (SPECIFY)	HEALTH OF MOTHER 01 RISK OF BIRTH DEFECT 02 SOCIOECONOMIC REASONS 03 RESPONDENT DID NOT WANT (ANYMORE) CHILDREN 04 SPACING NEXT PREGNANCY 05 PARTNER DID NOT WANT THE CHILD 06 SEX SELECTION/WANTED B 07 SEX SELECTION/WANTED G 08 UNMARRIED 09 OTHER _____ 96 (SPECIFY)	HEALTH OF MOTHER 01 RISK OF BIRTH DEFECT 02 SOCIOECONOMIC REASONS 03 RESPONDENT DID NOT WANT (ANYMORE) CHILDREN 04 SPACING NEXT PREGNANCY 05 PARTNER DID NOT WANT THE CHILD 06 SEX SELECTION/WANTED BC 07 SEX SELECTION/WANTED GII 08 UNMARRIED 09 OTHER _____ 96 (SPECIFY)	HEALTH OF MOTHER 01 RISK OF BIRTH DEFECT 02 SOCIOECONOMIC REASONS 03 RESPONDENT DID NOT WANT (ANYMORE) CHILDREN 04 SPACING NEXT PREGNANCY 05 PARTNER DID NOT WANT THE CHILD 06 SEX SELECTION/WANTED BC 07 SEX SELECTION/WANTED GII 08 UNMARRIED 09 OTHER _____ 96 (SPECIFY)
245	What method was used for this (last, next-to-last, second-from-last, third-from-last) abortion?	D & C (DILATION&CURETTING) 01 VACUUM ASPIRATION 02 OXYTOCIN 03 CATHETER 04 OTHER MEDICINES 05 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	D & C 01 VACUUM ASPIRATION 02 OXYTOCIN 03 CATHETER 04 OTHER MEDICINES 05 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	D & C 01 VACUUM ASPIRATION 02 OXYTOCIN 03 CATHETER 04 OTHER MEDICINES 05 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	D & C 01 VACUUM ASPIRATION 02 OXYTOCIN 03 CATHETER 04 OTHER MEDICINES 05 OTHER _____ 96 (SPECIFY) DON'T KNOW 98
NO.	QUESTIONS AND FILTER	LAST ABORTION			
246	How much did you pay for this abortion, including gifts or money given to the doctor (person, who performed the abortion)?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ENTER TOTAL NUMERIC VALUE IN SOMS PAID NO MONEY 99994 DON'T KNOW 99998			
247	At the place where you had the abortion, did anyone talk to you about using family planning after abortion?	YES 1 NO 2 (SKIP TO 249) ← DON'T REMEMBER 8			
248	Were you offered any contraceptive method at that time?	YES 1 NO 2			
249		GO BACK TO 242 IN NEXT COLUMN; OR, IF NO MORE ABORTIONS, GO TO 301.	GO BACK TO 242 IN NEXT COLUMN; OR, IF NO MORE ABORTIONS, GO TO 301.	GO BACK TO 242 IN NEXT COLUMN; OR, IF NO MORE ABORTIONS, GO TO 301.	GO BACK TO 242 IN NEXT-TO-LAST-ABORTION COLUMN IN THE NEW QUESTIONNAIRE; OR, IF NO MORE ABORTIONS, GO TO 301.

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 by a doctor or a nurse.	YES 1 NO 2	
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2	
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	
07	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 (or the Calendar method). PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES 1 NO 2	
11	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2	
12	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	
13	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 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>WITHDRAWAL M</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD ... Y</p>	<p>→ 307</p> <p>→ 308A</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>MICROLUT 01</p> <p>MICROGYNON 02</p> <p>DIANE 35 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 MEDICAL SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>MATERNITY HOME 12</p> <p>FAMILY DOCTORS GROUP (FDG) 13</p> <p>FELDSHER-ACCOUCHER POST(FAP)14</p> <p>FAMILY MEDICINE CENTEF. 15</p> <p>REPRODUCTIVE HEALTH CENTER .16</p> <p>MARRIAGE&FAMILY CONSULT. .17</p> <p>DIAGNOSTIC CENTER.18</p> <p>SKIN-VENEREAL DIS. DISPANCER .19</p> <p>PROPHYLACTIC MEDICINE CENTER 20</p> <p>GENERAL PRACTICE CENTER21</p> <p>IMMUNOPROPHYLAXIS CENTEF.22</p> <p>AIDS CENTER 23</p> <p>HEALTH STRENGTHENING CENTER 24</p> <p>OTHER PUBLIC SECTOR _____ 25 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 31</p> <p>PRIVATE DOCTOR'S OFFICE 32</p> <p>PHARMACY 33</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 36 (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></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, 212 AND 214 :</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 2007 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 2006 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 2007.</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 2007.</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	<p>CHECK 304:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>IUD 03</p> <p>INJECTABLES 04</p> <p>IMPLANTS 05</p> <p>PILL 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>RHYTHM METHOD 12</p>	<p>→ 323</p> <p>→ 320</p> <p>→ 326</p> <p>→ 326</p>
317	<p>At that time, were you told about side effects or problems you might have with the method?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 319</p>
317A	<p>When you got sterilized, were you told about side effects or problems you might have with the method?</p>		
318	<p>Were you ever told by a health or family planning worker about side effects or problems you might have with the method?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 320</p>
319	<p>Were you told what to do if you experienced side effects or problems?</p>	<p>YES 1</p> <p>NO 2</p>	
320	<p>CHECK 317:</p> <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>	<p>YES 1</p> <p>NO 2</p>	<p>→ 322</p>
321	<p>Were you ever told by a health or family planning worker about other methods of family planning that you could use?</p>	<p>YES 1</p> <p>NO 2</p>	
322	<p>CHECK 304:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>IUD 03</p> <p>INJECTABLES 04</p> <p>IMPLANTS 05</p> <p>PILL 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>RHYTHM METHOD 12</p> <p>WITHDRAWAL 13</p> <p>OTHER MODERN METHOD 95</p> <p>OTHER TRADITIONAL METHOD ... 96</p>	<p>→ 326</p> <p>→ 326</p>

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</p> <p>SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>MATERNITY HOME 12</p> <p>FAMILY DOCTORS GROUP (FDG) 13</p> <p>FELDSHER-ACCOUCHER POST(FAP)14</p> <p>FAMILY MEDICINE CENTEF. 15</p> <p>REPRODUCTIVE HEALTH CENTER . .16</p> <p>MARRIAGE&FAMILY CONSULT. . .17</p> <p>DIAGNOSTIC CENTER.....18</p> <p>SKIN-VENEREAL DIS. DISPANCER . .19</p> <p>PROPHYLACTIC MEDICINE</p> <p>CENTER 20</p> <p>GENERAL PRACTICE CENTER21</p> <p>IMMUNOPROPHYLAXIS CENTEF. . .22</p> <p>AIDS CENTER 23</p> <p>HEALTH STRENGTHENING CENTER 24</p> <p>OTHER PUBLIC 25</p> <p>SECTOR _____</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 31</p> <p>PRIVATE DOCTOR'S OFFICE 32</p> <p>PHARMACY 33</p> <p>OTHER PRIVATE MEDICAL</p> <p>SECTOR _____ 36</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/MARKET 41</p> <p>FRIEND/RELATIVE 43</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→ 326</p>
324	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 326</p>
325	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>MATERNITY HOME B</p> <p>FAMILY DOCTORS GROUP (FDG) C</p> <p>FELDSHER-ACCOUCHER POST(FAP) D</p> <p>FAMILY MEDICINE CENTEF. E</p> <p>REPRODUCTIVE HEALTH CENTER . . F</p> <p>MARRIAGE&FAMILY CONSULT. . . G</p> <p>DIAGNOSTIC CENTER..... H</p> <p>SKIN-VENEREAL DIS. DISPANCER . . I</p> <p>PROPHYLACTIC MEDICINE</p> <p>CENTER J</p> <p>GENERAL PRACTICE CENTER K</p> <p>IMMUNOPROPHYLAXIS CENTEF. . . L</p> <p>AIDS CENTER M</p> <p>HEALTH STRENGTHENING CENTER N</p> <p>OTHER PUBLIC O</p> <p>SECTOR _____</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC P</p> <p>PRIVATE DOCTOR'S OFFICE Q</p> <p>PHARMACY R</p> <p>OTHER PRIVATE MEDICAL S</p> <p>SECTOR _____</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/MARKET T</p> <p>FRIEND/RELATIVE U</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 healthworker 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	<p>CHECK 224:</p> <p>ONE OR MORE BIRTHS IN 2007 OR LATER <input type="checkbox"/></p> <p>NO BIRTHS IN 2007 OR LATER <input type="checkbox"/></p> <p style="text-align: right;">→ 556</p>			
402	<p>CHECK 214: ENTER IN THE TABLE THE PREGNANCY HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2007 OR LATER. ASK THE QUESTIONS ABOUT ALL OF LIVE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).</p> <p>Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)</p>			
403	<p>PREGNANCY HISTORY NUMBER FROM 212 IN PREGNANCY HISTORY TABLE</p>	<p>LAST BIRTH PREGNANCY NUMBER FROM 212 <input type="text"/></p>	<p>NEXT-TO-LAST BIRTH PREGNANCY NUMBER FROM 212 <input type="text"/></p>	<p>SECOND-FROM-LAST BIRTH PREGNANCY NUMBER FROM 212 <input type="text"/></p>
404	<p>FROM 216 AND 218</p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>
405	<p>When you got pregnant with (NAME), did you want to get pregnant at that time?</p>	<p>YES 1 (SKIP TO 408) ←</p> <p>NO 2</p>	<p>YES 1 (SKIP TO 430) ←</p> <p>NO 2</p>	<p>YES 1 (SKIP TO 430) ←</p> <p>NO 2</p>
406	<p>Did you want to have a baby later on, or did you not want any (more) children?</p>	<p>LATER 1 NO MORE 2 (SKIP TO 408) ←</p>	<p>LATER 1 NO MORE 2 (SKIP TO 430) ←</p>	<p>LATER 1 NO MORE 2 (SKIP TO 430) ←</p>
407	<p>How much longer did you want to wait?</p>	<p>MONTHS ..1 <input type="text"/></p> <p>YEARS ..2 <input type="text"/></p> <p>DON'T KNOW ... 998</p>	<p>MONTHS ..1 <input type="text"/></p> <p>YEARS ..2 <input type="text"/></p> <p>DON'T KNOW ... 998</p>	<p>MONTHS ..1 <input type="text"/></p> <p>YEARS ..2 <input type="text"/></p> <p>DON'T KNOW ... 998</p>
408	<p>Did you see anyone for antenatal care for this pregnancy?</p>	<p>YES 1 NO 2 (SKIP TO 414A) ←</p>		
409	<p>Whom did you see?</p> <p>Anyone else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p>	<p>HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B FELDSHER C</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D COMMUNITY/ VILLAGE HEALTH WORKER ... E</p> <p>OTHER _____ X (SPECIFY)</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
410	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>HOME YOUR HOME . . . A OTHER HOME . . . B</p> <p>PUBLIC SECTOR GOVT. HOSPITAL . . C MATERNITY HOME D FAMILY DOCTORS GROUP(FDG) . . E FAMILY MEDICINE CENTER F FAP G OTHER PUBLIC SECTOR H</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC J OTHER PRIVATE MED. SECTOR . . K</p> <p>_____</p> <p>(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</p>		
413	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once:</p> <p>Was your blood pressure</p> <p>Did you give a urine sample?</p> <p>Did you give a blood sample?</p>	<p>YES NO</p> <p>BP 1 2</p> <p>URINE 1 2</p> <p>BLOOD 1 2</p>		
414	<p>During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>		
414A	<p>Have you been admitted to a health facility during this pregnancy, including day-bed occupancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>(GOTO 414D) ←</p>		
414B	<p>In total, how many times have you been hospitalised during this pregnancy, including day-bed occupancy?</p>	<p>TIMES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
414C	Please, list the reasons for all hospitalizations. Anythig else? RECORD ALL MENTIONED	HIGH BLOOD PRESSURE A BLURRED VISION B SEIZURES C BLEEDING D MISCARRIAGE THREA... E PRETERM LABOR THREAT F LABORTERM OVERDUE G FETAL/PLACENTAL PROBLEMS H DIABETES I ANEMIA J STD K OTHER INFECTION .. L DIAGNOSTIC TESTS.. M ACCIDENT/INJURY/ .. N OTHER X _____ (SPECIFY) DON'T KNOW Z		
414D	During this pregnancy, were you told that you have anemia?	YES 1 NO 2		
421	During this pregnancy, were you given or did you buy any iron tablets or iron syrup?	YES 1 NO 2 (GOTO 422A) ← DON'T KNOW 8		
422	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ... 998		
422A	During this pregnancy, were you given or did you buy any folic acid tablets?	YES 1 NO 2 (GOTO 423) ← DON'T KNOW 8		
422B	During the whole pregnancy, for how many days did you take the folic 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		

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
423	During this pregnancy, did you take any drug for intestinal worms?	YES 1 NO 2 DON'T KNOW 8		
430	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
431	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 433) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 433) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 433) ← DON'T KNOW 8
432	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
433	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B FELDSHER ... C OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D RELATIVE/FRIEND E OTHER X (SPECIFY) NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B FELDSHER ... C OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D RELATIVE/FRIEND E OTHER X (SPECIFY) NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B FELDSHER ... C OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D RELATIVE/FRIEND E OTHER X (SPECIFY) NO ONE ASSISTED Y

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____													
434	<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 SECTOR GOVT. HOSPITAL 21 MATERNITY HOME 22 FAP 23</p> <p>OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 31 OTHER PRIVATE MED. SECTOR _____ 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 SECTOR GOVT. HOSPITAL 21 MATERNITY HOME 22 FAP 23</p> <p>OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 31 OTHER PRIVATE MED. SECTOR _____ 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 SECTOR GOVT. HOSPITAL 21 MATERNITY HOME 22 FAP 23</p> <p>OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 31 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 448) ←</p>													
434A	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" data-bbox="742 981 842 1048"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS 2 <table border="1" data-bbox="742 1048 842 1115"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS 3 <table border="1" data-bbox="742 1115 842 1182"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW ... 998</p>															
435	<p>Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>													
436	<p>I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?</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 442) ←</p>															

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____												
438	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?	YES 1 NO 2 (SKIP TO 442) ←														
439	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 FELDSHER ... 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY/ VILLAGE HEALTH WORKER ... 22 OTHER _____ 96 (SPECIFY)														
440	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="743 864 839 920"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="743 920 839 976"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="743 976 839 1032"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ... 998														
442	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	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="743 1279 839 1335"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS AFTER BIRTH .. 2 <table border="1" data-bbox="743 1335 839 1391"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WKS AFTER BIRTH .. 3 <table border="1" data-bbox="743 1391 839 1447"><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/MIDWIFE 12 FELDSHER ... 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY/ VILLAGE HEALTH WORKER ... 22 OTHER _____ 96 (SPECIFY)														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
445	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>YOUR HOME . . . 11</p> <p>OTHER HOME . . . 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 21</p> <p>MATERNITY HOME 22</p> <p>FDG 23</p> <p>FAP 24</p> <p>FAMILY MEDICINE CENTER 25</p> <p>GENERAL PRACTIC 26</p> <p>OTHER PUBLIC _____ 27</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC 31</p> <p>OTHER PRIVATE MED. _____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>		
446	<p>In the first two months after delivery, did you receive a vitamin A dose?</p>	<p>YES 1</p> <p>NO 2</p> <p>DONT KNOW 8</p>		
447	<p>Has your menstrual period returned since the birth of (NAME)?</p>	<p>YES 1 (SKIP TO 449) ←</p> <p>NO 2 (SKIP TO 450) ←</p>		
448	<p>Did your period return between the birth of (NAME) and your next pregnancy?</p>		<p>YES 1</p> <p>NO 2 (SKIP TO 452) ←</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 452) ←</p>
449	<p>For how many months after the birth of (NAME) did you not have a period?</p>	<p>MONTHS . . . <input type="text"/> <input type="text"/></p> <p>DONT KNOW 98</p>	<p>MONTHS . . . <input type="text"/> <input type="text"/></p> <p>DONT KNOW 98</p>	<p>MONTHS . . . <input type="text"/> <input type="text"/></p> <p>DONT KNOW 98</p>
450	<p>CHECK 226: IS RESPONDENT PREGNANT?</p>	<p>NOT <input type="checkbox"/> PREGNANT OR <input type="checkbox"/></p> <p>PREG- NANT UNSURE</p> <p>(SKIP TO 452) ←</p>		
451	<p>Have you had sexual intercourse since the birth of (NAME)?</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 453) ←</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
452	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
453	Did you ever breastfeed (NAME)?	YES 1 (SKIP TO 455) ← NO 2	YES 1 NO 2	YES 1 NO 2
454	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> ↓ (SKIP TO 460) DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 501)		
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 GRIPE WATER ... D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS ... H COFFEE I HONEY J OTHER _____ X (SPECIFY)		
458	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
459	Are you still breastfeeding (NAME)?	YES 1 NO 2		
460	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
461		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

SECTION 5. CHILD IMMUNIZATION, HEALTH AND NUTRITION

501	ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2007 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	PREGNANCY NUMBER FROM 212 IN PREGN. HISTORY	LAST BIRTH PREGNANCY NUMBER FROM 212 <input type="text"/>	NEXT-TO-LAST BIRTH PREGNANCY NUMBER FROM 212 <input type="text"/>	SECOND-FROM-LAST BIRTH PREGNANCY NUMBER FROM 212 <input type="text"/>			
503	FROM 212 AND 218	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> <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"/> <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"/> <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"/>	BCG	<input type="checkbox"/>			
	POLIO 1 (AT BIRTH)	<input type="checkbox"/>	P1	<input type="checkbox"/>			
	POLIO 2	<input type="checkbox"/>	P2	<input type="checkbox"/>			
	POLIO 3	<input type="checkbox"/>	P3	<input type="checkbox"/>			
	POLIO 4	<input type="checkbox"/>	P4	<input type="checkbox"/>			
	DPT 1	<input type="checkbox"/>	D1	<input type="checkbox"/>			
	DPT 2	<input type="checkbox"/>	D2	<input type="checkbox"/>			
	DPT 3	<input type="checkbox"/>	D3	<input type="checkbox"/>			
	DPT 4	<input type="checkbox"/>	D4	<input type="checkbox"/>			
	HEPATITIS 1 (GIVEN SOON AFTER BIRTH)	<input type="checkbox"/>	HEP1	<input type="checkbox"/>			
	HEPATITIS 2	<input type="checkbox"/>	HEP2	<input type="checkbox"/>			
	HEPATITIS 3	<input type="checkbox"/>	HEP3	<input type="checkbox"/>			
	PENTA 1	<input type="checkbox"/>	PEN TA1	<input type="checkbox"/>			
	PENTA 2	<input type="checkbox"/>	PEN TA2	<input type="checkbox"/>			
	PENTA 3	<input type="checkbox"/>	PEN TA3	<input type="checkbox"/>			
	MEASLES/ MMR	<input type="checkbox"/>	MEA	<input type="checkbox"/>			
	VITAMIN A (MOST RECENT)	<input type="checkbox"/>	VIT A	<input type="checkbox"/>			
507	CHECK 506:	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 511)	OTHER <input type="checkbox"/>	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 511)	OTHER <input type="checkbox"/>	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 511)	OTHER <input type="checkbox"/>

NO.	QUESTIONS AND FILTERS	LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH		
		NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____
508	<p>Has (NAME) had any vaccinations that are not recorded on this card, including vaccinations given in a national immunization day campaign?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 506 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ← NO 2 (SKIP TO 511) ← DONT 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) ← DONT 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) ← DONT 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) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 511) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 511) ← DONT 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 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8						
510B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 510E) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 510E) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 510E) ← DONT KNOW 8						
510C	Was the first polio vaccine given in the first two weeks after birth or later?	FIRST 2 WEEKS ... 1 LATER 2	FIRST 2 WEEKS ... 1 LATER 2	FIRST 2 WEEKS ... 1 LATER 2						
510D	How many times was the polio vaccine given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>						
510E	A DPT vaccination, that is, an injection given in the thigh, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 510G) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 510G) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 510G) ← DONT KNOW 8						
510F	How many times was the DPT vaccination given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>						
510G	A measles injection or an MRR injection - that is, a shot in the arm or shoulder at the age of 12 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						
510H	A Hepatitis-1 vaccination against hepatitis B, that is, an injection in the thigh?	YES 1 NO 2 (SKIP TO 510K) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 510K) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 510K) ← DONT KNOW 8						
510I	Was the first hepatitis B vaccine given in the first three days after birth or later?	FIRST 3 DAYS ... 1 LATER 2	FIRST 3 DAYS ... 1 LATER 2	FIRST 3 DAYS ... 1 LATER 2						
510J	How many times was the hepatitis B vaccination given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>						

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
510K	A Pentavalent vaccine against five diseases in children — diphtheria, pertussis, tetanus (DPT), hepatitis B and Haemophilus Influenza type B (HIB), that is, an injection given in the thigh at the same time as polio drops?	YES 1 NO 2 (SKIP TO 511) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 511) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 511) ← DONT KNOW 8
510L	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"/>
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
512	In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup?	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8
512A	Was (NAME) ever given a supplement called Gulazyk like this? SHOW A PACK OF GULAZYK	YES 1 NO 2 (GOTO 513) ← DONT KNOW 8	YES 1 NO 2 (GOTO 513) ← DONT KNOW 8	YES 1 NO 2 (GOTO 513) ← DONT KNOW 8
512B	How many months old was (NAME) when you started giving Gulazyk? IF ANSWER IS GIVEN IN YEARS CONVERT TO MONTHS	MONTHS <input type="text"/> <input type="text"/> DONT KNOW 98	MONTHS <input type="text"/> <input type="text"/> DONT KNOW 98	MONTHS <input type="text"/> <input type="text"/> DONT KNOW 98
512C	How many months old was (NAME) when you stopped giving Gulazyk? IF ANSWER IS GIVEN IN YEARS CONVERT TO MONTHS	MONTHS <input type="text"/> <input type="text"/> DONT KNOW 98	MONTHS <input type="text"/> <input type="text"/> DONT KNOW 98	MONTHS <input type="text"/> <input type="text"/> DONT KNOW 98
512D	(NAME) was given one pack of Gulazyk every other day or less often ?	EVERY OTHER DAY 1 LESS OFTEN 2	EVERY OTHER DAY 1 LESS OFTEN 2	EVERY OTHER DAY 1 LESS OFTEN 2
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
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
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
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
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
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) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
519	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>MATERNITY HOME B</p> <p>FDG C</p> <p>FAP D</p> <p>FAMILY MEDICINE CENTER E</p> <p>REPRODUCTIVE HEALTH CNTR. . . F</p> <p>DIAGNOSTICAL CENTER G</p> <p>PROFILACTIC MEDICINE CENTER H</p> <p>GENERAL PRACT I</p> <p>IMMUNOPROFILACTIC CENTER J</p> <p>AIDS CENTER ... K</p> <p>HEALTH STRENGTHEN. CENTER L</p> <p>OTHER PUBLIC SECTOR _____ M</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/ CLINIC N</p> <p>PVT DOCTOR ... O</p> <p>PHARMACY ... P</p> <p>OTHER PRIVATE MED. SECTOR Q</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP R</p> <p>TRADITIONAL PRACTITIONER S</p> <p>MARKET T</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>MATERNITY HOME B</p> <p>FDG C</p> <p>FAP D</p> <p>FAMILY MEDICINE CENTER E</p> <p>REPRODUCTIVE HEALTH CNTR. . . F</p> <p>DIAGNOSTICAL CENTER G</p> <p>PROFILACTIC MEDICINE CENTER H</p> <p>GENERAL PRACT I</p> <p>IMMUNOPROFILACTIC CENTER J</p> <p>AIDS CENTER ... K</p> <p>HEALTH STRENGTHEN. CENTER L</p> <p>OTHER PUBLIC SECTOR _____ M</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/ CLINIC N</p> <p>PVT DOCTOR ... O</p> <p>PHARMACY ... P</p> <p>OTHER PRIVATE MED. SECTOR Q</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP R</p> <p>TRADITIONAL PRACTITIONER S</p> <p>MARKET T</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>MATERNITY HOME B</p> <p>FDG C</p> <p>FAP D</p> <p>FAMILY MEDICINE CENTER E</p> <p>REPRODUCTIVE HEALTH CNTR. . . F</p> <p>DIAGNOSTICAL CENTER G</p> <p>PROFILACTIC MEDICINE CENTER H</p> <p>GENERAL PRACT I</p> <p>IMMUNOPROFILACTIC CENTER J</p> <p>AIDS CENTER ... K</p> <p>HEALTH STRENGTHEN. CENTER L</p> <p>OTHER PUBLIC SECTOR _____ M</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/ CLINIC N</p> <p>PVT DOCTOR ... O</p> <p>PHARMACY ... P</p> <p>OTHER PRIVATE MED. SECTOR Q</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP R</p> <p>TRADITIONAL PRACTITIONER S</p> <p>MARKET T</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>
521	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 519.</p>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
522	<p>Was he/she given any of the following to drink at any time since he/she started having the diarrhea:</p> <p>a) A fluid made from a special packet called Regidron?</p> <p>c) A homemade fluid?</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>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
523	Was anything (else) given to treat the diarrhea?	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
524	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION ... H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION ... H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION ... H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)
525	Has (NAME) been ill with a fever at any time in the last 2 weeks?	NO 2 (SKIP TO 527) ← DONT KNOW 8	NO 2 (SKIP TO 527) ← DONT KNOW 8	NO 2 (SKIP TO 527) ← DONT KNOW 8
526	At any time during the illness, did (NAME) have blood taken from his/her finger for testing?	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8
527	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 530) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 530) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 530) ← DONT KNOW 8
528	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES 1 NO 2 (SKIP TO 531) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 531) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 531) ← DONT 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) DONT KNOW 8 (SKIP TO 531) ←	CHEST ONLY ... 1 NOSE ONLY ... 2 BOTH ... 3 OTHER _____ 6 (SPECIFY) DONT KNOW 8 (SKIP TO 531) ←	CHEST ONLY ... 1 NOSE ONLY ... 2 BOTH ... 3 OTHER _____ 6 (SPECIFY) DONT KNOW 8 (SKIP TO 531) ←
530	CHECK 525: HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> ↓ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
531	<p>Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough).</p> <p>Was he/she given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DONT KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DONT KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DONT KNOW 8</p>
532	<p>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?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DONT KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DONT KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DONT KNOW 8</p>
533	<p>Did you seek advice or treatment for the illness from any source?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 537) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 537) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 537) ←</p>
534	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>MATERNITY HOME B</p> <p>FDG C</p> <p>FAP D</p> <p>FAMILY MEDICINE CENTER E</p> <p>REPRODUCTIVE HEALTH CNTR.. F</p> <p>DIAGNOSTICAL CENTER G</p> <p>PROFILACTIC MEDICINE CENTER H</p> <p>GENERAL PRACT I</p> <p>IMMUNOPROFILACTIC CENTER J</p> <p>AIDS CENTER ... K</p> <p>HEALTH STRENGTHEN. CENTER L</p> <p>OTHER PUBLIC SECTOR _____ M</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC N</p> <p>PVT DOCTOR ... O</p> <p>PHARMACY ... P</p> <p>OTHER PRIVATE MED. SECTOR Q</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP R</p> <p>TRADITIONAL PRACTITIONER S</p> <p>MARKET T</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>MATERNITY HOME B</p> <p>FDG C</p> <p>FAP D</p> <p>FAMILY MEDICINE CENTER E</p> <p>REPRODUCTIVE HEALTH CNTR.. F</p> <p>DIAGNOSTICAL CENTER G</p> <p>PROFILACTIC MEDICINE CENTER H</p> <p>GENERAL PRACT I</p> <p>IMMUNOPROFILACTIC CENTER J</p> <p>AIDS CENTER ... K</p> <p>HEALTH STRENGTHEN. CENTER L</p> <p>OTHER PUBLIC SECTOR _____ M</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC N</p> <p>PVT DOCTOR ... O</p> <p>PHARMACY ... P</p> <p>OTHER PRIVATE MED. SECTOR Q</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP R</p> <p>TRADITIONAL PRACTITIONER S</p> <p>MARKET T</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>MATERNITY HOME B</p> <p>FDG C</p> <p>FAP D</p> <p>FAMILY MEDICINE CENTER E</p> <p>REPRODUCTIVE HEALTH CNTR.. F</p> <p>DIAGNOSTICAL CENTER G</p> <p>PROFILACTIC MEDICINE CENTER H</p> <p>GENERAL PRACT I</p> <p>IMMUNOPROFILACTIC CENTER J</p> <p>AIDS CENTER ... K</p> <p>HEALTH STRENGTHEN. CENTER L</p> <p>OTHER PUBLIC SECTOR _____ M</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC N</p> <p>PVT DOCTOR ... O</p> <p>PHARMACY ... P</p> <p>OTHER PRIVATE MED. SECTOR Q</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP R</p> <p>TRADITIONAL PRACTITIONER S</p> <p>MARKET T</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
535	CHECK 534:	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>(SKIP TO 537) ←</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 537) ←</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 537) ←</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
536	Where did you first seek advice or treatment? USE LETTER CODE FROM 534.	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?	YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553) DONT KNOW 8	YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553) DONT KNOW 8	YES 1 NO 2 (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553) DONT KNOW 8
538	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIBIOTIC DRUGS PILL/SYRUP ... G INJECTION ... H OTHER DRUGS ASPIRIN I PARACETAMOL ... J IBUPROFEN/IBIFEN/ NUROFEN ... K SALBUTAMOL L STOPTUSSIN M SINECOD N MUKALTIN O AMBROSAN P AMBROBENE Q BRONCHOLYTIN .. R OTHER _____ X (SPECIFY) DONT KNOW Z	ANTIBIOTIC DRUGS PILL/SYRUP ... G INJECTION ... H OTHER DRUGS ASPIRIN I PARACETAMOL ... J IBUPROFEN/IBIFEN/ NUROFEN ... K SALBUTAMOL L STOPTUSSIN M SINECOD N MUKALTIN O AMBROSAN P AMBROBENE Q BRONCHOLYTIN .. R OTHER _____ X (SPECIFY) DONT KNOW Z	ANTIBIOTIC DRUGS PILL/SYRUP ... G INJECTION ... H OTHER DRUGS ASPIRIN I PARACETAMOL ... J IBUPROFEN/IBIFEN/ NUROFEN ... K SALBUTAMOL L STOPTUSSIN M SINECOD N MUKALTIN O AMBROSAN P AMBROBENE Q BRONCHOLYTIN .. R OTHER _____ X (SPECIFY) DONT KNOW Z
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																																																																																																																													
557	<p>CHECK 214 AND 220, ALL ROWS: NUMBER OF CHILDREN BORN IN 2010 OR LATER LIVING WITH THE RESPONDENT</p> <p style="text-align: center;"> 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 style="text-align: center;">(NAME)</p>		562																																																																																																																													
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="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 10%;">DK</th> </tr> </thead> <tbody> <tr> <td>a) Plain water?</td> <td style="text-align: right;">a)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b) Juice or juice drinks?</td> <td style="text-align: right;">b)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>c) Clear broth?</td> <td style="text-align: right;">c)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>d) Milk such as tinned, powdered, or fresh animal milk?</td> <td style="text-align: right;">d)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.</td> <td style="text-align: right;">NUMBER OF TIMES DRANK MILK</td> <td colspan="3" style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>e) Infant formula?</td> <td style="text-align: right;">e)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.</td> <td style="text-align: right;">NUMBER OF TIMES DRANK FORMULA</td> <td colspan="3" style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>f) Any other liquids?</td> <td style="text-align: right;">f)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>g) Yogurt (kefir or similar)?</td> <td style="text-align: right;">g)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.</td> <td style="text-align: right;">NUMBER OF TIMES ATE YOGURT</td> <td colspan="3" style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>h) Any commercially fortified baby food, for example, Nestle porriges, Agusha, Winnie, Gerber, Gercules, Ovsynaka, Nutrilak 2 or 3?</td> <td style="text-align: right;">h)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>i) Bread, rice, noodles, porridge, or other foods made from grains?</td> <td style="text-align: right;">i)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>j) Red sweet bell pepper, pumpkin, carrots that are yellow or orange inside?</td> <td style="text-align: right;">j)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>k) Potatoes or any other foods made from roots?</td> <td style="text-align: right;">k)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>l) Any dark green, leafy vegetables (spinach, dark green lettuce)?</td> <td style="text-align: right;">l)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>m) Ripe persimmons, ripe fresh apricots, dried apricots or dried peach?</td> <td style="text-align: right;">m)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>n) Any other fruits or vegetables?</td> <td style="text-align: right;">n)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>o) Liver, kidney, heart or other organ meats?</td> <td style="text-align: right;">o)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?</td> <td style="text-align: right;">p)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>q) Eggs?</td> <td style="text-align: right;">q)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>r) Fresh, dried or canned fish, caviar, squid, shrimp or other seafood?</td> <td style="text-align: right;">r)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>s) Any foods made from beans, peas, lentils, or nuts?</td> <td style="text-align: right;">s)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>t) Cheese or other food made from milk?</td> <td style="text-align: right;">t)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>u) Any other solid, semi-solid, or soft food?</td> <td style="text-align: right;">u)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>			YES	NO	DK	a) Plain water?	a)	1	2	8	b) Juice or juice drinks?	b)	1	2	8	c) Clear broth?	c)	1	2	8	d) Milk such as tinned, powdered, or fresh animal milk?	d)	1	2	8	IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK MILK	<input type="checkbox"/>			e) Infant formula?	e)	1	2	8	IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK FORMULA	<input type="checkbox"/>			f) Any other liquids?	f)	1	2	8	g) Yogurt (kefir or similar)?	g)	1	2	8	IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ATE YOGURT	<input type="checkbox"/>			h) Any commercially fortified baby food, for example, Nestle porriges, Agusha, Winnie, Gerber, Gercules, Ovsynaka, Nutrilak 2 or 3?	h)	1	2	8	i) Bread, rice, noodles, porridge, or other foods made from grains?	i)	1	2	8	j) Red sweet bell pepper, pumpkin, carrots that are yellow or orange inside?	j)	1	2	8	k) Potatoes or any other foods made from roots?	k)	1	2	8	l) Any dark green, leafy vegetables (spinach, dark green lettuce)?	l)	1	2	8	m) Ripe persimmons, ripe fresh apricots, dried apricots or dried peach?	m)	1	2	8	n) Any other fruits or vegetables?	n)	1	2	8	o) Liver, kidney, heart or other organ meats?	o)	1	2	8	p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	p)	1	2	8	q) Eggs?	q)	1	2	8	r) Fresh, dried or canned fish, caviar, squid, shrimp or other seafood?	r)	1	2	8	s) Any foods made from beans, peas, lentils, or nuts?	s)	1	2	8	t) Cheese or other food made from milk?	t)	1	2	8	u) Any other solid, semi-solid, or soft food?	u)	1	2	8		
		YES	NO	DK																																																																																																																												
a) Plain water?	a)	1	2	8																																																																																																																												
b) Juice or juice drinks?	b)	1	2	8																																																																																																																												
c) Clear broth?	c)	1	2	8																																																																																																																												
d) Milk such as tinned, powdered, or fresh animal milk?	d)	1	2	8																																																																																																																												
IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK MILK	<input type="checkbox"/>																																																																																																																														
e) Infant formula?	e)	1	2	8																																																																																																																												
IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK FORMULA	<input type="checkbox"/>																																																																																																																														
f) Any other liquids?	f)	1	2	8																																																																																																																												
g) Yogurt (kefir or similar)?	g)	1	2	8																																																																																																																												
IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ATE YOGURT	<input type="checkbox"/>																																																																																																																														
h) Any commercially fortified baby food, for example, Nestle porriges, Agusha, Winnie, Gerber, Gercules, Ovsynaka, Nutrilak 2 or 3?	h)	1	2	8																																																																																																																												
i) Bread, rice, noodles, porridge, or other foods made from grains?	i)	1	2	8																																																																																																																												
j) Red sweet bell pepper, pumpkin, carrots that are yellow or orange inside?	j)	1	2	8																																																																																																																												
k) Potatoes or any other foods made from roots?	k)	1	2	8																																																																																																																												
l) Any dark green, leafy vegetables (spinach, dark green lettuce)?	l)	1	2	8																																																																																																																												
m) Ripe persimmons, ripe fresh apricots, dried apricots or dried peach?	m)	1	2	8																																																																																																																												
n) Any other fruits or vegetables?	n)	1	2	8																																																																																																																												
o) Liver, kidney, heart or other organ meats?	o)	1	2	8																																																																																																																												
p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	p)	1	2	8																																																																																																																												
q) Eggs?	q)	1	2	8																																																																																																																												
r) Fresh, dried or canned fish, caviar, squid, shrimp or other seafood?	r)	1	2	8																																																																																																																												
s) Any foods made from beans, peas, lentils, or nuts?	s)	1	2	8																																																																																																																												
t) Cheese or other food made from milk?	t)	1	2	8																																																																																																																												
u) Any other solid, semi-solid, or soft food?	u)	1	2	8																																																																																																																												
559	<p>CHECK 558 (CATEGORIES "g" THROUGH "u"):</p> <p style="text-align: center;"> NOT A SINGLE "YES" <input type="checkbox"/> AT LEAST ONE "YES" <input type="checkbox"/> </p>		561																																																																																																																													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
560	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES 1 (GO BACK TO 558 TO RECORD FOOD EATEN YESTERDAY) NO 2 → 562	
561	How many times did (NAME FROM 557) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	
562	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
563	CHECK 101A: AGREED TO MEASUREMENT <input type="checkbox"/>	DID NOT AGREE TO MEASUREMENT <input type="checkbox"/> → 601	
564	May I measure your blood pressure at this time? INTERVIEWER SIGNATURE _____ DATE _____ RESPONDENT AGREES <input type="checkbox"/> ↓ RECORD OUTCOME OF BLOOD PRESSURE MEASUREMENT RESPONDENT DOES NOT AGREES <input type="checkbox"/> ↓ RECORD 9994	BLOOD PRESSURE MEASURED SYSTOLIC 1 <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC 2 <input type="text"/> <input type="text"/> <input type="text"/> REASON FOR BLOOD PRESSURE NOT MEASURED REFUSED '9994 TECHNICAL PROBLEMS '9995 OTHER _____ '9996 SPECIFY _____	

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	<input type="checkbox"/> → 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 612
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> → 609
604	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
610	CHECK 609: MARRIED/ LIVED WITH A MAN <input type="checkbox"/> ONLY ONCE ↓ In what month and year did you start living with your (husband/partner)? MARRIED/ LIVED WITH A MAN <input type="checkbox"/> MORE THAN ONCE ↓ Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?	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	→ 612
611	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
612	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
613	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	→ 628
614	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.		
615	When was the <u>last</u> time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> → 627

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
627	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.</p>	<p>NUMBER OF PARTNERS IN LIFETIME <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: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>CHILDREN <10</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MALE ADULTS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FEMALE ADULTS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">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>	→ 701												
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 MEDICAL SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>MATERNITY HOME B</p> <p>FAMILY DOCTORS GROUP (FDG) C</p> <p>FELDSHER-ACCOUCHER POST(FAP D</p> <p>FAMILY MEDICINE CENTEF..... E</p> <p>REPRODUCTIVE HEALTH CENTEF.. F</p> <p>MARRIAGE&FAMILY CONSULT. .. G</p> <p>DIAGNOSTIC CENTEF..... H</p> <p>SKIN-VENEREAL DIS. DISPANCER.. I</p> <p>PROPHYLACTIC MEDICINE CENTER J</p> <p>GENERAL PRACTICE CENTER K</p> <p>IMMUNOPROPHYLAXIS CENTEI.... L</p> <p>AIDS CENTER M</p> <p>HEALTH STRENGTHENING CENTER N</p> <p>OTHER PUBLIC SECTOR O</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC P</p> <p>PRIVATE DOCTOR'S OFFICE Q</p> <p>PHARMACY R</p> <p>OTHER PRIVATE MEDICAL SECTOR _____</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/MARKET T</p> <p>FRIEND/RELATIVE U</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>													

SECTION 7. FERTILITY PREFERENCES

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	<p>CHECK 704:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want (a/another) child soon.</p> <p>Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want any (more) children.</p> <p>Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <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</p> <p>NOT AVAILABLE R</p> <p>NO METHOD AVAILABLE S</p> <p>INCONVENIENT TO USE T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES U</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
710	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>↓</p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>↓</p> <p>YES, CURRENTLY USING <input type="checkbox"/> → 712</p>		
711	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
712	<p>CHECK 218:</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="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> OTHER _____ 96 (SPECIFY)		BOYS	GIRLS	EITHER	NUMBER								
	BOYS	GIRLS	EITHER												
NUMBER															
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?	<table style="width: 100%;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>RADIO</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE ...</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER OR MAGAZINE ...	1	2	
	YES	NO													
RADIO	1	2													
TELEVISION	1	2													
NEWSPAPER OR MAGAZINE ...	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	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/>	
803	Did your (last) (husband/partner) ever attend school?	<p>YES 1</p> <p>NO 2</p>	→ 806
803A	What is the total number of years of schooling he has had?	YEARS OF SCHOOLING <input type="text"/>	
804	What was the highest level of school he attended: general education school, professional primary (trade-school, lyceum) professional middle (technicum, college, trade-school), higher or post-graduate?	<p>SCHOOL 1</p> <p>PROFESSIONAL PRIMAF 2</p> <p>PROFESSIONAL MIDDLE 3</p> <p>HIGHER 4</p> <p>POST-GRADUATE 5</p> <p>DON'T KNOW 8</p>	→ 806
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"/></p> <p>DON'T KNOW 98</p>	
805A	<p>CHECK 804 AND 805:</p> <p>CODES "1" GENERAL EDUCATION SCHOOL LEVEL AND GRADES 10-11 AT THAT LEVEL, OR CODES "2" OR "3" PROFESSIONAL-PRIMARY OR MIDDLE LEVEL CIRCLED,ASK:</p> <p>Did he receive a diploma (attestat) for completing secondary education?</p> <p>OTHER (CODES) <input type="checkbox"/></p>	<p>YES 1</p> <p>NO 2</p>	→ 806
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"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	
807	Aside from your own housework, have you done any work in the last seven days?	<p>YES 1</p> <p>NO 2</p>	→ 811
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>	→ 811
809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	<p>YES 1</p> <p>NO 2</p>	→ 811
810	Have you done any work in the last 12 months?	<p>YES 1</p> <p>NO 2</p>	→ 815

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
811	What is your occupation, that is, what kind of work do you mainly do?	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
812	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
813	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
814	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
815	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 823
816	CHECK 814: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 819
817	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 OTHER _____ 6 (SPECIFY)	
818	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER HAS NO EARNINGS 4 DON'T KNOW 8	→ 820
819	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 HUSBAND/PARTNER HAS NO EARNINGS 4 OTHER _____ 6 (SPECIFY)	
820	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6	
821	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
822	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6																									
823	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																									
824	Do you own any land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																									
825	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<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					
	PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.																								
CHILDREN < 10	1	2	3																								
HUSBAND	1	2	3																								
OTHER MALES	1	2	3																								
OTHER FEMALES	1	2	3																								
826	In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	<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>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	BURNS FOOD	1	2	8	
	YES	NO	DK																								
GOES OUT	1	2	8																								
NEGL. CHILDREN	1	2	8																								
ARGUES	1	2	8																								
REFUSES SEX	1	2	8																								
BURNS FOOD	1	2	8																								

SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 937																
901A	Where from have you heard about HIV/AIDS? Anywhere else? RECORD ALL MENTIONED	TV/RADIO A PEER TO PEER B EDUCATIONAL INSTITUTION C MEDICAL FACILITY D PARENTS/FAMILY E PRINTED MEDIA F CIVIL SOCIETY/NGO/COMMUNITY MEETINGS G WORK PLACE H COMMON KNOWLEDGE I DON'T KNOW/DON'T REMEMBER Z																	
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 through saliva by kissing someone infected with the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
907	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
908	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>DURING PREG.</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>DURING DELIVERY</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>BREASTFEEDING</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY	1	2	8	BREASTFEEDING	1	2	8	
	YES	NO	DK																
DURING PREG.	1	2	8																
DURING DELIVERY	1	2	8																
BREASTFEEDING	1	2	8																
909	CHECK 908: AT LEAST ONE 'YES' <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 911																
910	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
911	CHECK 208 AND 215: NO BIRTHS <input type="checkbox"/> LAST BIRTH SINCE JANUARY 2010 (3) <input type="checkbox"/> LAST BIRTH BEFORE JANUARY 2010 (3) <input type="checkbox"/>		→ 926 → 926																
912	CHECK 408 FOR LAST BIRTH: HAD ANTENATAL CARE <input type="checkbox"/> NO ANTENATAL CARE <input type="checkbox"/>		→ 920																
913	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
914	During any of the antenatal visits for your last birth were you given any information about: Babies getting the AIDS virus from their mother? Things that you can do to prevent getting the AIDS virus? Getting tested for the AIDS virus?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">DK</td> </tr> <tr> <td>AIDS FROM MOTHER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>THINGS TO DO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>TESTED FOR AIDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>		YES	NO	DK	AIDS FROM MOTHER	1	2	8	THINGS TO DO	1	2	8	TESTED FOR AIDS	1	2	8	
	YES	NO	DK																
AIDS FROM MOTHER	1	2	8																
THINGS TO DO	1	2	8																
TESTED FOR AIDS	1	2	8																
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 MEDICAL SECTOR GOVT. HOSPITAL 11 MATERNITY HOME 12 FAMILY DOCTORS GROUP (FDG) 13 FELDSHER-ACCOUCHER POST(FAP14 FAMILY MEDICINE CENTEF..... 15 REPRODUCTIVE HEALTH CENTEF..16 MARRIAGE&FAMILY CONSULT. ..17 DIAGNOSTIC CENTER.....18 SKIN&VENEREAL DISPENSARY ..19 PROPHYLACTIC MEDICINE CENTER 20 GENERAL PRACTICE CENTER ...21 IMMUNOPROPHYLAXIS CENTEF...22 AIDS CENTER 23 HEALTH STRENGTHENING CENTER24 OTHER PUBLIC 25 SECTOR _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 PRIVATE DOCTOR'S OFFICE 32 PHARMACY 33 STUDENTS POLYCLINIC 34 PRIVATE AIDS LAB 35 OTHER PRIVATE MEDICAL SECTOR _____ 36 OTHER SOURCE HOME 41 CORRECTIONAL FACILITY 42 OTHER _____ 96 (SPECIFY)																	
918	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	→ 924																
919	All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling?	YES 1 NO 2 DON'T KNOW 8	→ 924																
920	CHECK 434 FOR LAST BIRTH: ANY CODE <input type="checkbox"/> OTHER <input type="checkbox"/> 21-36 CIRCLED ↓		→ 926																
921	Between the time you went for delivery but before the baby was born, were you offered a test for the AIDS virus?	YES 1 NO 2																	
922	I don't want to know the results, but were you tested for the AIDS virus at that time?	YES 1 NO 2	→ 926																
923	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2																	
924	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES 1 NO 2	→ 927																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
925	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95	→ 932
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 95	
928	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
929	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC MEDICAL SECTOR GOVT. HOSPITAL 11 MATERNITY HOME 12 FAMILY DOCTORS GROUP (FDG) 13 FELDSHER-ACCOUCHER POST(FAP14 FAMILY MEDICINE CENTEF. 15 REPRODUCTIVE HEALTH CENTEF. .16 MARRIAGE&FAMILY CONSULT. .17 DIAGNOSTIC CENTER.....18 SKIN&VENEREAL DISPENSARY .19 PROPHYLACTIC MEDICINE CENTER 20 GENERAL PRACTICE CENTER ...21 IMMUNOPROPHYLAXIS CENTEF. ...22 AIDS CENTER 23 HEALTH STRENGTHENING CENTER24 OTHER PUBLIC SECTOR _____ 25 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 PRIVATE DOCTOR'S OFFICE 32 PHARMACY 33 STUDENTS POLYCLINIC 34 PRIVATE AIDS LAB 35 OTHER PRIVATE MEDICAL SECTOR _____ 36 OTHER SOURCE HOME 41 CORRECTIONAL FACILITY 42 OTHER _____ 96 (SPECIFY)	→ 932
930	Do you know of a place where people can go to get tested for the AIDS virus?	YES 1 NO 2	→ 932

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
931	<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 MEDICAL SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>MATERNITY HOME B</p> <p>FAMILY DOCTORS GROUP (FDG) C</p> <p>FELDSHER-ACCOUCHER POST(FAP D</p> <p>FAMILY MEDICINE CENTEF E</p> <p>REPRODUCTIVE HEALTH CENTEF.. F</p> <p>MARRIAGE&FAMILY CONSULT. ... G</p> <p>DIAGNOSTIC CENTER..... H</p> <p>SKIN&VENEREAL DISPENSARY .. I</p> <p>PROPHYLACTIC MEDICINE</p> <p>CENTER J</p> <p>GENERAL PRACTICE CENTER K</p> <p>IMMUNOPROPHYLAXIS CENTEF.... L</p> <p>AIDS CENTER M</p> <p>HEALTH STRENGTHENING CENTER N</p> <p>OTHER PUBLIC O</p> <p>SECTOR _____</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC P</p> <p>PRIVATE DOCTOR'S OFFICE Q</p> <p>PHARMACY R</p> <p>STUDENTS POLYCLINIC S</p> <p>PRIVATE AIDS LAB T</p> <p>OTHER PRIVATE MEDICAL</p> <p>SECTOR _____ U</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
932	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
933	<p>If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
934	<p>If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
935	<p>In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?</p>	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
936	<p>Should children age 12-14 be taught about using a condom to avoid getting AIDS?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
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>.....</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>.....</p>	<p>YES 1</p> <p>NO 2</p>	
938	<p>CHECK 613:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>↓</p> <p>NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>→ 946</p>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 MEDICAL SECTOR GOVT. HOSPITAL A MATERNITY HOME B FAMILY DOCTORS GROUP (FDG) C FELDSHER-ACCOUCHER POST(FAP) D FAMILY MEDICINE CENTER E REPRODUCTIVE HEALTH CENTER F MARRIAGE&FAMILY CONSULT. G DIAGNOSTIC CENTER H SKIN&VENEREAL DISPENSARY ... I PROPHYLACTIC MEDICINE CENTER J GENERAL PRACTICE CENTER K IMMUNOPROPHYLAXIS CENTER ... L AIDS CENTER M HEALTH STRENGTHENING CENTER N OTHER PUBLIC SECTOR O _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC P PRIVATE DOCTOR'S OFFICE Q PHARMACY R STUDENTS POLYCLINIC S PRIVATE AIDS LAB T OTHER PRIVATE MEDICAL SECTOR U _____ (SPECIFY) OTHER SOURCE SHOP V OTHER X _____ (SPECIFY)	
946	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
947	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES 1 NO 2 DON'T KNOW 8	
948	CHECK 601: CURRENTLY MARRIED/ <input type="checkbox"/> LIVING WITH A MAN <input type="checkbox"/>	NOT IN UNION <input type="checkbox"/>	→ 1001
949	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?	YES 1 NO 2 DEPENDS/NOT SURE 8	
950	Could you ask your (husband/partner) to use a condom if you wanted him to?	YES 1 NO 2 DEPENDS/NOT SURE 8	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
1001	<p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text" value=""/><input type="text" value=""/></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" value=""/><input type="text" value=""/></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" value=""/><input type="text" value=""/></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/NASWAY B</p> <p>SNUFF C</p> <p>WATER PIPE D</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>																						
1008	<p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?</p> <p>Getting permission to go to the doctor?</p> <p>Getting money needed for advice or treatment?</p> <p>The distance to the health facility?</p> <p>Not wanting to go alone?</p>	<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	
	BIG	NOT A BIG																						
	PROB-	PROB-																						
	LEM	LEM																						
PERMISSION TO GO ...	1	2																						
GETTING MONEY	1	2																						
DISTANCE	1	2																						
GO ALONE	1	2																						
1009	<p>Are you covered by any health insurance?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1011																					
1010	<p>What type of health insurance are you covered by?</p> <p>ЗАПИШИ ВСЕ УПОМЯНУТОЕ.</p>	<p>COMPULSORY INSURANCE FUND (OMC) A</p> <p>HEALTH INSURANCE THROUGH EMPLOYER B</p> <p>SOCIAL SECURITY C</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>																						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1011	<p>Next questions are about common health problems in Kyrgyzstan.</p> <p>Have you ever heard of an illness called tuberculosis or TB?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1022
1012	<p>What signs or symptoms would lead you to think that a person has tuberculosis?</p> <p>PROBE: Any other?</p> <p>RECORD ALL MENTIONED.</p>	<p>COUGHING A</p> <p>COUGHING WITH SPUTUM B</p> <p>COUGHING FOR SEVERAL WEEKS C</p> <p>FEVER D</p> <p>BLOOD IN SPUTUM E</p> <p>LOSS OF APPETITE F</p> <p>NIGHTSWEATING G</p> <p>PAIN IN CHEST H</p> <p>TIREDNESS/FATIGUE I</p> <p>WEIGHT LOSS J</p> <p>LETHARGY K</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
1015	<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 OR SNEEZING A</p> <p>THROUGH SHARING UTENSILS B</p> <p>THROUGH TOUCHING A PERSON WITH TB C</p> <p>THROUGH FOOD 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>	
1016	<p>Can tuberculosis be cured?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1017	<p>If a member of your family got tuberculosis, would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DON'T KNOW/NOT SURE/ DEPENDS 8</p>	

SECTION 11. AVERAGING BLOOD PRESSURE MEASURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP							
1101	<p>CHECK Q563 AND Q1026.</p> <p>SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN BOTH Q564 AND Q1027 <input type="checkbox"/></p>	<p>SYSTOLIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN BOTH Q564 AND Q1027 <input type="checkbox"/></p>	1107							
1102	RECORD AND CALCULATE THE AVERAGE OF THE SYSTOLIC AND DIASTOLIC BLOOD PRESSURE FROM Q564 AND Q1027.									
1103	BLOOD PRESSURE MEASUREMENTS FROM Q564	<p align="center">SYSTOLIC</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>				<p align="center">DIASTOLIC</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>				
1104	BLOOD PRESSURE MEASUREMENTS FROM Q1027	<p align="center">SYSTOLIC</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>				<p align="center">DIASTOLIC</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>				
1105	RECORD THE SUM OF THE SYSTOLIC AND DIASTOLIC MEASURES	<p align="center">SUM SYSTOLIC</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>				<p align="center">SUM DIASTOLIC</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>				
1106	CALCULATE THE AVERAGE SYSTOLIC AND DIASTOLIC PRESSURES BY DIVIDING THE SUM IN Q1105 BY 2	<p align="center">AVERAGE SYSTOLIC</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>				<p align="center">AVERAGE DIASTOLIC</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>				1111
1107	<p>CHECK Q1027:</p> <p>SYSTOLIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN Q1027 <input type="checkbox"/></p>	<p>SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN Q1027 <input type="checkbox"/></p>	1110							
1108	<p>SYSTOLIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN Q564 <input type="checkbox"/></p>	<p>SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN Q564 <input type="checkbox"/></p>	1110							
1109	<p>SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN Q101E <input type="checkbox"/></p>	<p>SYSTOLIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN Q101E <input type="checkbox"/></p>	1113							
1110	RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.	<p align="center">SYSTOLIC</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>				<p align="center">DIASTOLIC</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>				

1111

USE THE TABLE BELOW TO DETERMINE THE CORRECT CODE TO RECORD ON THE BLOOD PRESSURE REPORT AND REFERRAL FORM.

CIRCLE THE ROW IN WHICH THE VALUE FOR THE SYSTOLIC BLOOD PRESSURE FROM Q1106 OR Q1110 IS FOUND.

THEN CIRCLE THE COLUMN IN WHICH THE VALUE FOR THE DIASTOLIC BLOOD FROM Q1106 OR Q1110 IS FOUND.

THE VALUE WHERE THE ROW AND COLUMN YOU HAVE CIRCLED INTERSECT IN THE TABLE WILL BE USED IN COMPLETING Q1112.

AVERAGE SYSTOLIC PRESSURE	AVERAGE DIASTOLIC PRESSURE					
	<84	85-89	90-99	100- 109	110- 119	>=120
<129	1	2	3	4	5	6
130-139	2	2	3	4	5	6
140-159	3	3	3	4	5	6
160-179	4	4	4	4	5	6
180-209	5	5	5	5	5	6
>=210	6	6	6	6	6	6

1112

RECORD THE NUMBER YOU CIRCLED IN Q1111 IN THE CHART BELOW. THEN USE THE INSTRUCTIONS TO THE RIGHT OF THAT NUMBER TO COMPLETE A BLOOD PRESSURE REPORT AND REFERRAL FORM FOR THE RESPONDENT. GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS HE/SHE MAY HAVE.

	RESPONDENT'S BLOOD PRESSURE CATEGORY	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:
1	NORMAL	24 MONTHS
2	AT THE HIGH END OF THE NORMAL RANGE	12 MONTHS
3	ABOVENORMAL RANGE	2 MONTHS
4	MODERATELY HIGH	1 MONTH
5	VERY HIGH	TODAY
6	EXTREMELY HIGH	TODAY

1113

CHECK THAT THE RESPONDENT HAS RECEIVED A BROCHURE ON BLOOD PRESSURE

RECEIVED 1
 NOT RECEIVED 2

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																			
1200	<p>CHECK COVER AND HOUSEHOLD QUESTIONNAIRE, [Q142].</p> <p>WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/> WOMAN NOT SELECTED <input type="checkbox"/></p>		1300																																			
1201	<p>CHECK FOR PRESENCE OF OTHERS:</p> <p>DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.</p> <p>PRIVACY OBTAINED 1 PRIVACY NOT POSSIBLE 2</p>		1232																																			
<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 Kyrgyzstan. 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>																																						
1202	<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>		1216																																			
1203	<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												
	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																																			
1204	<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				
	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																																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																											
1205	<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 ↓				
	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 ↓																																																																													
1206	<p>CHECK 1205A (a-j):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>	<p>→ 1209</p>	1209																																																																											
1207	<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>																																																																												
1208	<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
1216	<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>1219</p>
1217	<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>	
1218	<p>In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?</p>	<p>OFTEN 1</p> <p>SOMETIMES 2</p> <p>NOT AT ALL 3</p>	
1219	<p>CHECK 201, 226, AND 209D:</p> <p>EVER BEEN PREGNANT (YES ON 201 OR 226 OR 209D) <input type="checkbox"/></p> <p>NEVER BEEN PREGNANT <input type="checkbox"/></p>		<p>1222</p>
1220	<p>Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1222</p>
1221	<p>Who has done any of these things to physically hurt you while you were pregnant?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>CURRENT HUSBAND/PARTNER A</p> <p>MOTHER/STEP-MOTHER B</p> <p>FATHER/STEP-FATHER C</p> <p>SISTER/BROTHER D</p> <p>DAUGHTER/SON E</p> <p>OTHER RELATIVE F</p> <p>FORMER HUSBAND/PARTNER G</p> <p>CURRENT BOYFRIEND H</p> <p>FORMER BOYFRIEND I</p> <p>MOTHER-IN-LAW J</p> <p>FATHER-IN-LAW K</p> <p>OTHER IN-LAW L</p> <p>TEACHER M</p> <p>EMPLOYER/SOMEONE AT WORK N</p> <p>POLICE/SOLDIER O</p> <p>OTHER _____ X (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1222	<p>CHECK 601 AND 602:</p> <p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>Now I want to ask you about things that may have been done to you by someone other than (your/any) (husband/partner).</p> <p>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?</p> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>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?</p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	<p>1226</p>
1223	<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>	
1224	<p>Who was the person who was forcing you at that time?</p>	<p>CURRENT HUSBAND/PARTNER 01</p> <p>FORMER HUSBAND/PARTNER 02</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 (SPECIFY)</p>	
1225	<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>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1226	CHECK 1205A (a-j), 1215, 1216, 1220, 1222, AND 1225: AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/>		→ 1230
1227	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES 1 NO 2	→ 1229
1228	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY A HUSBAND'S/PARTNER'S FAMILY B CURRENT/FORMER HUSBAND/PARTNER C CURRENT/FORMER BOYFRIEND D FRIEND E NEIGHBOR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION K OTHER _____ X (SPECIFY)	→ 1230
1229	Have you ever told any one about this?	YES 1 NO 2	
1230	As far as you know, did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8	

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

1231	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="1"> <thead> <tr> <th></th> <th>YES ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT ...</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT ...	1	2	3	FEMALE ADULT	1	2	3	
	YES ONCE	YES, MORE THAN ONCE	NO																
HUSBAND	1	2	3																
OTHER MALE ADULT ...	1	2	3																
FEMALE ADULT	1	2	3																
1232	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE _____ _____ _____																		

INFORMATION ABOUT A HEALTH FACILITY WHERE THE IMMUNIZATION RECORDS (MOH FORMS 063 AND 112) ARE KEPT

1300	CHECK 503, 214 AND 218: HAS LIVING CHILDREN BORN IN JANUARY 2007 OR LATER			1309
	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
1301	CHECK 502: FOR LIVING CHILDREN BORN IN JANUARY 2007 OR LATER	LAST BIRTH PREGNANCY LINE № <input type="text"/> FROM 212	NEXT-TO-LAST BIRTH PREGNANCY LINE № <input type="text"/> FROM 212	SECOND-FROM-LAST BIRTH PREGNANCY LINE № <input type="text"/> FROM 212
1302	CHECK 503: FOR LIVING CHILDREN BORN IN JANUARY 2007 OR LATER	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
RECORD MOTHER'S AND CHILD'S FULL NAME, CHILD'S BIRTH DATE, CHILD'S HOME ADDRESS AND NAME AND ADDRESS OF THE MEDICAL FACILITY WHERE CHILD'S IMMUNIZATION RECORDS ARE KEPT (MOH FORMS 063 OR 112)				
1303	CHILD'S FULL NAME	CHILD'S FIRST NAME _____ CHILD'S LAST NAME _____	CHILD'S FIRST NAME _____ CHILD'S LAST NAME _____	CHILD'S FIRST NAME _____ CHILD'S LAST NAME _____
1304	MOTHER'S FULL NAME	MOTHER'S FIRST NAME _____ MOTHER'S LAST NAME _____	MOTHER'S FIRST NAME _____ MOTHER'S LAST NAME _____	MOTHER'S FIRST NAME _____ MOTHER'S LAST NAME _____
1305	RECORD CHILD'S DATE OF BIRTH FROM 214	DAY <input type="text"/> MONTH <input type="text"/> YR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YR <input type="text"/>
1306	CHILD HOME ADDRESS			
1307	NAME AND ADDRESS OF MEDICAL FACILITY WHERE CHILD'S IMMUNIZATION RECORDS (FORMS # 063 OR #112) ARE KEPT			
1307A	DISTRICT'S DOCTOR	DOCTOR'S NAME _____	DOCTOR'S NAME _____	DOCTOR'S NAME _____
1307B	DISTRICT'S NUMBER (IN POLYCLINIC)	<input type="text"/>	<input type="text"/>	<input type="text"/>
1308		GO BACK TO 1301 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 1309.	GO BACK TO 1301 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 1309.	GO TO 1301 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 1309.
1309	RECORD THE TIME.	HOUR <input type="text"/> MINUTES <input type="text"/>		
AFTER COMPLETING ALL INTERVIEWS IN THIS HOUSEHOLD, PLEASE GO TO A MEDICAL FACILITY AND RECORD DATES OF VACCINES IN SECTION 14.				

SECTION 14. VISIT TO A HEALTH FACILITY TO COLLECT INFORMATION ABOUT IMMUNIZATION (MOH FORMS 063 or 112).

1401	ENTER IN THE TABLE LINE NUMBER, NAME AND INFORMATION ABOUT THE LIVING CHILD, BORN IN 2007 OR LATER, EXACTLY AS IN QUES.1301 AND 1303. (IF 3 OR MORE BIRTHS, USE THE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).			
1402	CHECK 1301 AND 1303:	LAST BIRTH PREGNANCY LINE NUMBER . <input type="text"/> <input type="text"/> FROM 212 <hr/> FULL NAME OF THE CHILD	NEXT-TO-LAST-BIRTH PREGNANCY LINE NUMBER . <input type="text"/> <input type="text"/> FROM 212 <hr/> FULL NAME OF THE CHILD	SECOND-FROM-LAST BIRTH PREGNANCY LINE NUMBER . <input type="text"/> <input type="text"/> FROM 212 <hr/> FULL NAME OF THE CHILD
1403	CHECK 1307 ANY INFORMATION ABOUT MEDICAL INSTITUTION KEEPING IMMUNIZATION DATA?	CHECK 1307 YES 1 NO 2 NEXT CHILD ←	CHECK 1307 YES 1 NO 2 NEXT CHILD ←	CHECK 1307 YES 1 NO 2 NEXT CHILD ←
1404	WAS A HEALTH FACILITY VISITED?	YES 1 NO 2 NEXT CHILD ←	YES 1 NO 2 NEXT CHILD ←	YES 1 NO 2 NEXT CHILD ←
1405	ARE THERE IMMUNIZATION RECORDS (FORMS 063 OR 112) IN A HEALTH FACILITY (NAME)?	YES, SEEN 1 YES, NOT SEEN 2 NEXT CHILD ← NO RECORD 3	YES, SEEN 1 YES, NOT SEEN 2 NEXT CHILD ← NO RECORD 3	YES, SEEN 1 YES, NOT SEEN 2 NEXT CHILD ← NO RECORD 3

1406 (1) COPY DATA ABOUT EACH VACCINE FROM IMMUNIZATION RECORDS (MOH FORMS #063 OR #112)
 (2) ENTER '44' IN THE COLUMN 'DAY' IF THE CARD READS THAT VACCINATION TOOK PLACE BUT NO DATE IS PROVIDED
 (3) WRITE '98' FOR DON'T KNOW IN 'DAY' OR 'MONTH' OR '9998' IN 'YEAR' COLUMN FOR WHICH THE INFORMATION IS NOT GIVEN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT ONLY PART OF THE DATE IS RECORDED.

	LAST BIRTH			NEXT-TO-LAST-BIRTH			SECOND-FROM-LAST BIRTH				
	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR		
BCG				BCG				BCG			
POLIO 1 (AT BIRTH)				P1				P1			
POLIO 2				P2				P2			
POLIO 3				P3				P3			
POLIO 4				P4				P4			
DPT 1				D1				D1			
DPT 2				D2				D2			
DPT 3				D3				D3			
DPT 4				D4				D4			
HEPATITIS-1 (SOON AFTER BIRTH)				HEP 1				HEP 1			
HEPATITIS-2				HEP 2				HEP 2			
HEPATITIS-3				HEP 3				HEP 3			
PENTA-1				PENTA 1				PEN TA1			
PENTA-2				PENTA 2				PEN TA2			
PENTA-3				PENTA 3				PEN TA3			
MEASLES or MMR				MEASLES or MMR				MEASLES or MMR			
VITAMIN A (MOST RECENT)				VITAMIN A (RECENT)				VITAMIN A (RECENT)			

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

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE**

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

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

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

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

Note In case of multiple births, that ended in live and non-live births record live births to Calendar

			1	2		
	12	DEC	01			
	11	NOV	02			
	10	OCT	03			
	09	SEP	04			
2	08	AUG	05			2
0	07	JUL	06			0
1	06	JUN	07			1
2	05	MAY	08			2
*	04	APR	09			*
	03	MAR	10			
	02	FEB	11			
	01	JAN	12			
<hr/>						
	12	DEC	13			
	11	NOV	14			
	10	OCT	15			
	09	SEP	16			
2	08	AUG	17			2
0	07	JUL	18			0
1	06	JUN	19			1
1	05	MAY	20			1
*	04	APR	21			*
	03	MAR	22			
	02	FEB	23			
	01	JAN	24			
<hr/>						
	12	DEC	25			
	11	NOV	26			
	10	OCT	27			
	09	SEP	28			
2	08	AUG	29			2
0	07	JUL	30			0
1	06	JUN	31			1
0	05	MAY	32			0
*	04	APR	33			*
	03	MAR	34			
	02	FEB	35			
	01	JAN	36			
<hr/>						
	12	DEC	37			
	11	NOV	38			
	10	OCT	39			
	09	SEP	40			
2	08	AUG	41			2
0	07	JUL	42			0
0	06	JUN	43			0
9	05	MAY	44			9
*	04	APR	45			*
	03	MAR	46			
	02	FEB	47			
	01	JAN	48			
<hr/>						
	12	DEC	49			
	11	NOV	50			
	10	OCT	51			
	09	SEP	52			
2	08	AUG	53			2
0	07	JUL	54			0
0	06	JUN	55			0
8	05	MAY	56			8
*	04	APR	57			*
	03	MAR	58			
	02	FEB	59			
	01	JAN	60			
<hr/>						
	12	DEC	61			
	11	NOV	62			
	10	OCT	63			
	09	SEP	64			
2	08	AUG	65			2
0	07	JUL	66			0
0	06	JUN	67			0
7	05	MAY	68			7
*	04	APR	69			*
	03	MAR	70			
	02	FEB	71			
	01	JAN	72			

* Year of fieldwork is assumed to be 2010. For fieldwork beginning in 2011 or 2012, the years should be adjusted.

** Response categories may be added for other methods, including fertility awareness methods.

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: _____