

DEMOGRAPHIC AND HEALTH SURVEYS  
WOMAN'S QUESTIONNAIRE

REPUBLIC OF ARMENIA  
NATIONAL STATISTICAL SERVICE AND MINISTRY OF HEALTH

IDENTIFICATION									
PLACE NAME _____									
NAME OF HOUSEHOLD HEAD _____									
CLUSTER NUMBER .....								<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> </div>	
HOUSEHOLD NUMBER .....								<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> </div>	
NAME AND LINE NUMBER OF WOMAN _____									
WOMAN SELECTED FOR DV MODULE? (1=YES, 2=NO) .....								<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> </div>	
INTERVIEWER VISITS									
	1	2	3	FINAL VISIT					
DATE	_____	_____	_____	<div style="display: flex; justify-content: space-between;"> <div>DAY</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>					
INTERVIEWER'S NAME	_____	_____	_____	<div style="display: flex; justify-content: space-between;"> <div>MONTH</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>					
				<div style="display: flex; justify-content: space-between;"> <div>YEAR</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>					
				<div style="display: flex; justify-content: space-between;"> <div>INT. NO.</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>					
RESULT*	_____	_____	_____	<div style="display: flex; justify-content: space-between;"> <div>RESULT*</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>					
NEXT VISIT: DATE	_____	_____	_____	<div style="display: flex; justify-content: space-between;"> <div>TOTAL NUMBER OF VISITS</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>					
<div style="display: flex; justify-content: space-between;"> <div>           *RESULT CODES: 1 COMPLETED            2 NOT AT HOME            3 POSTPONED         </div> <div>           4 REFUSED            5 PARTLY COMPLETED            6 INCAPACITATED         </div> <div>           7 OTHER _____            SPECIFY         </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div>           LANGUAGE OF QUESTIONNAIRE** <span style="border: 1px solid black; padding: 2px 5px;">0</span> <span style="border: 1px solid black; padding: 2px 5px;">0</span> </div> <div>           LANGUAGE OF INTERVIEW** <span style="border: 1px solid black; padding: 2px 5px;"></span> <span style="border: 1px solid black; padding: 2px 5px;"></span> </div> <div>           NATIVE LANGUAGE OF RESPONDENT** <span style="border: 1px solid black; padding: 2px 5px;"></span> <span style="border: 1px solid black; padding: 2px 5px;"></span> </div> <div>           TRANSLATOR USED (YES = 1, NO = 2) <span style="border: 1px solid black; padding: 2px 5px;"></span> </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div>           LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b> </div> <div>           **LANGUAGE CODES:            00 ENGLISH      02 RUSSIAN            01 ARMENIAN    03 OTHER         </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div>SUPERVISOR</div> <div>FIELD EDITOR</div> </div>				OFFICE EDITOR		KEYED BY			
<div style="display: flex; justify-content: space-between;"> <div>NAME</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>				<div style="display: flex; justify-content: space-between;"> <div>NAME</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>		<div style="display: flex; justify-content: space-between;"> <div>NUMBER</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>		<div style="display: flex; justify-content: space-between;"> <div>NUMBER</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	

## INTRODUCTION AND CONSENT

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

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

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

SIGNATURE OF INTERVIEWER \_\_\_\_\_ DATE \_\_\_\_\_

RESPONDENT AGREES  
TO BE INTERVIEWED . . . 1

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

### SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	<div style="display: flex; justify-content: space-between;"> <div>HOURS .....</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div>MINUTES .....</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	
102	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)?  IF LESS THAN ONE YEAR, RECORD '00' YEARS.	<div style="display: flex; justify-content: space-between;"> <div>YEARS .....</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div>ALWAYS .....</div> <div>95</div> </div> <div style="display: flex; justify-content: space-between;"> <div>VISITOR .....</div> <div>96</div> </div>	→ 105
103	Just before you moved here, did you live in a city, in a town, or in a rural area?	<div style="display: flex; justify-content: space-between;"> <div>CITY .....</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>TOWN .....</div> <div>2</div> </div> <div style="display: flex; justify-content: space-between;"> <div>RURAL AREA .....</div> <div>3</div> </div>	
104	Before you moved here, which Marz did you live in?	<div style="display: flex; justify-content: space-between;"> <div>YEREVAN .....</div> <div>01</div> </div> <div style="display: flex; justify-content: space-between;"> <div>ARAGATSOTN .....</div> <div>02</div> </div> <div style="display: flex; justify-content: space-between;"> <div>ARARAT .....</div> <div>03</div> </div> <div style="display: flex; justify-content: space-between;"> <div>ARMAVIR .....</div> <div>04</div> </div> <div style="display: flex; justify-content: space-between;"> <div>GEGHARKUNIK .....</div> <div>05</div> </div> <div style="display: flex; justify-content: space-between;"> <div>LORI .....</div> <div>06</div> </div> <div style="display: flex; justify-content: space-between;"> <div>KOTAYK .....</div> <div>07</div> </div> <div style="display: flex; justify-content: space-between;"> <div>SHIRAK .....</div> <div>08</div> </div> <div style="display: flex; justify-content: space-between;"> <div>SYUNIK .....</div> <div>09</div> </div> <div style="display: flex; justify-content: space-between;"> <div>VAYOTS DZOR .....</div> <div>10</div> </div> <div style="display: flex; justify-content: space-between;"> <div>TAVUSH .....</div> <div>11</div> </div> <div style="display: flex; justify-content: space-between;"> <div>OUTSIDE OF ARMENIA .....</div> <div>96</div> </div>	
105	In what month and year were you born?	<div style="display: flex; justify-content: space-between;"> <div>MONTH .....</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div>DON'T KNOW MONTH .....</div> <div>98</div> </div> <div style="display: flex; justify-content: space-between;"> <div>YEAR .....</div> <div style="border: 1px solid black; width: 80px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div>DON'T KNOW YEAR .....</div> <div>9998</div> </div>	
106	How old were you at your last birthday?  COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	<div style="display: flex; justify-content: space-between;"> <div>AGE IN COMPLETED YEARS .....</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	
107	Have you ever attended school?	<div style="display: flex; justify-content: space-between;"> <div>YES .....</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>NO .....</div> <div>2</div> </div>	→ 113
108	What is the highest level of school you attended: primary, basic, secondary, secondary-special or higher?	<div style="display: flex; justify-content: space-between;"> <div>PRIMARY-BASIC-SECONDARY (1-12) .....</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>SECONDARY-SPECIAL .....</div> <div>2</div> </div> <div style="display: flex; justify-content: space-between;"> <div>HIGHER .....</div> <div>3</div> </div>	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	What is the highest [YEAR/CLASS/COURSE] you completed at that level?  IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	YEAR/CLASS/COURSE ..... <input type="text"/> <input type="text"/>	
109A	CHECK 108 AND 109:  CLASS 10 OR 11 <input type="text"/> OR SECONDARY-SPECIAL CLASS <b>10</b> OR <b>11</b> RECORDED IN 109 OR CODE '2' SECONDARY-SPECIAL LEVEL CIRCLED IN 108: 	OTHER <input type="text"/> CLASS <b>1-9</b> RECORDED IN 109 OR CODE "3" HIGHER LEVEL CIRCLED IN 108:	→ 113
109B	Did you receive an attestat for completing secondary school?	YES ..... 1 NO ..... 2	
113	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	
114	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	
115	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	
116	Do you own a mobile telephone?	YES ..... 1 NO ..... 2	→ 118
117	Do you use your mobile phone for any financial transactions?	YES ..... 1 NO ..... 2	
118	Do you have an account in a bank or other financial institution that you yourself use?	YES ..... 1 NO ..... 2	
119	Have you ever used the internet?	YES ..... 1 NO ..... 2	→ 124
120	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	→ 124
121	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?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
121A	In the last 12 months, have you used the internet to get information on any health issues?	YES ..... 1 NO ..... 2	
124	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	→ 125A
125	In the last 12 months, have you been away from home for more than one month at a time?	YES ..... 1 NO ..... 2	
125A	In the past 3 years, have you worked abroad for three or more months 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	a) How many sons live with you?  b) And how many daughters live with you?  IF NONE, RECORD '00'.	a) SONS AT HOME .....  b) DAUGHTERS AT HOME ..... <div><div></div><div></div><div></div><div></div></div>	
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	a) How many sons are alive but do not live with you?  b) And how many daughters are alive but do not live with you?  IF NONE, RECORD '00'.	a) SONS ELSEWHERE .....  b) DAUGHTERS ELSEWHERE ..... <div><div></div><div></div><div></div><div></div></div>	
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, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES ..... 1 NO ..... 2	→ 208
207	a) How many boys have died?  b) And how many girls have died?  IF NONE, RECORD '00'.	a) BOYS DEAD .....  b) GIRLS DEAD ..... <div><div></div><div></div><div></div><div></div></div>	
207C	Were there any other children who were born alive, but who died within a few minutes, hours, or days?	YES ..... 1 NO ..... 2	→ 208
207D	CORRECT 207 AND THEN CONTINUE WITH QUESTION 208. RECORD TWINS AS SEPARATE LIVE BIRTHS.		
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL LIVE BIRTHS ..... <div><div></div><div></div></div>	
209	CHECK 208:  Just to make sure that I have this right: you have had in TOTAL ____ live births during your life. Is that correct?  YES <div><div></div></div> <div><div></div></div> NO <div><div></div></div> PROBE AND CORRECT 201-208 AS NECESSARY.		

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
209A	<p>Women sometimes have pregnancies which do not result in a live born child. That is, a pregnancy can be ended by a stillbirth, a miscarriage, or an induced abortion. I will now ask you about each of them separately.</p> <p>How many stillbirths have you had, including an early fetal death (5-6 months pregnancy) or a late fetal death (7 or more months pregnancy)?</p> <p>IF NONE, RECORD '00'.</p>	<p>TOTAL STILLBIRTHS ..... <input type="text"/> <input type="text"/></p>	
209B	<p>How many miscarriages have you had, including due to an ectopic pregnancy?</p> <p>IF NONE, RECORD '00'.</p>	<p>TOTAL MISCARRIAGES ..... <input type="text"/> <input type="text"/></p>	
209C	<p>In total how many the induced abortions have you had conducted with a help of a medical specialist?</p> <p>IF NONE, RECORD '00'.</p>	<p>ABORTIONS BY A SPECIALIST ..... <input type="text"/> <input type="text"/></p>	
209D	<p>Have you ever used misoprostol or cytotec, mifepristone or RU-486 or other medicines or herbs with abortive effects for menstrual regulation or medication abortion to terminate the unwanted pregnancy?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 209F
209E	<p>Not including the (NUMBER REPORTED IN 209C) abortions you have already told me about, how many abortions have you had by using misoprostol, cytotec, mifepristone, RU-486, or other medicines or herbs conducted at home or somewhere else, either by yourself or with the help of a medical specialist?</p> <p>IF NONE, RECORD '00'.</p>	<p>ABORTIONS BY MISOPROSTOL/ CYTOTEC/HERBS ..... <input type="text"/> <input type="text"/></p>	
209F	<p>SUM ANSWERS TO 209C, AND 209E, AND ENTER TOTAL. IF NONE, RECORD '00'.</p>	<p>TOTAL ABORTIONS ..... <input type="text"/> <input type="text"/></p>	
209G	<p>CHECK 209F:</p> <p>Just to make sure that I have this right: you have had in TOTAL ____ abortions during your life including those induced by cytotec or other medicines. Is that correct?</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>YES</p> <p><input type="checkbox"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>NO <input type="checkbox"/></p> <p>↑</p> <p>PROBE AND CORRECT 209C-F AS NECESSARY.</p> </div> </div>		
209H	<p>SUM ANSWERS TO 208, 209A, 209B AND 209F, AND ENTER TOTAL. IF NONE, RECORD '00'.</p>	<p>TOTAL LIVE BIRTHS, STILLBIRTHS, MISCARRIAGES AND ABORTIONS <input type="text"/> <input type="text"/></p>	
210	<p>CHECK 209H:</p> <p>Just to make sure that I have this right: you have had in TOTAL ____ live births, stillbirths, miscarriages, and abortions during your life. Is that correct?</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ONE OR MORE PREGNANCIES <input type="checkbox"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>NO PREGNANCIES <input type="checkbox"/></p> <p>→ 226</p> </div> </div>		

## SECTION 2. REPRODUCTION

211 Now I would like 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 the first pregnancy, please tell me the following information. RECORD ALL THE PREGNANCIES IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. IF THERE ARE MORE THAN 15 PREGNANCIES, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE													
212	213	214	215	216	217	218	219	220	221	221A	221B	221C	221D
Did your (first/next/etc.) pregnancy end in a live birth, a stillbirth, a miscarriage, or an abortion (including those induced by cytotec or similar abortive medication)?	Was this a single or multiple pregnancy?	On what day, month, and year did this pregnancy end or child was born?	Were there any other pregnancies that ended between this one and the pregnancy we were just talking about, including any child who may have died after birth?	What name was given to this child?	Is (NAME) a boy or a girl?	Is (NAME) still alive?	How old was (NAME) at last birthday?	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER IF CHILD NOT LISTED IN HOUSEHOLD.	How old was (NAME) when (he/she) died?	Did (NAME) die at home, in a health facility or somewhere else?	Does (NAME) have a death certificate? IF NO, PROBE: Has (NAME)'s death ever been registered in ZAGS?	What was the main reason you decided to have this abortion? 1 = HER HEALTH DEFECTS 2 = BIRTH DEFECTS 3 = SEX SELECTION 4 = POVERTY 5 = UNWANTED CHILD 6 = UNMARRIED 7 = OTHER 8 = DON'T REMEMBER
01 LIVE BIRTH... 1 STILLBIRTH... 2 MISCARRIAGE 3 ABORTION... 4 (GO TO 214)	SING 1 MUL 2	DAY MONTH YEAR	YES 1 (ADD PREG- NANCY) NO 2 (NEXT PREG.)	LIVE BIRTH... 1 STILLBIRTH... 2 MISCARRIAGE 3 ABORTION... 4 (GO TO 214)	BOY 1 GIRL 2	YES 1 NO 2 (SKIP TO 221A)	AGE IN YEARS RECORD AGE IN COMPLETED YEARS.	YES 1 NO 2	HOUSEHOLD LINE NUMBER (NEXT PREG- NANCY)	DAYS 1 MONTHS 2 YEARS 3	HOME 1 FACILITY 2 ELSE 3	1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW	<input type="checkbox"/> → (NEXT PREG- NANCY)
02 LIVE BIRTH... 1 STILLBIRTH... 2 MISCARRIAGE 3 ABORTION... 4 (GO TO 214)	SING 1 MUL 2	DAY MONTH YEAR	YES 1 (ADD PREG- NANCY) NO 2 (NEXT PREG.)	LIVE BIRTH... 1 STILLBIRTH... 2 MISCARRIAGE 3 ABORTION... 4 (GO TO 214)	BOY 1 GIRL 2	YES 1 NO 2 (SKIP TO 221A)	AGE IN YEARS	YES 1 NO 2	HOUSEHOLD LINE NUMBER (NEXT PREG- NANCY)	DAYS 1 MONTHS 2 YEARS 3	HOME 1 FACILITY 2 ELSE 3	<input type="checkbox"/> → (NEXT PREG- NANCY)	<input type="checkbox"/> → (NEXT PREG- NANCY)
03 LIVE BIRTH... 1 STILLBIRTH... 2 MISCARRIAGE 3 ABORTION... 4 (GO TO 214)	SING 1 MUL 2	DAY MONTH YEAR	YES 1 (ADD PREG- NANCY) NO 2 (NEXT PREG.)	LIVE BIRTH... 1 STILLBIRTH... 2 MISCARRIAGE 3 ABORTION... 4 (GO TO 214)	BOY 1 GIRL 2	YES 1 NO 2 (SKIP TO 221A)	AGE IN YEARS	YES 1 NO 2	HOUSEHOLD LINE NUMBER (NEXT PREG- NANCY)	DAYS 1 MONTHS 2 YEARS 3	HOME 1 FACILITY 2 ELSE 3	<input type="checkbox"/> → (NEXT PREG- NANCY)	<input type="checkbox"/> → (NEXT PREG- NANCY)
04 LIVE BIRTH... 1 STILLBIRTH... 2 MISCARRIAGE 3 ABORTION... 4 (GO TO 214)	SING 1 MUL 2	DAY MONTH YEAR	YES 1 (ADD PREG- NANCY) NO 2 (NEXT PREG.)	LIVE BIRTH... 1 STILLBIRTH... 2 MISCARRIAGE 3 ABORTION... 4 (GO TO 214)	BOY 1 GIRL 2	YES 1 NO 2 (SKIP TO 221A)	AGE IN YEARS	YES 1 NO 2	HOUSEHOLD LINE NUMBER (NEXT PREG- NANCY)	DAYS 1 MONTHS 2 YEARS 3	HOME 1 FACILITY 2 ELSE 3	<input type="checkbox"/> → (NEXT PREG- NANCY)	<input type="checkbox"/> → (NEXT PREG- NANCY)

212	Did your (first/ next/etc.) pregnancy end in a live birth, a stillbirth, a miscarriage, or an abortion (including those induced by cytotec or similar abortive medication)?	213	Was this a single or multiple pregnancy?	214	On what day, month, and year did this pregnancy end or child was born?	215	Were there any other pregnancies that ended between this one and the pregnancy we were just talking about, including any child who may have died after birth?	215A	CHECK 212: RECORD SAME RESPONSE	216	What name was given to this child?	217	Is (NAME) a boy or a girl?	218	Is (NAME) still alive?	219	How old was (NAME) at last birthday?	220	Is (NAME) living with you?	221	IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD. IF CHILD NOT LISTED IN HOUSEHOLD.	221A	IF DEAD: How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	221B	IF DEAD: Did (NAME) die at (NAME)'s home, in a health facility or where else?	221C	IF DEAD: Does (NAME) have a death certificate? IF NO, PROBE: Has (NAME)'s death ever been registered in ZAGS?	221D	IF ABORTION: What was the main reason you decided to have this abortion? 1 = HER HEALTH DEFECTS 2 = BIRTH DEFECTS 3 = SEX SELECTION 4 = POVERTY 5 = UNWANTED CHILD 6 = UNMARRIED 7 = OTHER 8 = DON'T REMEMBER
05	LIVE BIRTH... 1 STILLBIRTH... 2 MISCARRIAGE 3 ABORTION... 4 (GO TO 214)	SING 1 MUL * 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES <sup>1</sup> (ADD PREG- NANCY) NO <sup>2</sup> (NEXT PREG.)	LIVE BIRTH... 1 STILLBIRTH... 2 MISCARRIAGE 3 ABORTION... 4 (GO TO 221D)	BOY 1 GIRL 2	YES 1 NO 2 (SKIP TO 221A)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/>	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	HOME 1 FACILIT 2 ELSE 3	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	
06	LIVE BIRTH... 1 STILLBIRTH... 2 MISCARRIAGE 3 ABORTION... 4 (GO TO 214)	SING 1 MUL * 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES <sup>1</sup> (ADD PREG- NANCY) NO <sup>2</sup> (NEXT PREG.)	LIVE BIRTH... 1 STILLBIRTH... 2 MISCARRIAGE 3 ABORTION... 4 (GO TO 221D)	BOY 1 GIRL 2	YES 1 NO 2 (SKIP TO 221A)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/>	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	HOME 1 FACILIT 2 ELSE 3	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	
07	LIVE BIRTH... 1 STILLBIRTH... 2 MISCARRIAGE 3 ABORTION... 4 (GO TO 214)	SING 1 MUL * 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES <sup>1</sup> (ADD PREG- NANCY) NO <sup>2</sup> (NEXT PREG.)	LIVE BIRTH... 1 STILLBIRTH... 2 MISCARRIAGE 3 ABORTION... 4 (GO TO 221D)	BOY 1 GIRL 2	YES 1 NO 2 (SKIP TO 221A)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/>	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	HOME 1 FACILIT 2 ELSE 3	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	
08	LIVE BIRTH... 1 STILLBIRTH... 2 MISCARRIAGE 3 ABORTION... 4 (GO TO 214)	SING 1 MUL * 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES <sup>1</sup> (ADD PREG- NANCY) NO <sup>2</sup> (NEXT PREG.)	LIVE BIRTH... 1 STILLBIRTH... 2 MISCARRIAGE 3 ABORTION... 4 (GO TO 221D)	BOY 1 GIRL 2	YES 1 NO 2 (SKIP TO 221A)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/>	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	HOME 1 FACILIT 2 ELSE 3	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	<input type="text"/> → (NEXT PREG- NANCY)	

212	Did your (first/next/etc.) pregnancy end in a live birth, a stillbirth, a miscarriage, or an abortion (including those induced by cytotec or similar abortive medication)?	213	Was this a single or multiple pregnancy?	214	On what day, month, and year did this pregnancy end or child was born?	215	Were there any other pregnancies that ended between this one and the pregnancy we were just talking about, including any child who may have died after birth?	215A	CHECK 212: RECORD SAME RESPONSE	216	What name was given to this child?	217	Is (NAME) a boy or a girl?	218	Is (NAME) still alive?	219	How old was (NAME) at last birthday?	220	Is (NAME) living with you?	221	IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD. IF CHILD NOT LISTED IN HOUSEHOLD.	221A	IF DEAD: How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	221B	IF DEAD: Did (NAME) die at (NAME)'s home, in a health facility or where else?	221C	IF DEAD: Does (NAME) have a death certificate? IF NO, PROBE: Has (NAME)'s death ever been registered in ZAGS?	221D	IF ABORTION: What was the main reason you decided to have this abortion? 1 = HER HEALTH DEFECTS 2 = BIRTH DEFECTS 3 = SEX SELECTION 4 = POVERTY 5 = UNWANTED CHILD 6 = UNMARRIED 7 = OTHER 8 = DON'T REMEMBER
09	LIVE BIRTH... 1 STILLBIRTH... 2 MISCARRIAGE 3 ABORTION... 4 (GO TO 214)	SING 1 MUL * 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES <sup>1</sup> (ADD PREG-NANCY) NO <sup>2</sup> (NEXT PREG.)	LIVE BIRTH... 1 STILLBIRTH... 2 MISCARRIAGE 3 ABORTION... 4 (GO TO 214)	BOY 1 GIRL 2	YES 1 NO 2 (SKIP TO 221A)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (NEXT PREG-NANCY)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	HOME 1 FACILIT 2 ELSE 3	<input type="text"/> (NEXT PREG-NANCY)	<input type="text"/> (NEXT PREG-NANCY)	<input type="text"/> (NEXT PREG-NANCY)	<input type="text"/> (NEXT PREG-NANCY)													
10	LIVE BIRTH... 1 STILLBIRTH... 2 MISCARRIAGE 3 ABORTION... 4 (GO TO 214)	SING 1 MUL * 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES <sup>1</sup> (ADD PREG-NANCY) NO <sup>2</sup> (NEXT PREG.)	LIVE BIRTH... 1 STILLBIRTH... 2 MISCARRIAGE 3 ABORTION... 4 (GO TO 214)	BOY 1 GIRL 2	YES 1 NO 2 (SKIP TO 221A)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (NEXT PREG-NANCY)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	HOME 1 FACILIT 2 ELSE 3	<input type="text"/> (NEXT PREG-NANCY)	<input type="text"/> (NEXT PREG-NANCY)	<input type="text"/> (NEXT PREG-NANCY)	<input type="text"/> (NEXT PREG-NANCY)													
11	LIVE BIRTH... 1 STILLBIRTH... 2 MISCARRIAGE 3 ABORTION... 4 (GO TO 214)	SING 1 MUL * 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES <sup>1</sup> (ADD PREG-NANCY) NO <sup>2</sup> (NEXT PREG.)	LIVE BIRTH... 1 STILLBIRTH... 2 MISCARRIAGE 3 ABORTION... 4 (GO TO 214)	BOY 1 GIRL 2	YES 1 NO 2 (SKIP TO 221A)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (NEXT PREG-NANCY)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	HOME 1 FACILIT 2 ELSE 3	<input type="text"/> (NEXT PREG-NANCY)	<input type="text"/> (NEXT PREG-NANCY)	<input type="text"/> (NEXT PREG-NANCY)	<input type="text"/> (NEXT PREG-NANCY)													
12	LIVE BIRTH... 1 STILLBIRTH... 2 MISCARRIAGE 3 ABORTION... 4 (GO TO 214)	SING 1 MUL * 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES <sup>1</sup> (ADD PREG-NANCY) NO <sup>2</sup> (NEXT PREG.)	LIVE BIRTH... 1 STILLBIRTH... 2 MISCARRIAGE 3 ABORTION... 4 (GO TO 214)	BOY 1 GIRL 2	YES 1 NO 2 (SKIP TO 221A)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (NEXT PREG-NANCY)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	HOME 1 FACILIT 2 ELSE 3	<input type="text"/> (NEXT PREG-NANCY)	<input type="text"/> (NEXT PREG-NANCY)	<input type="text"/> (NEXT PREG-NANCY)	<input type="text"/> (NEXT PREG-NANCY)													



212	Did your (first/ next/etc.) pregnancy end in a live birth, a stillbirth, a miscarriage, or an abortion (including those induced by cytotec or similar abortive medication)?	213	Was this a single or multiple pregnancy?	214	On what day, month, and year did this pregnancy end or child was born?	215	Were there any other pregnancies that ended between this one and the pregnancy we were just talking about, including any child who may have died after birth?	215A	CHECK 212: RECORD SAME RESPONSE	216	What name was given to this child?	217	Is (NAME) a boy or a girl?	218	Is (NAME) still alive?	219	How old was (NAME) at last birthday?	220	Is (NAME) living with you?	221	IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD. IF CHILD NOT LISTED IN HOUSEHOLD.	221A	IF DEAD: How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	221B	IF DEAD: Did (NAME) die at home, in a health facility or somewhere else?	221C	IF DEAD: 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	221D	IF ABORTION: What was the main reason you decided to have this abortion? 1 = HER HEALTH DEFECTS 3 = SEX SELECTION 4 = POVERTY 5 = UNWANTED CHILD 6 = UNMARRIED 7 = OTHER 8 = DON'T REMEMBER
13	LIVE BIRTH... 1 STILLBIRTH... 2 MISCARRIAGE 3 ABORTION... 4 (GO TO 214)	SING 1 MUL 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 (ADD PREG- NANCY) NO 2 (NEXT PREG.)	LIVE BIRTH... 1 STILLBIRTH... 2 MISCARRIAGE 3 (NEXT PREGN.) ABORTION... 4 (GO TO 214)		BOY 1 GIRL 2	YES 1 NO 2 (SKIP TO 221A)	HOUSEHOLD LINE NUMBER <input type="text"/> (NEXT PREG- NANCY)	DAYS 1 MONTHS 2 YEARS 3	HOME 1 FACILIT 2 ELSE 3	<input type="text"/> (NEXT PREG- NANCY)																	
14	LIVE BIRTH... 1 STILLBIRTH... 2 MISCARRIAGE 3 ABORTION... 4 (GO TO 214)	SING 1 MUL 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 (ADD PREG- NANCY) NO 2 (NEXT PREG.)	LIVE BIRTH... 1 STILLBIRTH... 2 MISCARRIAGE 3 (NEXT PREGN.) ABORTION... 4 (GO TO 214)		BOY 1 GIRL 2	YES 1 NO 2 (SKIP TO 221A)	HOUSEHOLD LINE NUMBER <input type="text"/> (NEXT PREG- NANCY)	DAYS 1 MONTHS 2 YEARS 3	HOME 1 FACILIT 2 ELSE 3	<input type="text"/> (NEXT PREG- NANCY)																	
15	LIVE BIRTH... 1 STILLBIRTH... 2 MISCARRIAGE 3 ABORTION... 4 (GO TO 214)	SING 1 MUL 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 (ADD PREG- NANCY) NO 2 (NEXT PREG.)	LIVE BIRTH... 1 STILLBIRTH... 2 MISCARRIAGE 3 (NEXT PREGN.) ABORTION... 4 (GO TO 214)		BOY 1 GIRL 2	YES 1 NO 2 (SKIP TO 221A)	HOUSEHOLD LINE NUMBER <input type="text"/> (NEXT PREG- NANCY)	DAYS 1 MONTHS 2 YEARS 3	HOME 1 FACILIT 2 ELSE 3	<input type="text"/> (NEXT PREG- NANCY)																	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any pregnancies that ended since (NAME OF LAST LIVE BIRTH)/ the stillbirth/ the miscarriage/ the abortion?	YES ..... 1 (RECORD PREGNANCY(S) THAT ENDED IN TABLE) ← NO ..... 2	
223	RECORD AND COMPARE NUMBER OF PREGNANCIES RECORDED IN PREGNANCY HISTORY WITH EARLIER RESPONSES COMPARE 210 WITH NUMBER OF PREGNANCIES IN PREGNANCY HISTORY <div style="display: flex; justify-content: space-between;"> <div>           NUMBERS ARE SAME  <input type="checkbox"/>            ↓         </div> <div>           NUMBERS ARE DIFFERENT  <input type="checkbox"/>            (PROBE AND RECONCILE) ←         </div> </div> COMPARE 208 WITH NUMBER OF LIVE BIRTHS IN PREGNANCY HISTORY <div style="display: flex; justify-content: space-between;"> <div>           NUMBERS ARE SAME  <input type="checkbox"/>            ↓         </div> <div>           NUMBERS ARE DIFFERENT  <input type="checkbox"/>            (PROBE AND RECONCILE) ←         </div> </div> COMPARE 209A WITH NUMBER OF STILLBIRTHS IN PREGNANCY HISTORY <div style="display: flex; justify-content: space-between;"> <div>           NUMBERS ARE SAME  <input type="checkbox"/>            ↓         </div> <div>           NUMBERS ARE DIFFERENT  <input type="checkbox"/>            (PROBE AND RECONCILE) ←         </div> </div> COMPARE 209B WITH NUMBER OF MISCARRIAGES IN PREGNANCY HISTORY <div style="display: flex; justify-content: space-between;"> <div>           NUMBERS ARE SAME  <input type="checkbox"/>            ↓         </div> <div>           NUMBERS ARE DIFFERENT  <input type="checkbox"/>            (PROBE AND RECONCILE) ←         </div> </div> COMPARE 209F WITH NUMBER OF ABORTIONS IN PREGNANCY HISTORY <div style="display: flex; justify-content: space-between;"> <div>           NUMBERS ARE SAME  <input type="checkbox"/>            ↓         </div> <div>           NUMBERS ARE DIFFERENT  <input type="checkbox"/>            (PROBE AND RECONCILE) ←         </div> </div>		
224	CHECK 212 AND 214: ENTER THE NUMBER OF LIVE BIRTHS IN 2010-2016	NUMBER OF LIVE BIRTHS IN 2010-2016 ... <input type="text"/> NONE ..... 0	
225	<p><b>C</b> CHECK 212 AND 214:            FOR EACH BIRTH IN 2010-2016, ENTER 'B' IN MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF COMPLETED MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)</p> <p>FOR EACH PREGNANCY IN 2010-2016 OR LATER THAT DID NOT END IN A LIVE BIRTH (STILLBIRTH, MISCARRIAGE OR ABORTION), ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY ENDED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.</p> <p>NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.</p>		

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
226	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE ..... 8	→ 239		
227	How many months pregnant are you?  RECORD NUMBER OF COMPLETED MONTHS.  <b>C</b> ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS ..... <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>			
228	When you got pregnant, did you want to get pregnant at that time?	YES ..... 1 NO ..... 2	→ 239		
229	CHECK 208: TOTAL NUMBER OF LIVE BIRTHS  ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> a) Did you want to have a baby later on or did you not want any more children? b) Did you want to have a baby later on or did you not want any children?	LATER ..... 1 NO MORE/NONE ..... 2			
239	When did your last menstrual period start?   _____ (DATE, IF GIVEN)	DAYS AGO ..... 1 WEEKS AGO ..... 2 MONTHS AGO ..... 3 YEARS AGO ..... 4  IN MENOPAUSE/ HAS HAD HYSTERECTOMY ..... 994  BEFORE LAST BIRTH ..... 995  NEVER MENSTRUATED ..... 996			
240	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 242		
241	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS ..... 1 DURING HER PERIOD ..... 2 RIGHT AFTER HER PERIOD HAS ENDED ..... 3 HALFWAY BETWEEN TWO PERIODS ..... 4  OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8			
242	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8			




SECTION 3. CONTRACEPTION

301	Now I would like to talk about contraception - 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 which can prevent pregnancy for one or more years.	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
09	Emergency Contraception. PROBE: As an emergency measure, within three to five days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES ..... 1 NO ..... 2
11	Lactational Amenorrhea Method (LAM). PROBE: Up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES ..... 1 NO ..... 2
12	Rhythm or 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
13	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES ..... 1 NO ..... 2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ 1 (SPECIFY) YES, TRADITIONAL METHOD _____ 2 (SPECIFY) NO ..... 3

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 226:  NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/>	→ 312
303	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 312
304	Which method are you using?  RECORD ALL MENTIONED.  IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION ..... A MALE STERILIZATION ..... B IUD ..... C INJECTABLES ..... D IMPLANTS ..... E PILL ..... F CONDOM ..... G EMERGENCY CONTRACEPTION ..... I LACTATIONAL AMENORRHEA METHOD ..... K RHYTHM METHOD ..... L WITHDRAWAL ..... M OTHER MODERN METHOD ..... X OTHER TRADITIONAL METHOD ..... Y	→ 307 → 306A → 309
306A	The last time you obtained the IUD was it free of charge or did you pay for the IUD?	FREE ..... 1 PAID ..... 2	→ 309
307	In what facility did the sterilization take place?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... 11 MATERNITY HOME ..... 12 DIAGNOSTIC CENTER ..... 13 WOMEN'S CONSULTATION ..... 14 POLYCLINIC ..... 15 AMBULATORY/ FAMILY DOCTOR OFFICE .. 16 FAP ..... 17 EMERGENCY SERVICES ..... 18 OTHER PUBLIC SECTOR ..... _____ (SPECIFY) 19  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... 21 MATERNITY HOME ..... 22 DIAGNOSTIC CENTER ..... 23 WOMEN'S CONSULTATION ..... 24 POLYCLINIC ..... 25 FAMILY DOCTORS OFFICE ..... 26 FAP ..... 27 PHARMACY ..... 28 EMERGENCY SERVICES ..... 29 OTHER PRIVATE MEDICAL SECTOR ..... _____ (SPECIFY) 30  OTHER ..... 96 _____ (SPECIFY) DON'T KNOW ..... 98	
308	In what month and year was the sterilization performed?	MONTH ..... YEAR .....	→ 310
309	Since what month and year have you been using (CURRENT METHOD) without stopping?  PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH ..... YEAR .....	
310	CHECK 308 AND 309, AND 214: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308 OR 309  NO <input type="checkbox"/> ↓  YES <input type="checkbox"/> GO BACK TO 308 OR 309, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).		

SECTION 3. CONTRACEPTION (PAPER OPTION)

311	<p>CHECK 308 AND 309:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p align="center">YEAR IS 2010-2016 </p> <p><b>C</b> ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p align="center">THEN CONTINUE </p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p align="center">YEAR IS 2009 OR EARLIER </p> <p><b>C</b> ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2010 .</p> <p align="center">THEN  (SKIP TO 324)</p> </div> </div>
312	<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 2010. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p><b>C</b> IN <b>COLUMN 1</b>, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ol style="list-style-type: none"> <li>When was the last time you used a method? Which method was that?</li> <li>When did you start using that method? How long after the birth of (NAME)?</li> <li>How long did you use the method then?</li> </ol> <p><b>C</b> IN <b>COLUMN 2</b>, 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> <ol style="list-style-type: none"> <li>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?</li> <li>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.</li> </ol>

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	<p>CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH</p> <p align="center"> NO METHOD USED <input type="checkbox"/>      ANY METHOD USED <input type="checkbox"/> </p>		→ 315
314	<p>Have you ever used anything or tried in any way to delay or avoid getting pregnant?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<div style="border-left: 1px solid black; padding-left: 5px;">→ 326</div>
315	<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>NO CODE CIRCLED ..... 00</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>EMERGENCY CONTRACEPTION ..... 09</p> <p>LACTATIONAL AMENORRHEA METHOD ..... 11</p> <p>RHYTHM/CALENDAR METHOD ..... 12</p> <p>WITHDRAWAL ..... 13</p> <p>OTHER MODERN METHOD ..... 95</p> <p>OTHER TRADITIONAL METHOD ..... 96</p>	<div style="border-left: 1px solid black; padding-left: 5px;"> → 326  → 319  → 329    → 323 </div>
316	<p>You first started using (CURRENT METHOD) in (DATE FROM 308 OR 309). Where did you get it at that time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>MATERNITY HOME ..... 12</p> <p>DIAGNOSTIC CENTER ..... 13</p> <p>WOMEN'S CONSULTATION ..... 14</p> <p>POLYCLINIC ..... 15</p> <p>AMBULATORY, FAMILY DOCTOR OFFICE ..... 16</p> <p>FAP ..... 17</p> <p>EMERGENCY SERVICES ..... 18</p> <p>OTHER PUBLIC SECTOR ..... 19</p> <p align="center">_____ (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... 21</p> <p>MATERNITY HOME ..... 22</p> <p>DIAGNOSTIC CENTER ..... 23</p> <p>WOMEN'S CONSULTATION ..... 24</p> <p>POLYCLINIC ..... 25</p> <p>FAMILY DOCTORS OFFICE ..... 26</p> <p>FAP ..... 27</p> <p>PHARMACY ..... 28</p> <p>EMERGENCY SERVICES ..... 29</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... 30</p> <p align="center">_____ (SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... 41</p> <p>CHURCH ..... 42</p> <p>FRIEND/RELATIVE ..... 43</p> <p>OTHER ..... 96</p> <p align="center">_____ (SPECIFY)</p>	
317	<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>EMERGENCY CONTRACEPTION ..... 09</p> <p>OTHER MODERN METHOD ..... 95</p> <p>OTHER TRADITIONAL METHOD ..... 96</p>	<div style="border-left: 1px solid black; padding-left: 5px;"> → 323  → 322  → 323 </div>

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	At that time, were you told about side effects or problems you might have with the method?	YES ..... 1 NO ..... 2	→ 321 → 320
319	When you got sterilized, were you told about side effects or problems you might have with the method?	YES ..... 1 NO ..... 2	→ 321
320	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES ..... 1 NO ..... 2	→ 322
321	Were you told what to do if you experienced side effects or problems?	YES ..... 1 NO ..... 2	
322	CHECK 318 AND 319:  <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> ANY <input type="checkbox"/>  "YES"  ↓ </div> <div style="border-left: 1px dashed black; padding-left: 10px; text-align: center;"> OTHER <input type="checkbox"/>  ↓ </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> a) At that time, were you told about other methods of contraception that you could use? </div> <div style="width: 45%;"> b) When you obtained (CURRENT METHOD FROM 315) from (SOURCE OF METHOD FROM 307 OR 316), were you told about other methods of contraception that you could use? </div> </div>	YES ..... 1 NO ..... 2	→ 324
323	Were you ever told by a health or family planning worker about other methods of contraception that you could use?	YES ..... 1 NO ..... 2	
324	CHECK 304:  CIRCLE METHOD CODE:  IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 IUD ..... 03 INJECTABLES ..... 04 IMPLANTS ..... 05 PILL ..... 06 CONDOM ..... 07 EMERGENCY CONTRACEPTION ..... 09 LACTATIONAL AMENORRHEA METHOD ..... 11 RHYTHM/CALENDAR METHOD ..... 12 WITHDRAWAL ..... 13 OTHER MODERN METHOD ..... 95 OTHER TRADITIONAL METHOD ..... 96	→ 329 → 329 → 329



SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>MATERNITY HOME ..... 12</p> <p>DIAGNOSTIC CENTER ..... 13</p> <p>WOMEN'S CONSULTATION ..... 14</p> <p>POLYCLINIC ..... 15</p> <p>AMBULATORY, FAMILY DOCTOR OFFICE .. 16</p> <p>FAP ..... 17</p> <p>EMERGENCY SERVICES ..... 18</p> <p>OTHER PUBLIC SECTOR ..... 19</p> <p align="center">_____ (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... 21</p> <p>MATERNITY HOME ..... 22</p> <p>DIAGNOSTIC CENTER ..... 23</p> <p>WOMEN'S CONSULTATION ..... 24</p> <p>POLYCLINIC ..... 25</p> <p>FAMILY DOCTORS OFFICE ..... 26</p> <p>FAP ..... 27</p> <p>PHARMACY ..... 28</p> <p>EMERGENCY SERVICES ..... 29</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... 30</p> <p align="center">_____ (SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... 41</p> <p>CHURCH ..... 42</p> <p>FRIEND/RELATIVE ..... 43</p> <p>OTHER ..... 96</p> <p align="center">_____ (SPECIFY)</p>	<p>→ 329</p>
326	Do you know of a place where you can obtain a method of contraception?	<p>YES ..... 1</p> <p>NO ..... 2</p>	
329	<p>CHECK 202: LIVING CHILDREN</p> <p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>a) In the last 12 months, have you visited a health facility for care for yourself or your children?      b) In the last 12 months, have you visited a health facility for care for yourself?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 330A
330	Did any staff member at the health facility speak to you about contraceptive methods?	<p>YES ..... 1</p> <p>NO ..... 2</p>	
330A	Do you know of a place where you can obtain a method of contraception free of charge?	<p>YES ..... 1</p> <p>NO ..... 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	<p>CHECK 224:</p> <p align="center">             ONE OR MORE LIVE BIRTHS IN 2010-2016 <input type="checkbox"/>                            NO LIVE BIRTHS IN 2010- <input type="checkbox"/> → 648           </p>		
402	<p>CHECK 214. RECORD THE PREGNANCY HISTORY NUMBER IN 403 AND THE NAME AND SURVIVAL STATUS IN 404 FOR EACH LIVE BIRTH IN 2010-2016. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S).</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.</p>	<p align="center">LAST LIVE BIRTH</p> <p>PREGNANCY HISTORY NUMBER ..... <input type="text"/> <input type="text"/></p>	<p align="center">NEXT-TO-LAST LIVE BIRTH</p> <p>PREGNANCY HISTORY NUMBER ..... <input type="text"/> <input type="text"/></p>
404	FROM 216 AND 218:	<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	When you got pregnant with (NAME), did you want to get pregnant at that time?	<p>YES ..... 1</p> <p align="center">(SKIP TO 408) ←</p> <p>NO ..... 2</p>	<p>YES ..... 1</p> <p align="center">(SKIP TO 426) ←</p> <p>NO ..... 2</p>
406	<p>CHECK 208:</p> <p align="center">             ONLY ONE BIRTH <input type="checkbox"/>      MORE THAN ONE BIRTH <input type="checkbox"/> </p> <p>a) Did you want to have a baby later on, or did you not want any children?</p> <p>b) Did you want to have a baby later on, or did you not want any more children?</p>	<p>LATER ..... 1</p> <p>NO MORE/NONE ..... 2</p> <p align="center">(SKIP TO 408) ←</p>	<p>LATER ..... 1</p> <p>NO MORE/NONE ..... 2</p> <p align="center">(SKIP TO 426) ←</p>
407	How much longer did you want to wait?	<p>MONTHS ..... 1 <input type="text"/> <input type="text"/></p> <p>YEARS ..... 2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 998</p>	<p>MONTHS ..... 1 <input type="text"/> <input type="text"/></p> <p>YEARS ..... 2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 998</p>
408	Did you see anyone for antenatal care for this pregnancy?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p align="center">(SKIP TO 420) ←</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><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... A</p> <p>NURSE/MIDWIFE ..... B</p> <p>FELDSHER ..... C</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... D</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	

**SECTION 4. PREGNANCY AND POSTNATAL CARE**

NO.	QUESTIONS AND FILTERS	LAST LIVE BIRTH NAME _____	NEXT-TO-LAST LIVE BIRTH NAME _____												
410	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</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 align="center">(NAME OF PLACE)</p>	<p><b>HOME</b></p> <p>HER HOME ..... A</p> <p>OTHER HOME ..... B</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ... C</p> <p>MATERNITY HOME ..... D</p> <p>DIAGNOSTIC CENTER ..... E</p> <p>WOMEN'S CONSULTATION .. F</p> <p>POLYCLINIC ..... G</p> <p>AMBULATORY/FAMILY DOCTOR'S OFFICE ..... H</p> <p>FAP ..... I</p> <p>EMERGENCY SERVICE ..... J</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ K</p> <p align="center">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRV. HOSPITAL/CLINIC ..... L</p> <p>MATERNITY HOME ..... M</p> <p>DIAGNOSTIC CENTER ..... N</p> <p>WOMEN CONSULTATION .. O</p> <p>POLYCLINIC ..... P</p> <p>FAMILY DOCTOR OFFICE .. Q</p> <p>FAP ..... R</p> <p>EMERGENCY SERVICE ..... S</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ T</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>													
411	How many months pregnant were you when you first received antenatal care for this pregnancy?	<p>MONTHS ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>													
412	How many times did you receive antenatal care during this pregnancy?	<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>a) Was your blood pressure measured?</p> <p>b) Did you give a urine sample?</p> <p>c) Did you give a blood sample?</p>	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>a) BP</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b) URINE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c) BLOOD</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		YES	NO	a) BP	1	2	b) URINE	1	2	c) BLOOD	1	2	
	YES	NO													
a) BP	1	2													
b) URINE	1	2													
c) BLOOD	1	2													
413D	As part of your antenatal care during this pregnancy, was an ultrasound or echo of the fetus performed?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p align="center">(SKIP TO 420) ←</p> <p>DON'T KNOW ..... 8</p>													
413E	How many times did you do an ultrasound or echo for this pregnancy?	<p>NUMBER OF TIMES ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>													
413F	How many months pregnant were you when the first ultrasound was performed for this pregnancy?	<p>MONTHS ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>													

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST LIVE BIRTH NAME _____	NEXT-TO-LAST LIVE BIRTH NAME _____
420	During this pregnancy, were you given or did you buy any iron tablets or iron syrup?	YES ..... 1 NO ..... 2 (SKIP TO 422A) ← DON'T KNOW ..... 8	
421	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	Immediately before this pregnancy, were you given or did you buy any folic acid tablets including in polyvitamins for pregnant women?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
422B	During this pregnancy, were you given or did you buy any folic acid tablets including in polyvitamins for pregnant women?	YES ..... 1 NO ..... 2 (SKIP TO 426) ← DON'T KNOW ..... 8	
422C	During the whole pregnancy, for how many days did you take the folic acid tablets including in polyvitamins for pregnant women?  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	
426	When (NAME) was born, was (NAME) 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
427	Was (NAME) weighed at birth?	YES ..... 1 NO ..... 2 (SKIP TO 429) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 429) ← DON'T KNOW ..... 8

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST LIVE BIRTH NAME _____	NEXT-TO-LAST LIVE BIRTH NAME _____
428	<p>How much did (NAME) weigh?</p>  <p>RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.</p>	<p>KG FROM CARD</p> <p>1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>KG FROM RECALL</p> <p>2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 99998</p>	<p>KG FROM CARD</p> <p>1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>KG FROM RECALL</p> <p>2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 99998</p>
429	<p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... A</p> <p>MIDWIFE ..... B</p> <p>FELDSHER ..... C</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... D</p> <p>RELATIVE/FRIEND ..... E</p> <p>OTHER ..... X</p> <p>_____ (SPECIFY)</p> <p>NO ONE ASSISTED ..... Y</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... A</p> <p>MIDWIFE ..... B</p> <p>FELDSHER ..... C</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... D</p> <p>RELATIVE/FRIEND ..... E</p> <p>OTHER ..... X</p> <p>_____ (SPECIFY)</p> <p>NO ONE ASSISTED ..... Y</p>
430	<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><b>HOME</b></p> <p>HER HOME ..... 11</p> <p>(SKIP TO 434) ←</p> <p>OTHER HOME ..... 12</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL .. 21</p> <p>MATERNITY HOME ..... 22</p> <p>DIAGNOSTIC CENTER ..... 23</p> <p>WOMEN'S CONSULTATION .. 24</p> <p>POLYCLINIC ..... 25</p> <p>AMBULATORY/ FAMILY DOCTOR OFFICE ..... 26</p> <p>FAP ..... 27</p> <p>EMERGENCY SERVICE ..... 28</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 29</p> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/ CLINIC ..... 31</p> <p>MATERNITY HOME ..... 32</p> <p>DIAGNOSTIC CENTER ..... 33</p> <p>WOMEN'S CONSULTATION .. 34</p> <p>POLYCLINIC ..... 35</p> <p>FAMILY DOCTORS OFFICE .. 36</p> <p>FAP ..... 37</p> <p>PHARMACY ..... 38</p> <p>EMERGENCY SERVICE ..... 39</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 40</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY) (SKIP TO 434) ←</p>	<p><b>HOME</b></p> <p>HER HOME ..... 11</p> <p>(SKIP TO 434) ←</p> <p>OTHER HOME ..... 12</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL .. 21</p> <p>MATERNITY HOME ..... 22</p> <p>DIAGNOSTIC CENTER ..... 23</p> <p>WOMEN'S CONSULTATION .. 24</p> <p>POLYCLINIC ..... 25</p> <p>AMBULATORY/ FAMILY DOCTOR OFFICE ..... 26</p> <p>FAP ..... 27</p> <p>EMERGENCY SERVICE ..... 28</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 29</p> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/ CLINIC ..... 31</p> <p>MATERNITY HOME ..... 32</p> <p>DIAGNOSTIC CENTER ..... 33</p> <p>WOMEN'S CONSULTATION .. 34</p> <p>POLYCLINIC ..... 35</p> <p>FAMILY DOCTORS OFFICE .. 36</p> <p>FAP ..... 37</p> <p>PHARMACY ..... 38</p> <p>EMERGENCY SERVICE ..... 39</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 40</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY) (SKIP TO 434) ←</p>

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST LIVE BIRTH NAME _____	NEXT-TO-LAST LIVE BIRTH NAME _____																												
431	How long after (NAME) was delivered did you stay there?  IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS ..... 1 <table border="1" data-bbox="914 264 1054 320"><tr><td></td><td></td></tr></table> DAYS ..... 2 <table border="1" data-bbox="914 320 1054 376"><tr><td></td><td></td></tr></table> WEEKS ..... 3 <table border="1" data-bbox="914 376 1054 432"><tr><td></td><td></td></tr></table> DON'T KNOW ..... 998																													
432	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES ..... 1 NO ..... 2 (SKIP TO 434) ←	YES ..... 1 NO ..... 2 (SKIP TO 434) ←																												
433	When was the decision made to have the caesarean section? Was it before or after your labor pains started?	BEFORE ..... 1 AFTER ..... 2	BEFORE ..... 1 AFTER ..... 2																												
434	Immediately after the birth, was (NAME) put directly on the bare skin of your chest?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																												
434B	Did you have a delivery voucher for (NAME)'s delivery?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2																												
434C	Were you eligible to receive a free hospital care for delivery of (NAME)?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2																												
434D	Were you eligible to receive free medicines during delivery of (NAME)?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2																												
434E	Were you charged, or did you pay anything for any services provided for delivery of (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 434G) ←	YES ..... 1 NO ..... 2																												
434F	Now we will discuss how much money was paid for laboratory tests, medicines, consultation and delivery services, and any other services you received in association with the delivery of (NAME).  1) How much money did you pay for laboratory tests?  2) How much money did you pay for medicines?  3) How much money did you pay for consultations and delivery?  4) How much money did you pay for any other services?  RECORD AMOUNT OF MONEY PAID SEPARATELY FOR: THE LABORATORY, MEDICINE, CONSULTATION AND OTHER SERVICES.  PAID NO MONEY = 9999994 DON'T KNOW = 9999998	1) LABORATORY <table border="1" data-bbox="675 1444 1054 1485"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 2) MEDICINE <table border="1" data-bbox="675 1525 1054 1565"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 3) CONSULTATION OR DELIVERY <table border="1" data-bbox="675 1606 1054 1646"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 4) OTHER <table border="1" data-bbox="675 1686 1054 1727"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																													
434G	CHECK 430: PLACE OF DELIVERY	CODE 11, 12, OR 96 CIRCLED <table border="1" data-bbox="853 2000 895 2101"><tr><td></td></tr></table> (SKIP TO 449) ← OTHER <table border="1" data-bbox="959 2029 1000 2101"><tr><td></td></tr></table>																													

## SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST LIVE BIRTH NAME _____	NEXT-TO-LAST LIVE BIRTH NAME _____						
435	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?	YES ..... 1 NO ..... 2 (SKIP TO 438) ←							
436	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="914 461 1053 517"><tr><td></td><td></td></tr></table> DAYS ..... 2 <table border="1" data-bbox="914 517 1053 573"><tr><td></td><td></td></tr></table> WEEKS ..... 3 <table border="1" data-bbox="914 573 1053 629"><tr><td></td><td></td></tr></table> DON'T KNOW ..... 998							
437	Who checked on your health at that time?  PROBE FOR MOST QUALIFIED PERSON.	<b>HEALTH PERSONNEL</b> DOCTOR ..... 11 NURSE/MIDWIFE ..... 12 FELDSHER ..... 13  <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT ..... 21  OTHER ..... 96 (SPECIFY)							
438	Now I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. Did anyone check on (NAME)'s health while you were still in the facility?	YES ..... 1 NO ..... 2 (SKIP TO 441) ← DON'T KNOW ..... 8							

## SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST LIVE BIRTH NAME _____	NEXT-TO-LAST LIVE BIRTH NAME _____						
439	How long after delivery was (NAME)'s health first checked?  IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS ..... 1 <table border="1" data-bbox="914 266 1053 322"><tr><td></td><td></td></tr></table> DAYS ..... 2 <table border="1" data-bbox="914 322 1053 378"><tr><td></td><td></td></tr></table> WEEKS ..... 3 <table border="1" data-bbox="914 378 1053 434"><tr><td></td><td></td></tr></table> DON'T KNOW .....998							
440	Who checked on (NAME)'s health at that time?  PROBE FOR MOST QUALIFIED PERSON.	<b>HEALTH PERSONNEL</b> DOCTOR ..... 11 NURSE/MIDWIFE ..... 12 FELDSHER ..... 13  <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT ..... 21  OTHER _____ 96 (SPECIFY)							
441	Now I want to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?	YES ..... 1 NO ..... 2 <table border="1" data-bbox="1034 882 1067 918"><tr><td></td></tr></table> (SKIP TO 445) ←							
442	How long after delivery did that check take place?  IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS ..... 1 <table border="1" data-bbox="914 990 1053 1046"><tr><td></td><td></td></tr></table> DAYS ..... 2 <table border="1" data-bbox="914 1046 1053 1102"><tr><td></td><td></td></tr></table> WEEKS ..... 3 <table border="1" data-bbox="914 1102 1053 1158"><tr><td></td><td></td></tr></table> DON'T KNOW .....998							
443	Who checked on your health at that time?  PROBE FOR MOST QUALIFIED PERSON.	<b>HEALTH PERSONNEL</b> DOCTOR ..... 11 NURSE/MIDWIFE ..... 12 FELDSHER ..... 13  <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT ..... 21  OTHER _____ 96 (SPECIFY)							



## SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST LIVE BIRTH NAME _____	NEXT-TO-LAST LIVE BIRTH NAME _____
444	<p>Where did the check 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>_____ (NAME OF PLACE)</p>	<p><b>HOME</b></p> <p>HER HOME ..... 11</p> <p>OTHER HOME ..... 12</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL .. 21</p> <p>MATERNITY HOME ..... 22</p> <p>DIAGNOSTIC CENTER ..... 23</p> <p>WOMEN'S CONSULTATION .. 24</p> <p>POLYCLINIC ..... 25</p> <p>AMBULATORY/ FAMILY DOCTOR OFFICE ..... 26</p> <p>FAP ..... 27</p> <p>EMERGENCY SERVICE ..... 28</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ (SPECIFY) 29</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/ CLINIC ..... 31</p> <p>MATERNITY HOME ..... 32</p> <p>DIAGNOSTIC CENTER ..... 33</p> <p>WOMEN'S CONSULTATION .. 34</p> <p>POLYCLINIC ..... 35</p> <p>FAMILY DOCTORS OFFICE .. 36</p> <p>FAP ..... 37</p> <p>PHARMACY ..... 38</p> <p>EMERGENCY SERVICE ..... 39</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ (SPECIFY) 40</p> <p>OTHER _____ 96 (SPECIFY)</p>	
445	<p>I would like to talk to you about checks on (NAME)'s health after you left (FACILITY IN 430). Did any health care provider or a traditional birth attendant check on (NAME)'s health in the two months after you left (FACILITY IN 430)?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 457) ←</p> <p>DON'T KNOW ..... 8</p>	
446	<p>How many hours, days or weeks after the birth of (NAME) did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS ..... 1</p> <p>DAYS ..... 2</p> <p>WEEKS ..... 3</p> <p>DON'T KNOW ..... 998</p>	
447	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... 11</p> <p>NURSE/MIDWIFE ..... 12</p> <p>FELDSHER ..... 13</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... 21</p> <p>OTHER _____ 96 (SPECIFY)</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST LIVE BIRTH NAME _____	NEXT-TO-LAST LIVE BIRTH NAME _____
448	<p>Where did this check of (NAME) 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>_____ (NAME OF PLACE)</p>	<p><b>HOME</b></p> <p>HER HOME ..... 11</p> <p>OTHER HOME ..... 12</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL .. 21</p> <p>MATERNITY HOME ..... 22</p> <p>DIAGNOSTIC CENTER ..... 23</p> <p>WOMEN'S CONSULTATION .. 24</p> <p>POLYCLINIC ..... 25</p> <p>AMBULATORY/ FAMILY DOCTOR OFFICE ..... 26</p> <p>FAP ..... 27</p> <p>EMERGENCY SERVICE ..... 28</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ (SPECIFY) 29</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/ CLINIC ..... 31</p> <p>MATERNITY HOME ..... 32</p> <p>DIAGNOSTIC CENTER ..... 33</p> <p>WOMEN'S CONSULTATION .. 34</p> <p>POLYCLINIC ..... 35</p> <p>FAMILY DOCTORS OFFICE .. 36</p> <p>FAP ..... 37</p> <p>PHARMACY ..... 38</p> <p>EMERGENCY SERVICE ..... 39</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ (SPECIFY) 40</p> <p>OTHER ..... 96 (SPECIFY)</p> <p>(SKIP TO 457) ←</p>	
449	<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 after you gave birth to (NAME)?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 453) ←</p>	
450	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS ..... 1</p> <p>DAYS ..... 2</p> <p>WEEKS ..... 3</p> <p>DON'T KNOW ..... 998</p>	
451	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... 11</p> <p>NURSE/MIDWIFE ..... 12</p> <p>FELDSHER ..... 13</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... 21</p> <p>OTHER ..... 96 (SPECIFY)</p>	

## SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST LIVE BIRTH NAME _____	NEXT-TO-LAST LIVE BIRTH NAME _____						
452	<p>Where did this first check 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>_____ (NAME OF PLACE)</p>	<p><b>HOME</b></p> <p>HER HOME ..... 11</p> <p>OTHER HOME ..... 12</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL .. 21</p> <p>MATERNITY HOME ..... 22</p> <p>DIAGNOSTIC CENTER ..... 23</p> <p>WOMEN'S CONSULTATION .. 24</p> <p>POLYCLINIC ..... 25</p> <p>AMBULATORY/ FAMILY DOCTOR OFFICE ..... 26</p> <p>FAP ..... 27</p> <p>EMERGENCY SERVICE ..... 28</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ (SPECIFY) 29</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/ CLINIC ..... 31</p> <p>MATERNITY HOME ..... 32</p> <p>DIAGNOSTIC CENTER ..... 33</p> <p>WOMEN'S CONSULTATION .. 34</p> <p>POLYCLINIC ..... 35</p> <p>FAMILY DOCTORS OFFICE .. 36</p> <p>FAP ..... 37</p> <p>PHARMACY ..... 38</p> <p>EMERGENCY SERVICE ..... 39</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ (SPECIFY) 40</p> <p>OTHER _____ 96 (SPECIFY)</p>							
453	<p>I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME)'s health?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 457) ←</p> <p>DON'T KNOW ..... 8</p>							
454	<p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS AFTER BIRTH ..... 1</p> <p>DAYS AFTER BIRTH ..... 2</p> <p>WEEKS AFTER BIRTH ..... 3</p> <p>DON'T KNOW ..... 998</p>	<table border="1" data-bbox="914 1568 1053 1736"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>						
455	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... 11</p> <p>NURSE/MIDWIFE ..... 12</p> <p>FELDSHER ..... 13</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... 21</p> <p>OTHER _____ 96 (SPECIFY)</p>							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST LIVE BIRTH NAME _____	NEXT-TO-LAST LIVE BIRTH NAME _____																								
456	<p>Where did this first check of (NAME) 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>_____ (NAME OF PLACE)</p>	<p><b>HOME</b></p> <p>HER HOME ..... 11</p> <p>OTHER HOME ..... 12</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL .. 21</p> <p>MATERNITY HOME ..... 22</p> <p>DIAGNOSTIC CENTER ..... 23</p> <p>WOMEN'S CONSULTATION .. 24</p> <p>POLYCLINIC ..... 25</p> <p>AMBULATORY/ FAMILY DOCTOR OFFICE ..... 26</p> <p>FAP ..... 27</p> <p>EMERGENCY SERVICE ..... 28</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ (SPECIFY) 29</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/ CLINIC ..... 31</p> <p>MATERNITY HOME ..... 32</p> <p>DIAGNOSTIC CENTER ..... 33</p> <p>WOMEN'S CONSULTATION .. 34</p> <p>POLYCLINIC ..... 35</p> <p>FAMILY DOCTORS OFFICE .. 36</p> <p>FAP ..... 37</p> <p>PHARMACY ..... 38</p> <p>EMERGENCY SERVICE ..... 39</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ (SPECIFY) 40</p> <p>OTHER _____ 96 SPECIFY</p>																									
457	<p>During the first two days after (NAME)'s birth, did any health care provider do the following:</p> <p>a) Examine the cord?</p> <p>b) Measure (NAME)'s temperature?</p> <p>c) Counsel you on danger signs for newborns?</p> <p>d) Counsel you on breastfeeding?</p> <p>e) Observe (NAME) breastfeeding?</p>	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) CORD .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) TEMP. ....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) SIGNS ....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) COUNSEL BREAST-FEED</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) OBSERVE BREAST-FEED</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) CORD .....	1	2	8	b) TEMP. ....	1	2	8	c) SIGNS ....	1	2	8	d) COUNSEL BREAST-FEED	1	2	8	e) OBSERVE BREAST-FEED	1	2	8	
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e) OBSERVE BREAST-FEED	1	2	8																								
458	<p>Has your menstrual period returned since the birth of (NAME)?</p>	<p>YES ..... 1</p> <p>(SKIP TO 460) ←</p> <p>NO ..... 2</p> <p>(SKIP TO 461) ←</p>																									
459	<p>Did your period return between the birth of (NAME) and your next pregnancy?</p>		<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 463) ←</p>																								
460	<p>For how many months after the birth of (NAME) did you not have a period?</p>	<p>MONTHS ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	<p>MONTHS ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>																								

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST LIVE BIRTH NAME _____	NEXT-TO-LAST LIVE BIRTH NAME _____
461	CHECK 226: IS RESPONDENT PREGNANT?	<div> NOT PREGNANT <input type="checkbox"/>  PREGNANT OR UNSURE <input type="checkbox"/>  (SKIP TO 463) ← </div>	
462	Have you had sexual intercourse since the birth of (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 464) ←	
463	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
464	Did you ever breastfeed (NAME)?	YES ..... 1 (SKIP TO 466) ← NO ..... 2	YES ..... 1 NO ..... 2
465	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 470) ← (GO TO 471) ←	
466	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"/>	
467	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES ..... 1 NO ..... 2	
468	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 471) ←	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 471) ←
469	Are you still breastfeeding (NAME)?	YES ..... 1 NO ..... 2	
470	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
471		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE LIVE BIRTHS, GO TO 501A.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE LIVE BIRTHS, GO TO 501A.

SECTION 5A. CHILD IMMUNIZATION (LAST LIVE BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501A	CHECK 214 IN THE PREGNANCY HISTORY: ANY LIVE BIRTHS IN 2012-2016? ONE OR MORE LIVE BIRTHS IN <input type="checkbox"/> 2012-2016 NO LIVE BIRTHS IN <input type="checkbox"/> 2012-2016		→ 601
502A	RECORD THE NAME FROM 216 AND PREGNANCY HISTORY NUMBER FROM 212 OF THE LAST CHILD BORN IN 2012-2016. NAME OF LAST LIVE BIRTH _____ PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>		
503A	CHECK 218 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		→ 501B
504A	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD ..... 1 YES, HAS ONLY AN OTHER DOCUMENT ..... 2 YES, HAS CARD AND OTHER DOCUMENT ..... 3 NO, NO CARD AND NO OTHER DOCUMENT .. 4	→ 507A → 507A
505A	Did you ever have a vaccination card for (NAME)?	YES ..... 1 NO ..... 2	
506A	CHECK 504A: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/>		→ 511A
507A	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN ..... 1 YES, ONLY OTHER DOCUMENT SEEN ..... 2 YES, CARD AND OTHER DOCUMENT SEEN .. 3 NO CARD AND NO OTHER DOCUMENT SEEN .. 4	→ 511A

SECTION 5A. CHILD IMMUNIZATION (LAST LIVE BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																				
	<div style="display: flex; justify-content: space-between;"> <div>NAME OF LAST LIVE BIRTH _____</div> <div>PREGNANCY HISTORY NUMBER .. <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></div> </div>																																																																						
508A	<p>COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">DAY</th> <th style="text-align: center;">MONTH</th> <th style="text-align: center;">YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>HEPATITIS B AT BIRTH</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 1</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 2</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 3</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 4</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 1</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 2</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 3</td><td></td><td></td><td></td></tr> <tr><td>DPT 4</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 1</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 2</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 3</td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 1</td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 2</td><td></td><td></td><td></td></tr> <tr><td>MMR 1</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MONTH	YEAR	BCG				HEPATITIS B AT BIRTH				ORAL POLIO VACCINE (OPV) 1				ORAL POLIO VACCINE (OPV) 2				ORAL POLIO VACCINE (OPV) 3				ORAL POLIO VACCINE (OPV) 4				DPT-HEP.B-HIB (PENTAVALENT) 1				DPT-HEP.B-HIB (PENTAVALENT) 2				DPT-HEP.B-HIB (PENTAVALENT) 3				DPT 4				PNEUMOCOCCAL 1				PNEUMOCOCCAL 2				PNEUMOCOCCAL 3				ROTAVIRUS 1				ROTAVIRUS 2				MMR 1					
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509A	<p>CHECK 508A: 'BCG' TO 'MMR-1' ALL RECORDED?</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div>NO <input type="checkbox"/></div> <div>YES <input type="checkbox"/></div> </div>		→ 526A																																																																				
510A	<p>In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508A THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES ..... 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508A) THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN (THEN SKIP TO 526A)</p> <p>NO ..... 2 DON'T KNOW ..... 8</p>	→ 526A																																																																				
511A	<p>Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>	→ 526A																																																																				
512A	<p>Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>																																																																					

SECTION 5A. CHILD IMMUNIZATION (LAST LIVE BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST LIVE BIRTH _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
513A	Within 24 hours after birth, did (NAME) receive a Hepatitis B vaccination, that is, an injection in the thigh to prevent Hepatitis B?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
514A	Has (NAME) ever received oral polio vaccine, that is, a few drops in the mouth to prevent polio?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 517A
516A	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
517A	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the right thigh usually at the same time as polio drops?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 519A
518A	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
519A	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the left thigh to prevent diseases including pneumonia?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 521A
520A	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
521A	Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 523A
522A	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
523A	Has (NAME) ever received a MMR vaccination, that is, an injection in the arm to prevent measles, mumps and rubella?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
526A	CONTINUE WITH 501B.		



SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST LIVE BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501B	CHECK 214 IN THE PREGNANCY HISTORY: ANY MORE LIVE BIRTHS IN 2012-2016? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> MORE LIVE BIRTHS IN 2012-2016 <input type="checkbox"/> </div> <div style="text-align: center;"> NO MORE LIVE BIRTHS IN 2012-2016 <input type="checkbox"/> </div> </div>		→ 601
502B	RECORD THE NAME FROM 216 AND PREGNANCY HISTORY NUMBER FROM 212 OF THE NEXT-TO-LAST CHILD BORN IN 2012-2016.  NAME OF NEXT-TO-LAST LIVE BIRTH _____ PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>		
503B	CHECK 218 FOR CHILD:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> LIVING <input type="checkbox"/> </div> <div style="text-align: center;"> DEAD <input type="checkbox"/> </div> </div>		→ 526B
504B	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD ..... 1 YES, HAS ONLY AN OTHER DOCUMENT ..... 2 YES, HAS CARD AND OTHER DOCUMENT ..... 3 NO, NO CARD AND NO OTHER DOCUMENT .. 4	→ 507B → 507B
505B	Did you ever have a vaccination card for (NAME)?	YES ..... 1 NO ..... 2	
506B	CHECK 504B:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> CODE '2' CIRCLED <input type="checkbox"/> </div> <div style="text-align: center;"> CODE '4' CIRCLED <input type="checkbox"/> </div> </div>		→ 511B
507B	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN ..... 1 YES, ONLY OTHER DOCUMENT SEEN ..... 2 YES, CARD AND OTHER DOCUMENT SEEN .. 3 NO CARD AND NO OTHER DOCUMENT SEEN .. 4	→ 511B

## SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST LIVE BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																				
	NAME OF NEXT-TO-LAST LIVE BIRTH _____ PREGNANCY HISTORY NUMBER .. <table border="1"><tr><td></td><td></td></tr></table>																																																																						
508B	<p>COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.</p> <table border="1"> <thead> <tr> <th></th><th>DAY</th><th>MONTH</th><th>YEAR</th></tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>HEPATITIS B AT BIRTH</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 1</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 2</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 3</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 4</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 1</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 2</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 3</td><td></td><td></td><td></td></tr> <tr><td>DPT 4</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 1</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 2</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 3</td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 1</td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 2</td><td></td><td></td><td></td></tr> <tr><td>MMR 1</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MONTH	YEAR	BCG				HEPATITIS B AT BIRTH				ORAL POLIO VACCINE (OPV) 1				ORAL POLIO VACCINE (OPV) 2				ORAL POLIO VACCINE (OPV) 3				ORAL POLIO VACCINE (OPV) 4				DPT-HEP.B-HIB (PENTAVALENT) 1				DPT-HEP.B-HIB (PENTAVALENT) 2				DPT-HEP.B-HIB (PENTAVALENT) 3				DPT 4				PNEUMOCOCCAL 1				PNEUMOCOCCAL 2				PNEUMOCOCCAL 3				ROTAVIRUS 1				ROTAVIRUS 2				MMR 1					
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509B	CHECK 508B: 'BCG' TO 'MMR 1' ALL RECORDED?  <div style="text-align: center;">             NO <input type="checkbox"/> →              YES <input type="checkbox"/> → 526B           </div>																																																																						
510B	<p>In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508B THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES ..... 1          (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508B)          THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN (THEN SKIP TO 526B)</p> <p>NO ..... 2          DON'T KNOW ..... 8</p>	→ 526B																																																																				
511B	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	<p>YES ..... 1          NO ..... 2          DON'T KNOW ..... 8</p>	→ 526B																																																																				
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SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST LIVE BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST LIVE BIRTH _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
513B	Within 24 hours after birth, did (NAME) receive a Hepatitis B vaccination, that is, an injection in the thigh to prevent Hepatitis B?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
514B	Has (NAME) ever received oral polio vaccine, that is, a few drops in the mouth to prevent polio?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 517B
516B	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
517B	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the right thigh usually at the same time as polio drops?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 519B
518B	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
519B	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the left thigh to prevent diseases including pneumonia?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 521B
520B	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
521B	Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 523B
522B	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
523B	Has (NAME) ever received a MMR vaccination, that is, an injection in the arm to prevent measles, mumps and rubella?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
526B	<p>CHECK 214 IN PREGNANCY HISTORY: ANY MORE LIVE BIRTHS IN 2012-2016?</p> <p align="center"> MORE LIVE BIRTHS IN 2012- <input type="checkbox"/> NO MORE LIVE BIRTHS IN 2012-2016 <input type="checkbox"/> </p> <p> (GO TO 502B IN AN ADDITIONAL QUESTIONNAIRE) ← </p>		→ 601

SECTION 6. CHILD HEALTH AND NUTRITION

601	<p>CHECK 224:</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">             ONE OR MORE LIVE BIRTHS IN 2010-2016 <input style="width: 30px; height: 15px;" type="checkbox"/> ↓           </div> <div style="text-align: center;">             NO LIVE BIRTHS IN 2010-2016 <input style="width: 30px; height: 15px;" type="checkbox"/> → 648           </div> </div>						
602	<p>CHECK 214: RECORD THE PREGNANCY HISTORY NUMBER IN 603 AND THE NAME AND SURVIVAL STATUS IN 604 FOR EACH LIVE BIRTH IN 2010-2016. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST LIVE BIRTH.</p> <p>IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S).</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>						
603	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 40%; text-align: left; padding: 5px;">PREGNANCY HISTORY NUMBER FROM 212 IN PREGNANCY HISTORY.</th> <th style="width: 30%; text-align: center; padding: 5px;">LAST LIVE BIRTH</th> <th style="width: 30%; text-align: center; padding: 5px;">NEXT-TO-LAST LIVE BIRTH</th> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">           PREGNANCY HISTORY NUMBER ..... <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> </td> <td style="padding: 5px;">           PREGNANCY HISTORY NUMBER ..... <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> </td> </tr> </table>	PREGNANCY HISTORY NUMBER FROM 212 IN PREGNANCY HISTORY.	LAST LIVE BIRTH	NEXT-TO-LAST LIVE BIRTH		PREGNANCY HISTORY NUMBER ..... <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/>	PREGNANCY HISTORY NUMBER ..... <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/>
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604	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 40%; text-align: left; padding: 5px;">FROM 216 AND 218:</th> <th style="width: 30%; text-align: center; padding: 5px;">NAME _____</th> <th style="width: 30%; text-align: center; padding: 5px;">NAME _____</th> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">               LIVING <input style="width: 30px; height: 15px;" type="checkbox"/> ↓             </div> <div style="text-align: center;">               DEAD <input style="width: 30px; height: 15px;" type="checkbox"/> (SKIP TO 646) ←             </div> </div> </td> <td style="padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">               LIVING <input style="width: 30px; height: 15px;" type="checkbox"/> ↓             </div> <div style="text-align: center;">               DEAD <input style="width: 30px; height: 15px;" type="checkbox"/> (SKIP TO 646) ←             </div> </div> </td> </tr> </table>	FROM 216 AND 218:	NAME _____	NAME _____		<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">               LIVING <input style="width: 30px; height: 15px;" type="checkbox"/> ↓             </div> <div style="text-align: center;">               DEAD <input style="width: 30px; height: 15px;" type="checkbox"/> (SKIP TO 646) ←             </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">               LIVING <input style="width: 30px; height: 15px;" type="checkbox"/> ↓             </div> <div style="text-align: center;">               DEAD <input style="width: 30px; height: 15px;" type="checkbox"/> (SKIP TO 646) ←             </div> </div>
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606	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 40%; text-align: left; padding: 5px;">In the last seven days, was (NAME) given iron pills, or iron syrup?</th> <th style="width: 30%; padding: 5px;"></th> <th style="width: 30%; padding: 5px;"></th> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">           YES ..... 1            NO ..... 2            DON'T KNOW ..... 8         </td> <td style="padding: 5px;">           YES ..... 1            NO ..... 2            DON'T KNOW ..... 8         </td> </tr> </table>	In the last seven days, was (NAME) given iron pills, or iron syrup?				YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
In the last seven days, was (NAME) given iron pills, or iron syrup?							
	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8					
608	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 40%; text-align: left; padding: 5px;">Has (NAME) had diarrhea in the last 2 weeks?</th> <th style="width: 30%; padding: 5px;"></th> <th style="width: 30%; padding: 5px;"></th> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">           YES ..... 1            NO ..... 2            DON'T KNOW ..... 8         </td> <td style="padding: 5px;">           YES ..... 1            NO ..... 2            DON'T KNOW ..... 8         </td> </tr> </table>	Has (NAME) had diarrhea in the last 2 weeks?				YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
Has (NAME) had diarrhea in the last 2 weeks?							
	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8					

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST LIVE BIRTH NAME _____	NEXT-TO-LAST LIVE BIRTH NAME _____
609	<p align="center">CHECK 469: STILL BREASTFEEDING?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p align="center">YES <input type="checkbox"/></p> <p align="center">↓</p> <p>a) Now I would like to know how much (NAME) was given to drink during the diarrhea including breastmilk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p align="center">NO/ <input type="checkbox"/> NOT ASKED ↓</p> <p>b) Now I would like to know how much (NAME) was given to drink during the diarrhea. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p> </div> </div>	<p>MUCH LESS ..... 1</p> <p>SOMEWHAT LESS ..... 2</p> <p>ABOUT THE SAME ..... 3</p> <p>MORE ..... 4</p> <p>NOTHING TO DRINK ..... 5</p> <p>DON'T KNOW ..... 8</p>	<p>MUCH LESS ..... 1</p> <p>SOMEWHAT LESS ..... 2</p> <p>ABOUT THE SAME ..... 3</p> <p>MORE ..... 4</p> <p>NOTHING TO DRINK ..... 5</p> <p>DON'T KNOW ..... 8</p>
610	<p>When (NAME) had diarrhea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS ..... 1</p> <p>SOMEWHAT LESS ..... 2</p> <p>ABOUT THE SAME ..... 3</p> <p>MORE ..... 4</p> <p>STOPPED FOOD ..... 5</p> <p>NEVER GAVE FOOD ..... 6</p> <p>DON'T KNOW ..... 8</p>	<p>MUCH LESS ..... 1</p> <p>SOMEWHAT LESS ..... 2</p> <p>ABOUT THE SAME ..... 3</p> <p>MORE ..... 4</p> <p>STOPPED FOOD ..... 5</p> <p>NEVER GAVE FOOD ..... 6</p> <p>DON'T KNOW ..... 8</p>
611	<p>Did you seek advice or treatment for the diarrhea from any source?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p align="right">(SKIP TO 615) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p align="right">(SKIP TO 615) ←</p>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST LIVE BIRTH NAME _____	NEXT-TO-LAST LIVE BIRTH NAME _____
612	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</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(S).</p> <p>_____ (NAME OF PLACE(S))</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL . . . A</p> <p>MATERNITY HOME . . . . . B</p> <p>DIAGNOSTIC CENTER . . . . . C</p> <p>WOMEN'S CONSULTATIOI . . D</p> <p>POLYCLINIC . . . . . E</p> <p>AMBULATORY/ FAMILY DOCTOR OFFIC . . . . . F</p> <p>FAP . . . . . G</p> <p>EMERGENCY SERVICE . . . . H</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ (SPECIFY) I</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/ CLINIC . . . . . J</p> <p>MATERNITY HOME . . . . . K</p> <p>DIAGNOSTIC CENTER . . . . . L</p> <p>WOMEN'S CONSULTATIOI . . M</p> <p>POLYCLINIC . . . . . N</p> <p>FAMILY DOCTORS OFFICE . . O</p> <p>FAP . . . . . P</p> <p>PHARMACY . . . . . Q</p> <p>EMERGENCY SERVICE . . . . R</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ (SPECIFY) S</p> <p><b>OTHER SOURCE</b></p> <p>SHOP . . . . . T</p> <p>TRADITIONAL PRACTITIONER . . . . . U</p> <p>MARKET . . . . . V</p> <p>OTHER _____ X (SPECIFY)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL . . . A</p> <p>MATERNITY HOME . . . . . B</p> <p>DIAGNOSTIC CENTER . . . . . C</p> <p>WOMEN'S CONSULTATIOI . . D</p> <p>POLYCLINIC . . . . . E</p> <p>AMBULATORY/ FAMILY DOCTOR OFFIC . . . . . F</p> <p>FAP . . . . . G</p> <p>EMERGENCY SERVICE . . . . H</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ (SPECIFY) I</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/ CLINIC . . . . . J</p> <p>MATERNITY HOME . . . . . K</p> <p>DIAGNOSTIC CENTER . . . . . L</p> <p>WOMEN'S CONSULTATIOI . . M</p> <p>POLYCLINIC . . . . . N</p> <p>FAMILY DOCTORS OFFICE . . O</p> <p>FAP . . . . . P</p> <p>PHARMACY . . . . . Q</p> <p>EMERGENCY SERVICE . . . . R</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ (SPECIFY) S</p> <p><b>OTHER SOURCE</b></p> <p>SHOP . . . . . T</p> <p>TRADITIONAL PRACTITIONER . . . . . U</p> <p>MARKET . . . . . V</p> <p>OTHER _____ X (SPECIFY)</p>
613	CHECK 612:	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 615) ←</p>	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 615) ←</p>
614	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 612.</p>	<p>FIRST PLACE . . . . . <input type="checkbox"/></p>	<p>FIRST PLACE . . . . . <input type="checkbox"/></p>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST LIVE BIRTH NAME _____	NEXT-TO-LAST LIVE BIRTH NAME _____
615	<p>Was (NAME) given any of the following at any time since (NAME) started having the diarrhea:</p> <p>a) A fluid made from a special packet called Rehydron?</p> <p>c) A homemade fluid?</p> <p>d) Zinc tablets or syrup?</p>	<p align="center">YES NO DK</p> <p>a) FLUID FROM ORS PACKET .. 1 2 8</p> <p>c) HOMEMADE FLUID ..... 1 2 8</p> <p>d) ZINC ..... 1 2 8</p>	<p align="center">YES NO DK</p> <p>a) FLUID FROM ORS PACKET .. 1 2 8</p> <p>c) HOMEMADE FLUID ..... 1 2 8</p> <p>d) ZINC ..... 1 2 8</p>
616	<p>CHECK 615:</p> <p>ANY 'YES' <input type="checkbox"/> ↓      ALL 'NO' OR 'DK' <input type="checkbox"/> ↓</p> <p>a) Was anything else given to treat the diarrhea?      b) Was anything given to treat the diarrhea?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p align="center">(SKIP TO 618) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p align="center">(SKIP TO 618) ←</p> <p>DON'T KNOW ..... 8</p>
617	<p>CHECK 615:</p> <p>ANY 'YES' <input type="checkbox"/> ↓      ALL 'NO' OR 'DK' <input type="checkbox"/> ↓</p> <p>a) What else was given to treat the diarrhea?      b) What was given to treat the diarrhea?</p> <p>Anything else?      Anything else?</p> <p>RECORD ALL TREATMENTS GIVEN.</p>	<p><b>PILL OR SYRUP</b></p> <p>ANTIBIOTIC ..... A</p> <p>ANTIMOTILITY ..... B</p> <p>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) ..... C</p> <p>UNKNOWN PILL OR SYRUP ..... D</p> <p><b>INJECTION</b></p> <p>ANTIBIOTIC ..... E</p> <p>NON-ANTIBIOTIC ..... F</p> <p>UNKNOWN INJECTION ..... G</p> <p>(IV) INTRAVENOUS ..... H</p> <p>HOME REMEDY/ HERBAL MEDICINE ..... I</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	<p><b>PILL OR SYRUP</b></p> <p>ANTIBIOTIC ..... A</p> <p>ANTIMOTILITY ..... B</p> <p>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) ..... C</p> <p>UNKNOWN PILL OR SYRUP ..... D</p> <p><b>INJECTION</b></p> <p>ANTIBIOTIC ..... E</p> <p>NON-ANTIBIOTIC ..... F</p> <p>UNKNOWN INJECTION ..... G</p> <p>(IV) INTRAVENOUS ..... H</p> <p>HOME REMEDY/ HERBAL MEDICINE ..... I</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>
618	<p>Has (NAME) been ill with a fever at any time in the last 2 weeks?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>
620	<p>Has (NAME) had an illness with a cough at any time in the last 2 weeks?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>
621	<p>Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p align="center">(SKIP TO 623) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p align="center">(SKIP TO 623) ←</p> <p>DON'T KNOW ..... 8</p>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST LIVE BIRTH NAME _____	NEXT-TO-LAST LIVE BIRTH NAME _____
622	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY ..... 1 NOSE ONLY ..... 2 BOTH ..... 3  OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 624) ←	CHEST ONLY ..... 1 NOSE ONLY ..... 2 BOTH ..... 3  OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 624) ←
623	CHECK 618: HAD FEVER?	YES                      NO OR DK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 646) ←	YES                      NO OR DK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 646) ←
624	Did you seek advice or treatment for the illness from any source?	YES ..... 1 NO ..... 2 (SKIP TO 629) ←	YES ..... 1 NO ..... 2 (SKIP TO 629) ←
625	Where did you seek advice or treatment?  Anywhere else?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S).  _____ (NAME OF PLACE(S))	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL .. A MATERNITY HOME ..... B DIAGNOSTIC CENTER ..... C WOMEN'S CONSULTATIOI.. D POLYCLINIC ..... E AMBULATORY/ FAMILY DOCTOR OFFIC ..... F FAP ..... G EMERGENCY SERVICE ..... H OTHER PUBLIC SECTOR  _____ I (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/ CLINIC ..... J MATERNITY HOME ..... K DIAGNOSTIC CENTER ..... L WOMEN'S CONSULTATIOI.. M POLYCLINIC ..... N FAMILY DOCTORS OFFICE.. O FAP ..... P PHARMACY ..... Q EMERGENCY SERVICE ..... R OTHER PRIVATE MEDICAL SECTOR  _____ S (SPECIFY)  <b>OTHER SOURCE</b> SHOP ..... T TRADITIONAL PRACTITIONER ..... U MARKET ..... V ITINERANT DRUG SELLER ..... W  OTHER ..... X (SPECIFY)	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL .. A MATERNITY HOME ..... B DIAGNOSTIC CENTER ..... C WOMEN'S CONSULTATIOI.. D POLYCLINIC ..... E AMBULATORY/ FAMILY DOCTOR OFFIC ..... F FAP ..... G EMERGENCY SERVICE ..... H OTHER PUBLIC SECTOR  _____ I (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/ CLINIC ..... J MATERNITY HOME ..... K DIAGNOSTIC CENTER ..... L WOMEN'S CONSULTATIOI.. M POLYCLINIC ..... N FAMILY DOCTORS OFFICE.. O FAP ..... P PHARMACY ..... Q EMERGENCY SERVICE ..... R OTHER PRIVATE MEDICAL SECTOR  _____ S (SPECIFY)  <b>OTHER SOURCE</b> SHOP ..... T TRADITIONAL PRACTITIONER ..... U MARKET ..... V ITINERANT DRUG SELLER ..... W  OTHER ..... X (SPECIFY)
626	CHECK 625:	TWO OR                      ONLY MORE                      ONE CODES                      CODE CIRCLED                      CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 628) ←	TWO OR                      ONLY MORE                      ONE CODES                      CODE CIRCLED                      CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 628) ←



SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST LIVE BIRTH NAME _____	NEXT-TO-LAST LIVE BIRTH NAME _____
627	Where did you first seek advice or treatment?  USE LETTER CODE FROM 625.	FIRST PLACE ..... <input type="text"/>	FIRST PLACE ..... <input type="text"/>
628	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>
629	At any time during the illness, did (NAME) take any drugs for the illness?	YES ..... 1 NO ..... 2 (SKIP TO 646) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 646) ← DON'T KNOW ..... 8
630	What drugs did (NAME) take?  Any other drugs?   RECORD ALL MENTIONED.	<b>ANTIBIOTIC DRUGS</b> AMOXICILLIN ..... A SUMOMED/ AZYTHROMYCIN ..... B AUGMENTIN ..... C OTHER ORAL ANTIBIOTIC .. J INJECTION/ IV ..... K  <b>OTHER DRUGS</b> ASPIRIN ..... L PARACETAMOL ..... M NUROFEN/ IBUPROFEI ..... N  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	<b>ANTIBIOTIC DRUGS</b> AMOXICILLIN ..... A SUMOMED/ AZYTHROMYCIN ..... B AUGMENTIN ..... C OTHER ORAL ANTIBIOTIC .. J INJECTION/ IV ..... K  <b>OTHER DRUGS</b> ASPIRIN ..... L PARACETAMOL ..... M NUROFEN/ IBUPROFEI ..... N  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z
646		GO BACK TO 604 IN NEXT COLUMN; OR, IF NO MORE LIVE BIRTHS, GO TO 647.	GO TO 604 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE LIVE BIRTHS, GO TO 647.

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
647	<p>CHECK 615(a), ALL COLUMNS:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>NO CHILD RECEIVED FLUID FROM ORS PACKET REHYDRON</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>ANY CHILD RECEIVED FLUID FROM ORS PACKET REHYDRON</p> <input type="checkbox"/> </div> </div>	<div style="display: flex; justify-content: space-between; align-items: center;"> <span>→ 649</span> </div>	
648	<p>Have you ever heard of a special product called Rehydron you can get for the treatment of diarrhea?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
649	<p>CHECK 214 AND 220, ALL ROWS: NUMBER OF CHILDREN BORN IN 2013-2016 LIVING WITH THE RESPONDENT</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ONE OR MORE</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NONE</p> <input type="checkbox"/> </div> </div> <div style="margin-top: 20px;"> <p>_____</p> <p>(NAME OF YOUNGEST CHILD LIVING WITH HER)</p> <p style="text-align: center;">↓</p> </div>	<div style="display: flex; justify-content: space-between; align-items: center;"> <span>→ 701</span> </div>	

## SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
650	Now I would like to ask you about liquids or foods that (NAME FROM 649) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods. Did (NAME FROM 649) drink or eat:	YES	NO	DK	
	a) Plain water?	a) ..... 1	2	8	
	b) Juice or juice drinks?	b) ..... 1	2	8	
	c) Clear broth?	c) ..... 1	2	8	
	d) Milk such as tinned, powdered, or fresh animal milk? IF YES: How many times did (NAME) drink milk?  IF 7 OR MORE TIMES, RECORD '7'.	d) ..... 1	2	8	
		NUMBER OF TIMES DRANK	<input type="text"/>		
	e) Infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	e) ..... 1	2	8	
		NUMBER OF TIMES DRANK	<input type="text"/>		
	f) Any other liquids?	f) ..... 1	2	8	
	g) Yogurt, kefir, Narine or mazoni? IF YES: How many times did (NAME) eat yogurt, kefir, Narine or mazoni? IF 7 OR MORE TIMES, RECORD '7'.	g) ..... 1	2	8	
		NUMBER OF TIMES ATE	<input type="text"/>		
	h) Any commercially fortified baby foods, for example, Cerelac, Hipp, Nestle, Humana, Agusha, Malys, Heinz, Frutonyanya, Vinni?	h) ..... 1	2	8	
	i) Bread, rice, noodles, porridge, or other foods made from grains?	i) ..... 1	2	8	
	j) Red sweet pepper, or pumpkin, carrots, or squash that are yellow or orange inside?	j) ..... 1	2	8	
	k) White potatoes or any other foods made from roots?	k) ..... 1	2	8	
	l) Any dark green, leafy vegetables, for example spinach, parsley, savoy cabbage, lettuce, mustard, turnip or beetroot greens, broccoli?	l) ..... 1	2	8	
	m) Ripe or dried apricots, dried peaches, cantaloupe melon?	m) ..... 1	2	8	
	n) Any other fruits or vegetables?	n) ..... 1	2	8	
	o) Liver, kidney, heart, or other organ meats?	o) ..... 1	2	8	
	p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	p) ..... 1	2	8	
	q) Eggs?	q) ..... 1	2	8	
	r) Fresh or dried fish or shellfish?	r) ..... 1	2	8	
	s) Any foods made from beans, peas, lentils, or nuts?	s) ..... 1	2	8	
	t) Cheese or other food made from milk?	t) ..... 1	2	8	
	u) Any other solid, semi-solid, or soft food?	u) ..... 1	2	8	
	v) Tea or coffee?	v) ..... 1	2	8	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
651	CHECK 650 (CATEGORIES 'g' THROUGH 'u'): NOT A SINGLE 'YES' <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/>		→ 653
652	Did (NAME FROM 649) 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 650 TO RECORD FOOD EATEN YESTERDAY) (THEN CONTINUE TO 653)  NO ..... 2	→ 654
653	How many times did (NAME FROM 649) 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	
654	The last time (NAME FROM 649) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE ..... 01 PUT/RINSED INTO TOILET OR LATRINE ..... 02 PUT/RINSED INTO DRAIN OR DITCH ..... 03 THROWN INTO GARBAGE ..... 04 BURIED ..... 05 LEFT IN THE OPEN ..... 06  OTHER ..... 96 (SPECIFY)	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	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"/> → 704
702	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	→ 712
703	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	<input type="checkbox"/> → 709
704	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER ..... 1 STAYING ELSEWHERE ..... 2	
705	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"/>	
709	Have you been married or lived with a man only once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2	
710	CHECK 709:  <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN <input type="checkbox"/> ONLY ONCE ↓ </div> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/> ↓ </div> </div> <p>a) In what month and year did you start living with your (husband/partner)?</p> <p>b) Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?</p>	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	→ 712
711	How old were you when you first started living with him?	AGE ..... <input type="text"/> <input type="text"/>	
712	<b>CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</b>		
713	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. 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. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE ..... 00  AGE IN YEARS ..... <input type="text"/> <input type="text"/>	→ 731
714	I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse?  IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	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"/>	→ 716 → 727

## SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER																								
715	When was the last time you had sexual intercourse with this person?		DAYS <table border="1"><tr><td></td><td></td></tr></table> AGO .. 1 WEEKS <table border="1"><tr><td></td><td></td></tr></table> AGO .. 2 MONTHS <table border="1"><tr><td></td><td></td></tr></table> AGO .. 3							DAYS <table border="1"><tr><td></td><td></td></tr></table> AGO .. 1 WEEKS <table border="1"><tr><td></td><td></td></tr></table> AGO .. 2 MONTHS <table border="1"><tr><td></td><td></td></tr></table> AGO .. 3																		
716	The last time you had sexual intercourse with this person, was a condom used?	YES ..... 1 NO ..... 2 (SKIP TO 718) ←	YES ..... 1 NO ..... 2 (SKIP TO 718) ←	YES ..... 1 NO ..... 2 (SKIP TO 718) ←																								
717	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																								
718	What was your relationship to this person with whom you had sexual intercourse?  IF BOYFRIEND: Were you living together as if married?  IF YES, RECORD '2'. IF NO, RECORD '3'.	HUSBAND ..... 1 LIVE-IN PARTNER ..... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ..... 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER ..... 6 (SPECIFY)	HUSBAND ..... 1 LIVE-IN PARTNER ..... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ..... 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER ..... 6 (SPECIFY)	HUSBAND ..... 1 LIVE-IN PARTNER ..... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ..... 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER ..... 6 (SPECIFY)																								
719	How long ago did you first have sexual intercourse with this person?	DAYS <table border="1"><tr><td></td><td></td></tr></table> AGO .. 1 WEEKS <table border="1"><tr><td></td><td></td></tr></table> AGO .. 2 MONTHS <table border="1"><tr><td></td><td></td></tr></table> AGO .. 3 YEARS <table border="1"><tr><td></td><td></td></tr></table> AGO .. 4									DAYS <table border="1"><tr><td></td><td></td></tr></table> AGO .. 1 WEEKS <table border="1"><tr><td></td><td></td></tr></table> AGO .. 2 MONTHS <table border="1"><tr><td></td><td></td></tr></table> AGO .. 3 YEARS <table border="1"><tr><td></td><td></td></tr></table> AGO .. 4									DAYS <table border="1"><tr><td></td><td></td></tr></table> AGO .. 1 WEEKS <table border="1"><tr><td></td><td></td></tr></table> AGO .. 2 MONTHS <table border="1"><tr><td></td><td></td></tr></table> AGO .. 3 YEARS <table border="1"><tr><td></td><td></td></tr></table> AGO .. 4								
720	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, RECORD '95'.	NUMBER OF TIMES ..... <table border="1"><tr><td></td><td></td></tr></table>			NUMBER OF TIMES ..... <table border="1"><tr><td></td><td></td></tr></table>			NUMBER OF TIMES ..... <table border="1"><tr><td></td><td></td></tr></table>																				
721	How old is this person?	AGE OF PARTNER <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW ..... 98			AGE OF PARTNER <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW ..... 98			AGE OF PARTNER <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW ..... 98																				
722	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES ..... 1 (GO BACK TO 715 IN NEXT COLUMN) ← NO ..... 2 (SKIP TO 724) ←	YES ..... 1 (GO BACK TO 715 IN NEXT COLUMN) ← NO ..... 2 (SKIP TO 724) ←																									
723	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, RECORD '95'.			NUMBER OF PARTNERS LAST 12 MONTHS .. <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW ..... 98																								

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	CHECK 106:  AGE 15-24 <input type="checkbox"/> ↓ AGE 25-49 <input type="checkbox"/> → 727		
725	CHECK 701:  NOT <input type="checkbox"/> IN A UNION ↓ CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> → 727		
726	In the past 12 months have you had sex or been sexually involved with anyone because he gave you or told you he would give you gifts, cash, or anything else?	YES ..... 1 NO ..... 2	
727	In total, with how many different people have you had sexual intercourse in your lifetime?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.	NUMBER OF PARTNERS IN LIFETIME ..... <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	
728	CHECK 716, MOST RECENT PARTNER (FIRST COLUMN):  YES, <input type="checkbox"/> CONDOM USED ↓ NO, <input type="checkbox"/> CONDOM NOT USED NOT ASKED <input type="checkbox"/> → 731 → 731		
729	You told me that a condom was used the last time you had sex. What is the brand name of the condom used at that time?  IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	CONTEX CLASSIC ..... 01 VIVA ..... 02 DUREX ..... 03  OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	
730	From where did you obtain the condom the last time?  PROBE TO IDENTIFY TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... 11 MATERNITY HOME ..... 12 DIAGNOSTIC CENTER ..... 13 WOMEN'S CONSULTATION ..... 14 POLYCLINIC ..... 15 AMBULATORY/ FAMILY DOCTOR OFFICE .. 16 FAP ..... 17 EMERGENCY SERVICES ..... 18  OTHER PUBLIC SECTOR ..... 19 (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... 21 MATERNITY HOME ..... 22 DIAGNOSTIC CENTER ..... 23 WOMEN'S CONSULTATION ..... 24 POLYCLINIC ..... 25 FAMILY DOCTORS OFFICE ..... 26 FAP ..... 27 PHARMACY ..... 28 EMERGENCY SERVICES ..... 29 OTHER PRIVATE MEDICAL SECTOR ..... 30 (SPECIFY)  <b>OTHER SOURCE</b> SHOP ..... 41 CHURCH ..... 42 FRIEND/RELATIVE ..... 43  OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	
731	PRESENCE OF OTHERS DURING THIS SECTION.	YES NO CHILDREN <10 ..... 1 2 MALE ADULTS ..... 1 2 FEMALE ADULTS ..... 1 2	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 304:  NEITHER <input type="checkbox"/> STERILIZED ↓	HE OR SHE <input type="checkbox"/> STERILIZED	→ 813
802	CHECK 226:  PREGNANT <input type="checkbox"/> ↓	NOT PREGNANT <input type="checkbox"/> OR UNSURE	→ 804
803	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	→ 805 → 812
804	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	→ 807 → 813 → 811
805	CHECK 226:  NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/> ↓ a) How long would you like to wait from now before the birth of (a/another) child? b) 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
806	CHECK 226:  NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/>	→ 812
807	CHECK 303: USING A CONTRACEPTIVE METHOD?  NOT <input type="checkbox"/> CURRENTLY USING ↓	CURRENTLY <input type="checkbox"/> USING	→ 813
808	CHECK 805:  '24' OR MORE MONTHS <input type="checkbox"/> OR '02' OR MORE YEARS ↓	NOT <input type="checkbox"/> ASKED ↓	'00-23' MONTHS <input type="checkbox"/> OR '00-01' YEAR
809	CHECK 714:  DAYS, WEEKS OR <input type="checkbox"/> MONTHS AGO ↓	YEARS <input type="checkbox"/> AGO	→ 811 NOT <input type="checkbox"/> ASKED → 811



SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	<p>CHECK 804:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>WANTS TO HAVE <input type="checkbox"/> A/ANOTHER CHILD</p> <p>a) You have said that you do not want (a/another) child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> </div> <div style="width: 45%;"> <p>WANTS NO MORE/ NONE <input type="checkbox"/></p> <p>b) You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> </div> </div> <p align="center">RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED ..... A</p> <p><b>FERTILITY-RELATED REASONS</b></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</p> <p>    LAST BIRTH ..... F</p> <p>BREASTFEEDING ..... G</p> <p>UP TO GOD/FATALISTIC ..... H</p> <p><b>OPPOSITION TO USE</b></p> <p>RESPONDENT OPPOSED ..... I</p> <p>HUSBAND/PARTNER OPPOSED ..... J</p> <p>OTHERS OPPOSED ..... K</p> <p>RELIGIOUS PROHIBITION ..... L</p> <p><b>LACK OF KNOWLEDGE</b></p> <p>KNOWS NO METHOD ..... M</p> <p>KNOWS NO SOURCE ..... N</p> <p><b>METHOD-RELATED REASONS</b></p> <p>SIDE EFFECTS/HEALTH</p> <p>    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</p> <p>    NORMAL PROCESSES ..... U</p> <p>OTHER ..... X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
811	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div> <p>NOT <input type="checkbox"/> ASKED</p> </div> <div> <p>NO, NOT <input type="checkbox"/> CURRENTLY USING</p> </div> <div> <p>YES, <input type="checkbox"/> CURRENTLY USING</p> </div> </div>		→ 813
812	<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>	
813	<p>CHECK 218:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HAS LIVING <input type="checkbox"/> CHILDREN</p> <p>a) 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>PROBE FOR A NUMERIC RESPONSE.</p> </div> <div style="width: 45%;"> <p>NO LIVING <input type="checkbox"/> CHILDREN</p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> </div>	<p>NONE ..... 00</p> <p>NUMBER ..... <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p>	<p>→ 815</p> <p>→ 815</p>
814	<p>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?</p>	<p align="center">BOYS      GIRLS      EITHER</p> <p>NUMBER .. <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/></p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p>	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
815	In the last few months have you: a) Heard about contraception on the radio? b) Seen anything about contraception on the television? c) Read about contraception in a newspaper or magazine? d) Received a voice or text message about contraception on a mobile phone? e) Read information about contraception on the internet?	<div style="text-align: right;">YES    NO</div> a) RADIO ..... 1    2 b) TELEVISION ..... 1    2 c) NEWSPAPER OR MAGAZINE ..... 1    2 d) MOBILE PHONE ..... 1    2 e) INTERNET ..... 1    2	
816	In the last few months have you read information about reproductive health on the internet?	YES ..... 1 NO ..... 2	
817	CHECK 701:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div>YES, <input type="checkbox"/> CURRENTLY MARRIED ↓</div> <div>YES, <input type="checkbox"/> LIVING WITH A MAN ↓</div> <div>NO, <input type="checkbox"/> NOT IN A UNION →</div> </div>		→ 901
818	CHECK 303: USING A CONTRACEPTIVE METHOD?  <div style="display: flex; justify-content: space-around; align-items: center;"> <div>CURRENTLY USING <input type="checkbox"/> ↓</div> <div>NOT CURRENTLY USING <input type="checkbox"/> →</div> <div>NOT ASKED <input type="checkbox"/> →</div> </div>		→ 820 → 822
819	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 <div style="text-align: right;">(SPECIFY)</div>	→ 821
820	Would you say that not 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 <div style="text-align: right;">(SPECIFY)</div>	
821	CHECK 304:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div>NEITHER ARE <input type="checkbox"/> STERILIZED ↓</div> <div>HE OR SHE ARE <input type="checkbox"/> STERILIZED →</div> </div>		→ 901
822	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 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 701:  CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	NOT IN <input type="checkbox"/> UNION	→ 909
902	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS ..... <input type="text"/> <input type="text"/>	
903	Did your (husband/partner) ever attend school?	YES ..... 1 NO ..... 2	→ 906
904	What was the highest level of school he attended: primary, basic, secondary, secondary-special or higher?	PRIMARY-BASIC-SECONDARY(1-12) ..... 1 SECONDARY-SPECIAL ..... 2 HIGHER ..... 3 DON'T KNOW ..... 8	→ 906
905	What was the highest (YEAR/CLASS/COURSE) he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	YEAR/CLASS/COURSE ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
906	Has your (husband/partner) done any work in the last 7 days?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 908
907	Has your (husband/partner) done any work in the last 12 months?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 908A
908	What is your (husband's/partner's) occupation? That is, what kind of work does he mainly do?	_____ _____ _____ <input type="text"/> <input type="text"/>	
908A	In the past 3 years, has your (husband/partner) worked abroad for three or more months at a time?	YES ..... 1 NO ..... 2	
909	Aside from your own housework, have you done any work in the last seven days?	YES ..... 1 NO ..... 2	→ 913
910	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES ..... 1 NO ..... 2	→ 913
911	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES ..... 1 NO ..... 2	→ 913
912	Have you done any work in the last 12 months?	YES ..... 1 NO ..... 2	→ 917
913	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ _____ <input type="text"/> <input type="text"/>	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
914	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	
915	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	
916	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	
917	CHECK 701:  CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 925
918	CHECK 916:  CODE '1' OR '2' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 921
919	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)	
920	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	→ 922
921	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)	
922	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	
923	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	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
924	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	
925	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	→ 928
926	Do you have a title deed for any house you own?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 928
927	Is your name on the title deed?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
928	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY ..... 1 JOINTLY ONLY ..... 2 BOTH ALONE AND JOINTLY ..... 3 DOES NOT OWN ..... 4	→ 931
929	Do you have a title deed for any land you own?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 931
930	Is your name on the title deed?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<div style="display: flex; justify-content: space-around;"> <div></div> <div>PRES./ LISTEN.</div> <div>PRES./ NOT LISTEN.</div> <div>NOT PRES.</div> </div> CHILDREN < 10 ..... 1      2      3 HUSBAND ..... 1      2      3 OTHER MALES ..... 1      2      3 OTHER FEMALES ..... 1      2      3	
932	In your opinion, is a husband justified in hitting or beating his wife in the following situations:  a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	<div style="display: flex; justify-content: space-around;"> <div></div> <div>YES</div> <div>NO</div> <div>DK</div> </div> a) GOES OUT ..... 1      2      8 b) NEGLECTS CHILDREN .. 1      2      8 c) ARGUES ..... 1      2      8 d) REFUSES SEX ..... 1      2      8 e) BURNS FOOD ..... 1      2      8	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Now I would like to talk about something else. Have you ever heard of HIV or AIDS?	YES ..... 1 NO ..... 2	→ 1042
1002	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1003	Can people get HIV from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1004	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1005	Can people get HIV by sharing food with a person who has HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1006	Can people get HIV through saliva by kissing a person who has HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1006A	Can people get HIV by shaking hands with a person who has HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1007	Is it possible for a healthy-looking person to have HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1008	Can HIV be transmitted from a mother to her baby:  a) During pregnancy? b) During delivery? c) By breastfeeding?	<div style="text-align: right; margin-bottom: 5px;">YES      NO      DK</div> a) DURING PREGNANCY .. 1      2      8 b) DURING DELIVERY ..... 1      2      8 c) BREASTFEEDING ..... 1      2      8	
1009	CHECK 1008:  <div style="text-align: center;"> AT LEAST <input type="checkbox"/>  ONE 'YES' ↓ </div> <div style="text-align: center; margin-top: 10px;"> OTHER <input type="checkbox"/> → 1027 </div>		
1010	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1027	I don't want to know the results, but have you ever been tested for HIV?	YES ..... 1 NO ..... 2	→ 1031
1028	How many months ago was your most recent HIV test?	MONTHS AGO ..... <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>  TWO OR MORE YEARS ..... 95	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1029	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	
1030	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)	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... 11 MATERNITY HOME ..... 12 DIAGNOSTIC CENTER ..... 13 WOMEN'S CONSULTATION ..... 14 POLYCLINIC ..... 15 AMBULATORY/ FAMILY DOCTOR OFFICE .. 16 FAP ..... 17 EMERGENCY SERVICES ..... 18 STAND-ALONE HIV TESTING AND COUNSELING CENTER ..... 19 OTHER PUBLIC SECTOR  ..... 20 (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... 21 MATERNITY HOME ..... 22 DIAGNOSTIC CENTER ..... 23 WOMEN'S CONSULTATION ..... 24 POLYCLINIC ..... 25 FAMILY DOCTORS OFFICE ..... 26 FAP ..... 27 PHARMACY ..... 28 EMERGENCY SERVICES ..... 29 STAND-ALONE HIV TESTING AND COUNSELING CENTER ..... 30 OTHER PRIVATE MEDICAL SECTOR  ..... 31 (SPECIFY)  <b>OTHER SOURCE</b> HOME ..... 41 WORKPLACE ..... 42 CORRECTIONAL FACILITY ..... 43 NGO ..... 44  OTHER ..... 96 (SPECIFY)	→ 1033
1031	Do you know of a place where people can go to get an HIV test?	YES ..... 1 NO ..... 2	→ 1033
1032	Where is that?  Any other place?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... A MATERNITY HOME ..... B DIAGNOSTIC CENTER ..... C WOMEN'S CONSULTATION ..... D POLYCLINIC ..... E AMBULATORY/ FAMILY DOCTOR OFFICE .. F FAP ..... G EMERGENCY SERVICES ..... H STAND-ALONE HIV TESTING AND COUNSELING CENTER ..... I OTHER PUBLIC SECTOR  ..... J (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... K MATERNITY HOME ..... L DIAGNOSTIC CENTER ..... M WOMEN'S CONSULTATION ..... N POLYCLINIC ..... O FAMILY DOCTORS OFFICE ..... P FAP ..... Q PHARMACY ..... R EMERGENCY SERVICES ..... S STAND-ALONE HIV TESTING AND COUNSELING CENTER ..... T	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		<p align="center">OTHER PRIVATE MEDICAL SECTOR</p> <p align="center">_____ (SPECIFY) U</p> <p><b>OTHER SOURCE</b></p> <p>NGO ..... W</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	
1033	Have you heard of test kits people can use to test themselves for HIV?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 1035
1034	Have you ever tested yourself for HIV using a self-test kit?	<p>YES ..... 1</p> <p>NO ..... 2</p>	
1035	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/NOT SURE/DEPENDS ..... 8</p>	
1036	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/NOT SURE/DEPENDS ..... 8</p>	
1037	Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/NOT SURE/DEPENDS ..... 8</p>	
1038	Do people talk badly about people living with HIV, or who are thought to be living with HIV?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/NOT SURE/DEPENDS ..... 8</p>	
1039	Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/NOT SURE/DEPENDS ..... 8</p>	
1040	Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV.	<p>AGREE ..... 1</p> <p>DISAGREE ..... 2</p> <p>DON'T KNOW/NOT SURE/DEPENDS ..... 8</p>	
1041	Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>SAYS SHE HAS HIV ..... 3</p> <p>DON'T KNOW/NOT SURE/DEPENDS ..... 8</p>	
1042	<p>CHECK 1001:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓</p> <p>a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact?</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p>NOT HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓</p> <p>b) Have you heard about infections that can be transmitted through sexual contact?</p> </div> </div>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
1043	<p>CHECK 713:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>HAS HAD SEXUAL <input type="checkbox"/> INTERCOURSE ↓</p> </div> <div style="text-align: center;"> <p>NEVER HAD SEXUAL <input type="checkbox"/> INTERCOURSE → 1051</p> </div> </div>		
1044	<p>CHECK 1042: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>YES <input type="checkbox"/> ↓</p> </div> <div style="text-align: center;"> <p>NO <input type="checkbox"/> → 1046</p> </div> </div>		



SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1045	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	
1046	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	
1047	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	
1048	CHECK 1045, 1046, AND 1047:  <div style="display: flex; justify-content: space-around;"> <div>                         HAS HAD AN <input type="checkbox"/>                          INFECTION                          (ANY 'YES')                     </div> <div>                         HAS NOT HAD AN <input type="checkbox"/>                          INFECTION OR                          DOES NOT KNOW                     </div> </div>		<div style="text-align: right;">                         → 1051                     </div>
1049	The last time you had (PROBLEM FROM 1045/1046/1047), did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2	<div style="text-align: right;">                         → 1051                     </div>
1050	Where did you go?  Any other place?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  <div style="border-bottom: 1px solid black; width: 100%; margin-top: 10px;"></div> (NAME OF PLACE)	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... A MATERNITY HOME ..... B DIAGNOSTIC CENTER ..... C WOMEN'S CONSULTATION ..... D POLYCLINIC ..... E AMBULATORY/ FAMILY DOCTOR OFFICE .. F FAP ..... G EMERGENCY SERVICES ..... H STAND-ALONE HIV TESTING AND COUNSELING CENTER..... I OTHER PUBLIC SECTOR  <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div> (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... K MATERNITY HOME ..... L DIAGNOSTIC CENTER ..... M WOMEN'S CONSULTATION ..... N POLYCLINIC ..... O FAMILY DOCTORS OFFICE ..... P FAP ..... Q PHARMACY ..... R EMERGENCY SERVICES ..... S STAND-ALONE HIV TESTING AND COUNSELING CENTER..... T OTHER PRIVATE MEDICAL SECTOR  <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div> (SPECIFY)  <b>OTHER SOURCE</b> SHOP ..... V NGO ..... W  OTHER <div style="border-bottom: 1px solid black; width: 100%;"></div> X <div style="text-align: center;">(SPECIFY)</div>	
1051	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	
1052	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	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1053	CHECK 701:  CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	NOT IN UNION <input type="checkbox"/>	→ 1101
1054	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	
1055	Could you ask your (husband/partner) to use a condom if you wanted him to?	YES ..... 1 NO ..... 2 DEPENDS/NOT SURE ..... 8	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
1101	<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'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ..... <input type="text"/> <input type="text"/></p> <p>NONE ..... 00</p>	→ 1104															
1102	<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'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ..... <input type="text"/> <input type="text"/></p> <p>NONE ..... 00</p>	→ 1104															
1103	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																
1104	Do you currently smoke cigarettes every day, some days, or not at all?	<p>EVERY DAY ..... 1</p> <p>SOME DAYS ..... 2</p> <p>NOT AT ALL ..... 3</p>	→ 1106															
1105	On average, how many cigarettes do you currently smoke each day?	<p>NUMBER OF CIGARETTES ..... <input type="text"/> <input type="text"/></p>																
1106	Do you currently smoke or use any other type of tobacco every day, some days, or not at all?	<p>EVERY DAY ..... 1</p> <p>SOME DAYS ..... 2</p> <p>NOT AT ALL ..... 3</p>	→ 1108															
1107	<p>What other type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED.</p>	<p>PIPES FULL OF TOBACCO ..... B</p> <p>CIGARS, CHEROOTS, OR CIGARILLOS ..... C</p> <p>WATER PIPE ..... D</p> <p>SNUFF BY MOUTH ..... E</p> <p>SNUFF BY NOSE ..... F</p> <p>CHEWING TOBACCO ..... G</p> <p>OTHER ..... X</p> <p align="center">(SPECIFY)</p>																
1108	<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 a big problem:</p> <p>a) Getting permission to go to the doctor?</p> <p>b) Getting money needed for advice or treatment?</p> <p>c) The distance to the health facility?</p> <p>d) Not wanting to go alone?</p>	<table border="0"> <thead> <tr> <th></th><th align="center">BIG PROBLEM</th><th align="center">NOT A BIG PROBLEM</th></tr> </thead> <tbody> <tr> <td>a) PERMISSION TO GO .....</td><td align="center">1</td><td align="center">2</td></tr> <tr> <td>b) GETTING MONEY .....</td><td align="center">1</td><td align="center">2</td></tr> <tr> <td>c) DISTANCE .....</td><td align="center">1</td><td align="center">2</td></tr> <tr> <td>d) GO ALONE .....</td><td align="center">1</td><td align="center">2</td></tr> </tbody> </table>		BIG PROBLEM	NOT A BIG PROBLEM	a) PERMISSION TO GO .....	1	2	b) GETTING MONEY .....	1	2	c) DISTANCE .....	1	2	d) GO ALONE .....	1	2	
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d) GO ALONE .....	1	2																

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1109	Are you covered by any health insurance?	YES ..... 1 NO ..... 2	→ 1111
1110	What type of health insurance are you covered by?  RECORD ALL MENTIONED.	BASIC BENEFITS PACKAGE ..... A HEALTH INSURANCE THROUGH EMPLOYER ..... B OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE ..... D  OTHER ..... X (SPECIFY)	
1111	These next questions are about common health problems in Armenia.  Have you ever heard of an illness called tuberculosis or TB?	YES ..... 1 NO ..... 2	→ 1119
1112	What signs or symptoms would lead you to think that a person has tuberculosis?  Any other?  RECORD ALL MENTIONED.	COUGHING ..... A COUGHING WITH SPUTUM ..... B COUGHING FOR SEVERAL WEEKS ..... C FEVER ..... D BLOOD IN SPUTUM ..... E LOSS OF APPETITE ..... F NIGHTSWEATING ..... G PAIN IN CHEST ..... H TIREDNESS/FATIGUE ..... I WEIGHT LOSS ..... J LETHARGY ..... K  OTHER ..... X (SPECIFY)  DON'T KNOW ..... Z	
1113	How does tuberculosis spread from one person to another?  Any other ways?  RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING ..... A THROUGH SHARING UTENSILS ..... B THROUGH TOUCHING A PERSON WITH TB ..... C THROUGH FOOD ..... D THROUGH SEXUAL CONTACT ..... E THROUGH MOSQUITO BITES ..... F  OTHER ..... X (SPECIFY)  DON'T KNOW ..... Z	
1114	Which organs in a human body can be affected by tuberculosis?  RECORD ALL MENTIONED.	LUNGS ONLY ..... A  ANY ORGANS CAN BE AFFECTED BY TUBERCULOSIS ..... B  OTHER ..... X (SPECIFY)  DON'T KNOW ..... Z	
1115	Can tuberculosis be cured?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1116	Have you ever heard of a multi-resistant or a multi-drug-resistant form of tuberculosis?	YES ..... 1 NO ..... 2	→ 1118

## SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1117	Can multi-drug-resistant tuberculosis be cured?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1118	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET ..... 1 NO ..... 2 DON'T KNOW/NOT SURE/ DEPENDS ..... 8	
1119	Have you ever heard of an illness called anemia?	YES ..... 1 NO ..... 2	→ 1200
1120	What signs or symptoms would lead you to think that a person has anemia?  Any other?  RECORD ALL MENTIONED.	PALE SKIN ..... A WEAKNESS ..... B TIREDNESS/FATIGUE ..... C SHORTNESS OF BREATH ..... D HEADACHE ..... E DIZZINESS OR LIGHTHEADEDNESS ..... F FREQUENT INFECTIONS ..... G NO VISIBLE SIGNS ..... H  OTHER _____ X (SPECIFY)  DON'T KNOW ..... Z	
1121	What causes anemia?  Anything else?	LACK OF IRON IN FOOD ..... A POOR NUTRITION ..... B EATING BREAD ONLY ..... C HEREDETERY/THALASSEMIA/CIRCLE CELL .. D BLOOD LOSS OR TRAUMA ..... E ABORTION ..... F MENSTRUATION ..... G PREGNANCY ..... H DELIVERY ..... I INFECTION ..... J MOSQUITOES/MALARIA ..... K ENVIRONMENT POLLUTION ..... L LEAD POISON ..... M UNCLEAN POLLUTED WATER ..... N INJECTIONS ..... O PARASITES ..... P WRONG BLOOD TRANSFUSION ..... Q DISEASES ..... R  OTHER _____ X (SPECIFY)  DON'T KNOW ..... Z	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1122	<p>What can a person eat or drink to prevent having anemia?</p> <p>Anything else?</p> <p>RECORD ALL MENTIONED.</p>	<p>RED MEAT ..... A</p> <p>ANY MEAT ..... B</p> <p>ORGAN MEAT ..... C</p> <p>IRON RICH FOOD ..... D</p> <p>ANY FRUITS ..... E</p> <p>GREEN APPLES ..... F</p> <p>ANY VEGETABLES ..... G</p> <p>BEETROOT ..... H</p> <p>RED FRUITS OR VEGETABLES ..... I</p> <p>VITAMIN 'C' RICH FOODS ..... J</p> <p>ANY JUICE ..... K</p> <p>TEA OR COFFEE ..... L</p> <p>ANY VITAMINS ..... M</p> <p>VITAMIN 'C' ..... N</p> <p>VITAMIN 'B12' ..... O</p> <p>IRON TABLETS/CAPSULES/SYRUP/MEDICINE .. P</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
1123	<p>Do you think that drinking coffee or tea during meal time can promote anemia?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
1200	<p>CHECK COVER FOR NAME AND LINE NUMBER OF SELECTED WOMAN</p> <p>WOMAN SELECTED <input type="checkbox"/> FOR THIS SECTION ↓</p> <p>WOMAN <input type="checkbox"/> NOT SELECTED → 1301A</p>																										
1201	<p>CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.</p> <p>PRIVACY OBTAINED ..... 1 ↓</p> <p>PRIVACY NOT POSSIBLE ..... 2 → 1232</p>																										
1201A	<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 Armenia. 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. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.</p>																										
1202	<p>CHECK 701 AND 702:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN ↓</p> <p>FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/PARTNER') ↓</p> <p>NEVER MARRIED/ NEVER LIVED WITH A MAN → 1216</p>																										
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> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>JEALOUS .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>ACCUSES .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NOT MEET FRIENDS ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NO FAMILY .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>WHERE YOU ARE .....</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	JEALOUS .....	1	2	8	ACCUSES .....	1	2	8	NOT MEET FRIENDS ..	1	2	8	NO FAMILY .....	1	2	8	WHERE YOU ARE .....	1	2	8	
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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> <thead> <tr> <th>EVER</th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT IN LAST 12 MONTHS</th></tr> </thead> <tbody> <tr> <td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> </tbody> </table>	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3									
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1205	<p>A. Did your (last) (husband/partner) ever do any of the following things to you:</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>																									

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP	
		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	
	a) push you, shake you, or throw something at you?	YES 1 NO 2 ↓	→ 1	2	3	
	b) slap you?	YES 1 NO 2 ↓	→ 1	2	3	
	c) twist your arm or pull your hair?	YES 1 NO 2 ↓	→ 1	2	3	
	d) punch you with his fist or with something that could hurt you?	YES 1 NO 2 ↓	→ 1	2	3	
	e) kick you, drag you, or beat you up?	YES 1 NO 2 ↓	→ 1	2	3	
	f) try to choke you or burn you on purpose?	YES 1 NO 2 ↓	→ 1	2	3	
	g) threaten or attack you with a knife, gun, or other weapon?	YES 1 NO 2 ↓	→ 1	2	3	
	h) physically force you to have sexual intercourse with him when you did not want to?	YES 1 NO 2 ↓	→ 1	2	3	
	i) physically force you to perform any other sexual acts you did not want to?	YES 1 NO 2 ↓	→ 1	2	3	
	j) force you with threats or in any other way to perform sexual acts you did not want to?	YES 1 NO 2 ↓	→ 1	2	3	
1206	CHECK 1205A (a-j):  <div style="display: flex; justify-content: space-around;"> <span>AT LEAST ONE 'YES' <input type="checkbox"/></span> <span>NOT A SINGLE 'YES' <input type="checkbox"/></span> </div>					→ 1209
1207	How long after you first (got married/started living together) with your (last) (husband/partner) did (this/any of these things) first happen?  IF LESS THAN ONE YEAR, RECORD '00'.		NUMBER OF YEARS ..... <input type="text"/> <input type="text"/> BEFORE MARRIAGE/BEFORE LIVING TOGETHER ..... 95			
1208	Did the following ever happen as a result of what your (last) (husband/partner) did to you:  a) You had cuts, bruises, or aches?  b) You had eye injuries, sprains, dislocations, or burns?  c) You had deep wounds, broken bones, broken teeth, or any other serious injury?		YES ..... 1 NO ..... 2  YES ..... 1 NO ..... 2  YES ..... 1 NO ..... 2			
1209	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/partner) at times when he was not already beating or physically hurting you?		YES ..... 1 NO ..... 2			→ 1211
1210	In the last 12 months, how often have you done this to your (last) (husband/partner): often, only sometimes, or not at all?		OFTEN ..... 1 SOMETIMES ..... 2 NOT AT ALL ..... 3			



DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
1211	Does (did) your (last) (husband/partner) drink alcohol?	YES ..... 1 NO ..... 2	→ 1213															
1212	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN ..... 1 SOMETIMES ..... 2 NEVER ..... 3																
1213	Are (Were) you afraid of your (last) (husband/partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID ..... 1 SOMETIMES AFRAID ..... 2 NEVER AFRAID ..... 3																
1214	CHECK 709:  MARRIED MORE <input type="checkbox"/> THAN ONCE MARRIED ONLY <input type="checkbox"/> ONCE		→ 1216															
1215	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>A. So far we have been talking about the behavior of your (current/last) (husband/partner). Now I want to ask you about the behavior of any previous (husband/partner).</p> </div> <div style="width: 45%;"> <p>B. How long ago did this last happen?</p> </div> </div> <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th></th><th>EVER</th><th>0 - 11 MONTHS AGO</th><th>12+ MONTHS AGO</th><th>DON'T REMEMBER</th></tr> </thead> <tbody> <tr> <td>a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically?</td><td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?</td><td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> </tbody> </table>		EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically?	YES 1 NO 2 ↓	→ 1	2	3	b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?	YES 1 NO 2 ↓	→ 1	2	3		
	EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER														
a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically?	YES 1 NO 2 ↓	→ 1	2	3														
b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?	YES 1 NO 2 ↓	→ 1	2	3														
1216	<p>CHECK 701 AND 702:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>a) 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> </div> <div style="width: 45%;"> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>b) 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> </div> </div>	<p>YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3</p>	→ 1219															
1217	<p>Who has hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER/STEP-MOTHER ..... A FATHER/STEP-FATHER ..... B SISTER/BROTHER ..... C DAUGHTER/SON ..... D OTHER RELATIVE ..... E CURRENT BOYFRIEND ..... F FORMER BOYFRIEND ..... G MOTHER-IN-LAW ..... H FATHER-IN-LAW ..... I OTHER IN-LAW ..... J TEACHER ..... K EMPLOYER/SOMEONE AT WORK ..... L POLICE/SOLDIER ..... M  OTHER _____ X (SPECIFY)</p>																
1218	In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN ..... 1 SOMETIMES ..... 2 NOT AT ALL ..... 3																

## DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1219	CHECK 201, 210 AND 226:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">           EVER BEEN PREGNANT <input type="checkbox"/>            ("YES" ON 201 OR 226 OR ONE OR MORE ON 210) ↓         </div> <div style="text-align: center;">           NEVER BEEN <input type="checkbox"/> PREGNANT         </div> </div>		→ 1222
1220	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES ..... 1 NO ..... 2	→ 1222
1221	Who has done any of these things to physically hurt you while you were pregnant?  Anyone else?  RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER ..... A MOTHER/STEP-MOTHER ..... B FATHER/STEP-FATHEF ..... C SISTER/BROTHER ..... D DAUGHTER/SON ..... E OTHER RELATIVE ..... F FORMER HUSBAND/PARTNER ..... G CURRENT BOYFRIEND ..... H FORMER BOYFRIEND ..... I MOTHER-IN-LAW ..... J FATHER-IN-LAW ..... K OTHER IN-LAW ..... L TEACHER ..... M EMPLOYER/SOMEONE AT WORK ..... N POLICE/SOLDIER ..... O  OTHER _____ X (SPECIFY)	
1222	CHECK 701 AND 702:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">           EVER MARRIED/EVER <input type="checkbox"/> LIVED WITH A MAN ↓         </div> <div style="text-align: center;">           NEVER MARRIED/NEVER <input type="checkbox"/> LIVED WITH A MAN         </div> </div>		→ 1222B
1222A	Now I want to ask you about things that may have been done to you by someone other than (your/any) (husband/partner). At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	→ 1223 } → 1224A
1222B	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	} → 1226
1223	Who was the person who was forcing you the very first time this happened?	CURRENT HUSBAND/PARTNER ..... 01 FORMER HUSBAND/PARTNEf ..... 02 CURRENT/FORMER BOYFRIEND ..... 03 FATHER/STEP-FATHEF ..... 04 BROTHER/STEP-BROTHEI ..... 05 OTHER RELATIVE ..... 06 IN-LAW ..... 07 OWN FRIEND/ACQUAINTANC ..... 08 FAMILY FRIEND ..... 09 TEACHER ..... 10 EMPLOYER/SOMEONE AT WORK ..... 11 POLICE/SOLDIER ..... 12 PRIEST/RELIGIOUS LEADER ..... 13 STRANGER ..... 14  OTHER _____ 96 (SPECIFY)	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1224	<p>CHECK 701 AND 702:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>a) 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> </div> <div style="width: 45%;"> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>b) In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?</p> </div> </div>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 1225
1224A	<p>CHECK 1205A (h-j) and 1215A(b)</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p>	<p>NOT A SINGLE 'YES' <input type="checkbox"/></p>	→ 1226
1225	<p>CHECK 701 AND 702:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) husband/partner?</p> </div> <div style="width: 45%;"> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?</p> </div> </div>	<p>AGE IN COMPLETED YEARS ..... <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/></p> <p>DON'T KNOW ..... 98</p>	
1226	<p>CHECK 1205A (a-j), 1215A (a,b), 1216, 1220, 1222A, AND 1222B:</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p>	<p>NOT A SINGLE 'YES' <input type="checkbox"/></p>	→ 1230
1227	<p>Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 1229
1228	<p>From whom have you sought help?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>OWN FAMILY ..... A</p> <p>HUSBAND'S/PARTNER'S FAMILY ..... B</p> <p>CURRENT/FORMER HUSBAND/PARTNER ..... C</p> <p>CURRENT/FORMER BOYFRIEND ..... D</p> <p>FRIEND ..... E</p> <p>NEIGHBOR ..... F</p> <p>RELIGIOUS LEADER ..... G</p> <p>DOCTOR/MEDICAL PERSONNEL ..... H</p> <p>POLICE ..... I</p> <p>LAWYER ..... J</p> <p>SOCIAL SERVICE ORGANIZATION ..... K</p> <p>OTHER ..... X</p> <p align="center">(SPECIFY)</p>	→ 1230
1229	<p>Have you ever told any one about this?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
1230	<p>As far as you know, did your father ever beat your mother?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
	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																		
1231	<p>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?</p>	<table> <tr> <td></td> <td>YES, ONCE</td> <td>YES, MORE THAN ONCE</td> <td>NO</td> </tr> <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> </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	<p>INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE.</p> <hr/> <hr/> <hr/>																		

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1301A	CHECK 214, 218, 508A AND 508B: ANY LIVE BIRTHS IN 2012-2016  YES <input type="checkbox"/> NO <input type="checkbox"/>		1314
1302A	CHECK 212, 214, 216 AND 508A: RECORD THE NAME AND PREGNANCY HISTORY NUMBER OF THE LAST CHILD BORN IN 2012-2016  NAME OF LAST LIVE BIRTH _____ PREGNANCY HISTORY NUMBER <input type="text"/>		
1303A	CHECK 218 FOR CHILD:  LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		1301B
1304A	ASK RESPONDENT FOR CONSENT TO COPY VACCINATION DATES FROM THE CHILD'S HEALTH CARD KEPT IN A HEALTH FACILITY  As part of this survey, we would like to visit the health facility in which your children who were born in January 2012 or later got vaccinated. We would like to have your permission to copy the vaccination dates from your children's health records. With your permission, our team supervisor will visit the health facility and copy the vaccination dates from the health cards directly to the same questionnaire I am using right now for our interview. The information will be kept confidential and will not be shared with anyone other than members of our survey team. We hope you will allow access to the health cards because information about your children's vaccinations is very important. The information will complement the information that we obtained from you in this interview. Many dangerous childhood illnesses such as measles or tetanus can be prevented through timely and effective vaccination. The information from the cards will assist the government to develop programs to protect children from vaccine preventable diseases and reduce childhood mortality and morbidity in Armenia.  Do you have any questions?  Will you allow (NAME OF CHILD) to have his/her vaccination records copied from (NAME OF CHILD)'s health card kept at the health facility?		
1305A	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) REFUSED ..... 2 _____ (THEN SKIP TO 1313A)  NOT PRESENT/ OTHER... 3 _____ (SKIP TO 1313A)	
RECORD CHILD'S FULL NAME, MOTHER'S FULL NAME, CHILD'S BIRTH DATE, CHILD'S HOME ADDRESS AND NAME AND ADDRESS OF THE MEDICAL FACILITY WHERE CHILD'S VACCINATION RECORDS ARE KEPT, CHILD'S DOCTOR NAME AND UCHASTOK NUMBER			
1306A	CHILD'S FULL NAME	_____ CHILD'S FIRST NAME CHILD'S LAST NAME	
1307A	MOTHER'S FULL NAME	_____ MOTHER'S FIRST NAME MOTHER'S LAST NAME	
1308A	RECORD CHILD'S DATE OF BIRTH FROM 214	DAY ..... <input type="text"/> MONTH ..... <input type="text"/> YEAR . <input type="text"/>	
1309A	CHILD'S HOME ADDRESS	_____ (STREET NAME, HOUSE NUMBER AND FLAT NUMBER)  _____ CITY, TOWN, ZIP CODE	
1310A	NAME, ADDRESS AND TELEPHONE NUMBER OF MEDICAL FACILITY WHERE CHILD'S VACCINATION RECORDS (FORMS # 063 OR #112) ARE KEPT	_____ (NAME OF MEDICAL FACILITY)  _____ (STREET ADDRESS OF THE MEDICAL FACILITY)  _____ TELEPHONE NUMBER	
1311A	CHILD'S DOCTOR NAME	_____ DOCTOR'S FIRST NAME DOCTOR'S LAST NAME	
1312A	CHILD'S HEALTH FACILITY UCHASTOK NUMBER	UCHASTOK NUMBER <input type="text"/>	
1313A		CONTINUE WITH 1301B	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1301B	CHECK 214, 218, 508A AND 508B: ANY MORE LIVE BIRTHS IN 2012-2016? YES <input type="checkbox"/> NO <input type="checkbox"/>		1314
1302B	CHECK 212, 214, 216 AND 508B: RECORD THE NAME AND PREGNANCY HISTORY NUMBER OF THE NEXT-TO-LAST CHILD BORN IN 2012-2016 NAME OF NEXT TO LAST LIVE BIRTH _____ PREGNANCY HISTORY NUMBER <input type="text"/>		
1303B	CHECK 218 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		1313B
1304B	ASK RESPONDENT FOR CONSENT TO COPY VACCINATION DATES FROM THE CHILD'S HEALTH CARD KEPT IN A HEALTH FACILITY  As part of this survey, we would like to visit the health facility in which your children who were born in January 2012 or later got vaccinated. We would like to have your permission to copy the vaccination dates from your children's health records. With your permission, our team supervisor will visit the health facility and copy the vaccination dates from the health cards directly to the same questionnaire I am using right now for our interview. The information will be kept confidential and will not be shared with anyone other than members of our survey team. We hope you will allow access to the health cards because information about your children's vaccinations is very important. The information will complement the information that we obtained from you in this interview. Many dangerous childhood illnesses such as measles or tetanus can be prevented through timely and effective vaccination. The information from the cards will assist the government to develop programs to protect children from vaccine preventable diseases and reduce childhood mortality and morbidity in Armenia.  Do you have any questions?  Will you allow (NAME OF CHILD) to have his/her vaccination records copied from (NAME OF CHILD)'s health card kept at the health facility?		
1305B	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) REFUSED ..... 2 (THEN SKIP TO 1313B) NOT PRESENT/ OTHER... 3 (SKIP TO 1313B)	
RECORD CHILD'S FULL NAME, MOTHER'S FULL NAME, CHILD'S BIRTH DATE, CHILD'S HOME ADDRESS AND NAME AND ADDRESS OF THE MEDICAL FACILITY WHERE CHILD'S VACCINATION RECORDS ARE KEPT, CHILD'S DOCTOR NAME AND UCHASTOK NUMBER			
1306B	CHILD'S FULL NAME	CHILD'S FIRST NAME _____ CHILD'S LAST NAME _____	
1307B	MOTHER'S FULL NAME	MOTHER'S FIRST NAME _____ MOTHER'S LAST NAME _____	
1308B	RECORD CHILD'S DATE OF BIRTH FROM 214	DAY ..... MONTH ..... YEAR .....	
1309B	CHILD'S HOME ADDRESS	_____ (STREET NAME, HOUSE NUMBER AND FLAT NUMBER) _____ CITY, TOWN, ZIP CODE	
1310B	NAME, ADDRESS AND TELEPHONE NUMBER OF MEDICAL FACILITY WHERE CHILD'S VACCINATION RECORDS (FORMS # 063 OR #112) ARE KEPT	_____ (NAME OF MEDICAL FACILITY) _____ (STREET ADDRESS OF THE MEDICAL FACILITY) _____ TELEPHONE NUMBER	
1311B	CHILD'S DOCTOR NAME	DOCTOR'S FIRST NAME _____ DOCTOR'S LAST NAME _____	
1312B	CHILD'S HEALTH FACILITY UCHASTOK NUMBER	UCHASTOK NUMBER <input type="text"/>	
1313B	CHECK 214 IN PREGNANCY HISTORY: ANY MORE LIVE BIRTHS IN 2012-2016? MORE LIVE BIRTHS IN 2012-2016 <input type="checkbox"/> (GO TO 1301B IN AN ADDITIONAL QUESTIONNAIRE) NO MORE LIVE BIRTHS IN 2012- <input type="checkbox"/>		1314
1314	RECORD THE TIME.	HOURS ..... MINUTES .....	
AFTER COMPLETING ALL INTERVIEWS IN THIS HOUSEHOLD, THE TEAM SUPERVISOR MUST GO TO THE MEDICAL FACILITY AND RECORD DATES WHEN THE SPECIFIC VACCINES WERE GIVEN IN SECTION 14.			

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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EDITOR'S OBSERVATIONS

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## INSTRUCTIONS:

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

CODES FOR EACH COLUMN:

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE (2)

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  
9 EMERGENCY CONTRACEPTION  
K LACTATIONAL AMENORRHEA METHOD  
L RHYTHM/ CALENDAR 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

			COL. 1	COL. 2		
<b>2 0 1 6</b>	06	JUN	01			<b>2 0 1 6</b>
	05	MAY	02			
	04	APR	03			
	03	MAR	04			
	02	FEB	05			
	01	JAN	06			
<b>2 0 1 5</b>	12	DEC	07			<b>2 0 1 5</b>
	11	NOV	08			
	10	OCT	09			
	09	SEP	10			
	08	AUG	11			
	07	JUL	12			
<b>5</b>	06	JUN	13			<b>5</b>
	05	MAY	14			
	04	APR	15			
	03	MAR	16			
	02	FEB	17			
	01	JAN	18			
<b>2 0 1 4</b>	12	DEC	19			<b>2 0 1 4</b>
	11	NOV	20			
	10	OCT	21			
	09	SEP	22			
	08	AUG	23			
	07	JUL	24			
<b>4</b>	06	JUN	25			<b>4</b>
	05	MAY	26			
	04	APR	27			
	03	MAR	28			
	02	FEB	29			
	01	JAN	30			
<b>2 0 1 3</b>	12	DEC	31			<b>2 0 1 3</b>
	11	NOV	32			
	10	OCT	33			
	09	SEP	34			
	08	AUG	35			
	07	JUL	36			
<b>3</b>	06	JUN	37			<b>3</b>
	05	MAY	38			
	04	APR	39			
	03	MAR	40			
	02	FEB	41			
	01	JAN	42			
<b>2 0 1 2</b>	12	DEC	43			<b>2 0 1 2</b>
	11	NOV	44			
	10	OCT	45			
	09	SEP	46			
	08	AUG	47			
	07	JUL	48			
<b>2</b>	06	JUN	49			<b>2</b>
	05	MAY	50			
	04	APR	51			
	03	MAR	52			
	02	FEB	53			
	01	JAN	54			
<b>2 0 1 1</b>	12	DEC	55			<b>2 0 1 1</b>
	11	NOV	56			
	10	OCT	57			
	09	SEP	58			
	08	AUG	59			
	07	JUL	60			
<b>1</b>	06	JUN	61			<b>1</b>
	05	MAY	62			
	04	APR	63			
	03	MAR	64			
	02	FEB	65			
	01	JAN	66			
<b>2 0 1 0</b>	12	DEC	67			<b>2 0 1 0</b>
	11	NOV	68			
	10	OCT	69			
	09	SEP	70			
	08	AUG	71			
	07	JUL	72			
<b>0</b>	06	JUN	73			<b>0</b>
	05	MAY	74			
	04	APR	75			
	03	MAR	76			
	02	FEB	77			
	01	JAN	78			



**SECTION 14A. HEALTH FACILITY FORM 112 OR FORM 63 CHILD IMMUNIZATION (LAST LIVE BIRTH)**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1401A	CHECK 214 IN THE PREGNANCY HISTORY AND 1301A  ONE OR MORE LIVE BIRTHS <input type="checkbox"/> IN 2012-2016 NO LIVE BIRTHS <input type="checkbox"/> IN 2012-2016		→ END
1402A	CHECK 212, 216 AND 1302A RECORD THE NAME AND PREGNANCY HISTORY NUMBER OF THE LAST CHILD BORN IN 2012-2016  NAME OF LAST LIVE BIRTH _____ PREGNANCY HISTORY NUMBER ... <input type="text"/> <input type="text"/>		
1403A	CHECK 218 FOR CHILD:  LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		→ 1408A
1404A	CHECK 1310A IS THERE AN ADDRESS RECORDED IN 1310A FOR THE HEALTH FACILITY WHERE (NAME)'S IMMUNIZATION RECORDS ARE KEPT?	YES ..... 1 NO ..... 2	→ 1408A
1405A	WAS THIS HEALTH FACILITY VISITED?	YES ..... 1 NO ..... 2	→ 1408A
1406A	HAVE YOU LOCATED THE IMMUNIZATION RECORDS (FORM 112 OR FORM 63) OF (NAME OF LAST LIVE BIRTH IN 1402A) IN THE HEALTH FACILITY?	YES SEEN ..... 1 YES SEEN, NO RECORD IN THE C.A.I. .... 2 NC ..... 3	→ 1408A → 1408A

**IMMUNIZATION RECORDS FROM HEALTH FACILITY CARD FORM 112 OR FORM 63**

NAME OF LAST LIVE BIRTH _____ PREGNANCY HISTORY NUMBER ... <input type="text"/> <input type="text"/>																																																																					
1407A	<p>COPY DATA ABOUT EACH VACCINE FROM IMMUNIZATION RECORDS (MOH FORMS #063 OR #112) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.</p> <table border="1"> <thead> <tr> <th></th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>HEPATITIS B AT BIRTH</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 1</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 2</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 3</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 4</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 1</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 2</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 3</td><td></td><td></td><td></td></tr> <tr><td>DPT 4</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 1</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 2</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 3</td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 1</td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 2</td><td></td><td></td><td></td></tr> <tr><td>MMR 1</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MONTH	YEAR	BCG				HEPATITIS B AT BIRTH				ORAL POLIO VACCINE (OPV) 1				ORAL POLIO VACCINE (OPV) 2				ORAL POLIO VACCINE (OPV) 3				ORAL POLIO VACCINE (OPV) 4				DPT-HEP.B-HIB (PENTAVALENT) 1				DPT-HEP.B-HIB (PENTAVALENT) 2				DPT-HEP.B-HIB (PENTAVALENT) 3				DPT 4				PNEUMOCOCCAL 1				PNEUMOCOCCAL 2				PNEUMOCOCCAL 3				ROTAVIRUS 1				ROTAVIRUS 2				MMR 1			
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MMR 1																																																																					
1408A	CONTINUE WITH 1401B.																																																																				

**SECTION 14B. HEALTH FACILITY FORM 112 OR FORM 63 CHILD IMMUNIZATIONN (NEXT-TO-LAST LIVE BIRTH)**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1401B	CHECK 214 IN THE PREGNANCY HISTORY AND 1301B: ANY MORE BIRTHS IN 2012 OR LATER  <div style="display: flex; justify-content: space-around;"> <div>MORE LIVE BIRTHS IN 2012-2016 <input type="checkbox"/></div> <div>NO MORE LIVE BIRTHS IN 2012-2016 <input type="checkbox"/></div> </div>		→ END
1402B	CHECK 214, 216, AND 1302B: RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 212 OF THE NEXT-TO-LAST CHILD BORN IN 2012-2016  NAME OF NEXT-TO-LAST LIVE BIRTH _____ PREGNANCY HISTORY NUMBER ... <input type="text"/> <input type="text"/>		
1403B	CHECK 218 FOR CHILD:  <div style="display: flex; justify-content: space-around;"> <div>LIVING <input type="checkbox"/></div> <div>DEAD <input type="checkbox"/></div> </div>		→ 1408B
1404B	CHECK 1310B IS THERE AN ADDRESS RECORDED IN 1310B FOR THE HEALTH FACILITY WHERE (NAME)'S IMMUNIZATION RECORDS ARE KEPT??	YES ..... 1 NO ..... 2	→ 1408B
1405B	WAS THIS HEALTH FACILITY VISITED?	YES ..... 1 NO ..... 2	→ 1408B
1406B	HAVE YOU LOCATED THE IMMUNIZATION RECORDS (FORM 112 OR FORM 63) OF (NAME OF THE NEXT-TO-LAST LIVE BIRTH IN 1402B) IN THE HEALTH	YES SEEN ..... 1 YES SEEN, NO RECORD IN THE CAR ..... 2 NO ..... 3	→ 1408B → 1408B

**SECTION 14B. HEALTH FACILITY FORM 112 OR FORM 63 CHILD IMMUNIZATIONN (NEXT-TO-LAST LIVE BIRTH)**

	NAME OF NEXT-TO-LAST LIVE BIRTH _____ PREGNANCY HISTORY NUMBER ... <input type="text"/> <input type="text"/>																																																																					
1407B	<p>COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.</p> <table border="1"> <thead> <tr> <th></th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>HEPATITIS B AT BIRTH</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 1</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 2</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 3</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 4</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 1</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 2</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 3</td><td></td><td></td><td></td></tr> <tr><td>DPT 4</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 1</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 2</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 3</td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 1</td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 2</td><td></td><td></td><td></td></tr> <tr><td>MMR 1</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MONTH	YEAR	BCG				HEPATITIS B AT BIRTH				ORAL POLIO VACCINE (OPV) 1				ORAL POLIO VACCINE (OPV) 2				ORAL POLIO VACCINE (OPV) 3				ORAL POLIO VACCINE (OPV) 4				DPT-HEP.B-HIB (PENTAVALENT) 1				DPT-HEP.B-HIB (PENTAVALENT) 2				DPT-HEP.B-HIB (PENTAVALENT) 3				DPT 4				PNEUMOCOCCAL 1				PNEUMOCOCCAL 2				PNEUMOCOCCAL 3				ROTAVIRUS 1				ROTAVIRUS 2				MMR 1				
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1408B	<p>CHECK 214 IN PREGNANCY HISTORY: ANY MORE LIVE BIRTHS IN 2012-2016</p> <div style="display: flex; justify-content: space-around;"> <div> <p>MORE LIVE BIRTHS IN 2012-2016 <input type="checkbox"/></p> <p>(GO TO 1402B IN AN ADDITIONAL QUESTIONNAIRE) ←</p> </div> <div> <p>NO MORE LIVE BIRTHS IN 2012-2016 <input type="checkbox"/></p> </div> </div>	→ END																																																																				