

**ALBANIA DEMOGRAPHIC AND HEALTH SURVEY
2017
WOMAN 15 - 49 QUESTIONNAIRE**

NATIONAL INSTITUTE OF STATISTICS (INSTAT) AND INSTITUTE FOR PUBLIC HEALTH (IPH)

IDENTIFICATION																
PLACE NAME _____																
NAME OF HOUSEHOLD HEAD _____																
PREFECTURE				<table border="1" style="width: 100px; height: 100px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table>												
PSU NUMBER																
HOUSEHOLD NUMBER																
NAME AND LINE NUMBER OF WOMAN _____																
INTERVIEWER VISITS																
	1	2	3	FINAL VISIT												
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>												
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 60px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>												
RESULT*	_____	_____	_____	YEAR <table border="1" style="width: 80px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>												
NEXT VISIT: DATE	_____	_____		INT. N° <table border="1" style="width: 60px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>												
TIME	_____	_____		RESULT* <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>												
				TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> </table>												
<p>*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ SPECIFY 3 POSTPONED 6 INCAPACITATED</p>																
SUPERVISOR																
_____				<table border="1" style="width: 60px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>												
NAME				NUMBER												

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the National Institute of Statistics and the Institute for Public Health. We are conducting a national survey that asks women and men about various health issues. We would very much appreciate your participation in this survey. As part of this survey, we are asking people throughout the country to have their blood pressure read. This information will help the government to plan health services. The survey usually takes between 30 and 60 minutes to complete. During the interview, I would like to measure your blood pressure. This will be done three times. This is a harmless procedure although you may feel a slight discomfort when the blood pressure cuff is applied to your arm. Your answers to the questions and the blood pressure measurements will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; you can choose not to have your blood pressure taken; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important. The results of this blood pressure measurement will be given to you orally and in writing after the interview with an explanation of the meaning of your blood pressure numbers. Elevated blood pressure is dangerous to your health, and it is important to know your numbers. Although we will give you the results of this test, we cannot provide you with any counseling, further testing or treatment if your blood pressure is elevated. At this time, do you want to ask me anything about the survey? May we take your blood pressure? 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
 ↓
 RESPONDENT AGREES TO BLOOD PRESSURE 1 RESPONDENT DOES NOT AGREE TO BLOOD PRESURE 2

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
101	RECORD THE TIME.	HOURS <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>													
101X	CHECK HOUSEHOLD QUESTIONNAIRE: HOUSEHOLD SELECTED FOR MALE SURVEY YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 102												
101A	CHECK CONSENT STATEMENT: RESPONDENT AGREES TO BLOOD PRESSURE YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 102												
101B	Before taking your blood pressure, I will ask a few questions about things that may affect these measurements. When is the last time: You had something to eat? You had coffee, tea, cola or other drink with caffeine? You smoked any tobacco product?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">LESS THAN 30 MINUTES AGO</td> <td style="text-align: center;">30 OR MORE MINUTES AGO</td> </tr> <tr> <td>EAT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAFFEINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TOBACCO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		LESS THAN 30 MINUTES AGO	30 OR MORE MINUTES AGO	EAT	1	2	CAFFEINE	1	2	TOBACCO	1	2	
	LESS THAN 30 MINUTES AGO	30 OR MORE MINUTES AGO													
EAT	1	2													
CAFFEINE	1	2													
TOBACCO	1	2													
101C	May I measure your blood pressure at this time? MEASURE BLOOD PRESSURE ON RIGHT ARM AND RECORD RESULTS	SYSTOLIC <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DIASTOLIC <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> REFUSED 994 BLOOD PRESSURE NOT MEASURED DUE TO TECHNICAL PROBLEMS 995 OTHER _____ 996 (SPECIFY)													
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.	YEARS <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> ALWAYS 95 VISITOR 96			→ 105										
103	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY 1 TOWN 2 RURAL AREA 3													

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
104	Before you moved here, which district did you move from?	BERAT 01 BULQIZË 02 DELVINË 03 DEVOLL 04 DIBËR 05 DURRËS 06 ELBASAN 07 FIER 08 GJIROKASTËR 09 GRAMSH 10 HAS 11 KAVAJË 12 KOLONJË 13 KORÇË 14 KRUIJË 15 KUÇOVË 16 KUKËS 17 KURBIN 18 LEZHË 19 LIBRAZHD 20 LUSHNJË 21 MALËSI E MADHE 22 MALLAKASTËR 23 MAT 24 MIRDITË 25 PEQIN 26 PËRMET 27 POGRADEC 28 PUKË 29 SARANDË 30 SHKODËR 31 SKRAPAR 32 TEPELENË 33 TIRANA 34 TROPOJË 35 VLORË 36 OUTSIDE ALBANIA 96	
105	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES 1 NO 2	→ 111
108	What is the highest level of school you attended primary 4-year, 8-year, generic secondary, professional, technical, university, post university-graduate?	PRIMARY 4 YEAR 1 PRIMARY 8 YEAR 2 GENERIC SECONDARY 3 PROFESSIONAL 4 TECHNICAL 5 UNIVERSITY 6 POST UNIVERSITY / GRADUATE 7	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
123	To what ethnic group do you belong?	ALBANIAN 01 EGYPTIAN 02 GREEK 03 MACEDONIAN 04 MONTENEGRIN 05 ROMA 06 VLACH 07 OTHER _____ 96 (SPECIFY)	

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 <table border="1" data-bbox="1171 331 1302 383"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS AT HOME <table border="1" data-bbox="1171 383 1302 434"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	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 <table border="1" data-bbox="1171 562 1302 613"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" data-bbox="1171 613 1302 665"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried, 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 <table border="1" data-bbox="1171 891 1302 943"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) GIRLS DEAD <table border="1" data-bbox="1171 943 1302 994"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <table border="1" data-bbox="1171 1037 1302 1088"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>YES</p> <input type="checkbox"/> <p>↓</p> </div> <div style="text-align: center;"> <p>NO</p> <input type="checkbox"/> <p>←</p> </div> </div> <p style="text-align: center;">PROBE AND CORRECT 201-208 AS NECESSARY.</p>										
210	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ONE OR MORE BIRTHS</p> <input type="checkbox"/> <p>↓</p> </div> <div style="text-align: center;"> <p>NO BIRTHS</p> <input type="checkbox"/> <p>→</p> </div> </div>		→ 226								

SECTION 2. REPRODUCTION

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
 RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. IF THERE ARE MORE THAN 10 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW.

212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER.	Is (NAME) a boy or a girl?	Were any of these births twins?	On what day, month, and year was (NAME) born?	Is (NAME) still alive?	IF ALIVE: How old was (NAME) at (NAME)'s last birthday?	IF ALIVE: Is (NAME) living with you?	IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	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.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (NEXT BIRTH)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	
02	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
03	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
04	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
05	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER.	Is (NAME) a boy or a girl?	Were any of these births twins?	On what day, month, and year was (NAME) born?	Is (NAME) still alive?	How old was (NAME) at (NAME)'s last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	How old was (NAME) when (he/she) died? IF '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.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
06	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO 221)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↓ NO 2 (NEXT BIRTH) ↓
07	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO 221)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↓ NO 2 (NEXT BIRTH) ↓
08	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO 221)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↓ NO 2 (NEXT BIRTH) ↓
09	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO 221)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↓ NO 2 (NEXT BIRTH) ↓
10	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO 221)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↓ NO 2 (NEXT BIRTH) ↓

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES 1 (RECORD BIRTH(S) IN TABLE) ← NO 2	
223	COMPARE 208 WITH NUMBER OF BIRTHS IN BIRTH HISTORY NUMBERS ARE SAME <input type="checkbox"/> ↓ NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) ←		
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2012-2017	NUMBER OF BIRTHS <input type="text"/> NONE 0	→ 226
225	C FOR EACH BIRTH IN 2012-2017, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF 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.)		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 230
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
228	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 230
229	CHECK 208: TOTAL NUMBER OF 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	
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 239
231	When did the last such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
232	CHECK 231: LAST PREGNANCY ENDED IN 2012-2017 <input type="checkbox"/>	LAST PREGNANCY ENDED IN 2011 OR EARLIER <input type="checkbox"/>	→ 233 → 250
233	How many months pregnant were you when that pregnancy ended?	NUMBER OF MONTHS <input type="text"/> <input type="text"/>	
234	Did that pregnancy end in spontaneous miscarriage, induced abortion or stillbirth?	ABORTION 1 MISCARRIAGE 2 STILLBIRTH 3	→ 235
234A	What was the main reason you had an abortion at that time?	HEALTH OF MOTHER 1 HEALTH OF BABY 2 SEX OF BABY 3 UNSURE ABOUT REASON 4 OTHER _____ 6 (SPECIFY)	
235	Since January 2012, have you had any other pregnancies that did not result in a live birth?	YES 1 NO 2	→ 250
236	In what month and year did that pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
237	How many months pregnant were you when that pregnancy ended?	NUMBER OF MONTHS <input type="text"/> <input type="text"/>	
238	Did that pregnancy end in spontaneous miscarriage, induced abortion or stillbirth?	ABORTION 1 MISCARRIAGE 2 STILLBIRTH 3	→ 240
239	What was the main reason you had an abortion at that time?	HEALTH OF MOTHER 1 HEALTH OF BABY 2 SEX OF BABY 3 UNSURE ABOUT REASON 4 OTHER _____ 6 (SPECIFY)	
240	Since January 2012, have you had any other pregnancies that did not result in a live birth?	YES 1 NO 2	→ 250
241	In what month and year did that pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
242	How many months pregnant were you when that pregnancy ended?	NUMBER OF MONTHS <input type="text"/> <input type="text"/>	
243	Did that pregnancy end in spontaneous miscarriage, induced abortion or stillbirth?	ABORTION 1 MISCARRIAGE 2 STILLBIRTH 3	→ 245
244	What was the main reason you had an abortion at that time?	HEALTH OF MOTHER 1 HEALTH OF BABY 2 SEX OF BABY 3 UNSURE ABOUT REASON 4 OTHER _____ 6 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
245	Since January 2012, have you had any other pregnancies that did not result in a live birth?	YES 1 NO 2	→ 250
246	In what month and year did that pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
247	How many months pregnant were you when that pregnancy ended?	NUMBER OF MONTHS <input type="text"/> <input type="text"/>	
248	Did that pregnancy end in spontaneous miscarriage, induced abortion or stillbirth?	ABORTION 1 MISCARRIAGE 2 STILLBIRTH 3	→ 250
249	What was the main reason you had an abortion at that time?	HEALTH OF MOTHER 1 HEALTH OF BABY 2 SEX OF BABY 3 UNSURE ABOUT REASON 4 OTHER 6 (SPECIFY) _____	
250	<p>C FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2012-2017 OR LATER, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.</p> <p>IF THERE ARE MORE THAN FOUR PREGNANCIES THAT DID NOT END IN A LIVE BIRTH, USE AN ADDITIONAL QUESTIONNAIRE STARTING ON THE SECOND LINE.</p>		
251	Did you have any miscarriages, abortions or stillbirths that ended before 2012?	YES 1 NO 2	→ 253
252	When did the last such pregnancy that terminated before 2012 end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
253	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996	
254	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	→ 256
255	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	
256	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 family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?		
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2	
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2	
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more	YES 1 NO 2	
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2	
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2	
09	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2	
10	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	
11	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES 1 NO 2	
12	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2	
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO Y	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
307	<p>In what facility did the sterilization take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>PUBLIC HOSPITAL / MATERNITY 11</p> <p>OTHER PUBLIC SECTOR</p> <p align="right">_____ 16</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC 21</p> <p>PRIVATE DOCTOR'S OFFICE 22</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p align="right">_____ 26</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>							
308	<p>In what month and year was the sterilization performed?</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>							<p align="right">} → 310</p>
309	<p>Since what month and year have you been using (CURRENT METHOD) without stopping?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>							
310	<p>CHECK 308 AND 309, 215 AND 231: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308 OR 309</p> <p align="center"> <input type="checkbox"/> NO ↓ </p>	<p align="center"> <input type="checkbox"/> YES ↓ </p> <p align="center"> 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). </p>							

SECTION 3. CONTRACEPTION (CAPI OPTION)

311	CHECK 308 AND 309: YEAR IS 2012-2017 <input type="checkbox"/> C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. THEN CONTINUE ↓		YEAR IS 2011 OR EARLIER <input type="checkbox"/> C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2012 THEN ↓ (SKIP TO 324) ←	
312	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. C USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2012. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.			
		COLUMN 1	COLUMN 2	COLUMN 3
312A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR
312B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your partner use any method of contraception?	YES 1 NO 2 (SKIP TO 312I) ←	YES 1 NO 2 (SKIP TO 312I) ←	YES 1 NO 2 (SKIP TO 312I) ←
312C	Which method was that?	METHOD CODE .. <input type="text"/>	METHOD CODE .. <input type="text"/>	METHOD CODE .. <input type="text"/>
312D	How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.	IMMEDIATELY 00 MONTHS .. <input type="text"/> <input type="text"/> (SKIP TO 312F) ← DATE GIVEN 95	IMMEDIATELY 00 MONTHS .. <input type="text"/> <input type="text"/> (SKIP TO 312F) ← DATE GIVEN 95	IMMEDIATELY 00 MONTHS .. <input type="text"/> <input type="text"/> (SKIP TO 312F) ← DATE GIVEN 95
312E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR
312F	For how many months did you use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.	MONTHS .. <input type="text"/> <input type="text"/> (SKIP TO 312H) ← DATE GIVEN 95	MONTHS .. <input type="text"/> <input type="text"/> (SKIP TO 312H) ← DATE GIVEN 95	MONTHS .. <input type="text"/> <input type="text"/> (SKIP TO 312H) ← DATE GIVEN 95
312G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR
312H	Why did you stop using (METHOD)?	REASON STOPPED <input type="text"/>	REASON STOPPED <input type="text"/>	REASON STOPPED <input type="text"/>
312I		GO BACK TO 312A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 313.	GO BACK TO 312A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 313.	GO BACK TO 312A IN NEW QUESTIONNAIRE; OR, IF NO MORE GAPS, GO TO 313.

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
321	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
322	<p>CHECK 318 AND 319:</p> <p align="center"> <input type="checkbox"/> ANY 'YES' <input type="checkbox"/> OTHER </p> <p>a) At that time, were you told about other methods of family planning that you could use?</p> <p>b) When you obtained (CURRENT METHOD FROM 315) from (SOURCE OF METHOD FROM 307 OR 316), were you told about other methods of family planning that you could use?</p>	<p>YES 1 NO 2</p>	→ 324
323	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES 1 NO 2	
324	<p>CHECK 304:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 LACTATIONAL AMENORRHEA METHOD 10 RHYTHM METHOD 11 WITHDRAWAL 12 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96</p>	<p>→ 327 → 327 → 327</p>
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>_____ (NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>PUBLIC HOSPITAL / MATERNITY 11 PUBLIC HEALTH CENTER 12 WOMEN'S CONSULTING CENTER FAMILY PLANNING CLINIC 13 HEALTH POST 14 OTHER PUBLIC 16</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC 21 PHARMACY 22 PRIVATE DOCTOR'S OFFICE 23 OTHER PRIVATE MEDICAL SECTOR 26</p> <p align="center">(SPECIFY)</p> <p>OTHER 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	→ 327
326	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2	
327	In the last 12 months, were you visited by a health worker or health educator?	YES 1 NO 2	→ 329
328	Did the health worker or health educator talk to you about family planning?	YES 1 NO 2	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
329	<p>CHECK 202: LIVING CHILDREN</p> <p align="center"> 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? </p> <p> b) In the last 12 months, have you visited a health facility for care for yourself? </p>	<p> YES 1 NO 2 </p>	<p align="center">→ 401</p>
330	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	<p> YES 1 NO 2 </p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224:	ONE OR MORE BIRTHS IN 2012-2017 <input type="checkbox"/>	NO BIRTHS IN 2012-2017 <input type="checkbox"/> → 648			
402	CHECK 215. RECORD THE BIRTH HISTORY NUMBER IN 403 AND THE NAME AND SURVIVAL STATUS IN 404 FOR EACH BIRTH IN 2012-2017. 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). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)					
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>			
404	FROM 212 AND 216:	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>			
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 (SKIP TO 408) ← NO 2	YES 1 (SKIP TO 426) ← NO 2			
406	CHECK 208: <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none; vertical-align:top;"> ONLY ONE BIRTH <input type="checkbox"/> a) Did you want to have a baby later on, or did you not want any children? </td> <td style="width:5%; border:none; text-align:center; vertical-align:middle;"> </td> <td style="width:45%; border:none; vertical-align:top;"> MORE THAN ONE BIRTH <input type="checkbox"/> b) Did you want to have a baby later on, or did you not want any more children? </td> </tr> </table>	ONLY ONE BIRTH <input type="checkbox"/> a) Did you want to have a baby later on, or did you not want any children?		MORE THAN ONE BIRTH <input type="checkbox"/> b) Did you want to have a baby later on, or did you not want any more children?	LATER 1 NO MORE/NONE 2 (SKIP TO 408) ←	LATER 1 NO MORE/NONE 2 (SKIP TO 426) ←
ONLY ONE BIRTH <input type="checkbox"/> a) Did you want to have a baby later on, or did you not want any children?		MORE THAN ONE BIRTH <input type="checkbox"/> b) Did you want to have a baby later on, or did you not want any more children?				
407	How much longer did you want to wait?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998			
408	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2 (SKIP TO 414) ←				
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED	HEALTH PERSONNEL FAMILY DOCTOR A OBSTETRICIAN / GYNECOLOGIST B NURSE / MIDWIFE C OTHER _____ X (SPECIFY)				

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
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SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH																			
		NAME _____		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>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME A</p> <p>OTHER HOME B</p> <p>PUBLIC SECTOR</p> <p>TIRANA MATERNITY C</p> <p>PUBLIC HOSPITAL / MATERNITY D</p> <p>PUBLIC HEALTH CENTER CONSULTING WOMEN'S CENTER E</p> <p>HEALTH POST F</p> <p>OTHER PUBLIC SECTOR G</p> <p>_____ H</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/ CLINIC I</p> <p>OTHER PRIVATE MEDICAL SECTOR J</p> <p>_____ J</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>																					
411	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>																					
412	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>																					
413	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once:</p> <p>a) Were you weighed?</p> <p>b) Was your blood pressure measured?</p> <p>c) Did you give a urine sample?</p> <p>d) Did you give a blood sample?</p> <p>e) Did you have an ultrasound examination?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) WEIGHED</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) BLOOD PRESS.</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) URINE SAMPLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) BLOOD SAMPLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) ULTRASOUND</td> <td>1</td> <td>2</td> </tr> </tbody> </table> <p align="center">(SKIP TO 413C) ←</p>		YES	NO	a) WEIGHED	1	2	b) BLOOD PRESS.	1	2	c) URINE SAMPLE	1	2	d) BLOOD SAMPLE	1	2	e) ULTRASOUND	1	2			
	YES	NO																					
a) WEIGHED	1	2																					
b) BLOOD PRESS.	1	2																					
c) URINE SAMPLE	1	2																					
d) BLOOD SAMPLE	1	2																					
e) ULTRASOUND	1	2																					

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
413A	How many months pregnant were you the first time you had an ultrasound examination?	MONTHS	<input type="text"/> <input type="text"/>		
		DON'T KNOW	98		
413B	How many times did you have an ultrasound examination during this pregnancy?	NUMBER OF TIMES	<input type="text"/>		
		DON'T KNOW	8		
413C	As part of your antenatal care during this pregnancy, did you receive any information about:			YES	NO
	a) Nutrition?	a) NUTRITION	1	2	
	b) Smoking during the pregnancy?	b) SMOKING	1	2	
	c) Drinking during the pregnancy?	c) DRINKING	1	2	
	d) Delivery?	d) DELIVERY	1	2	
	e) Postnatal care?	e) POSTNATAL CARE	1	2	
	f) Breastfeeding?	f) BREASTFEEDING	1	2	
	g) Contraception?	g) CONTRACEPTION	1	2	
	h) Sexually transmitted infections?	h) STIs	1	2	
414	Did you receive any type of vaccination during this pregnancy?	YES	1		
		NO	2		
		(SKIP TO 420) ←			
		DON'T KNOW	8		
417	What was the vaccine for?	TETANUS	1		
		INFLUENZA	2		
		TETANUS AND INFLUENZA	3		
		UNSURE / DON'T KNOW	8		
420	During this pregnancy, were you given or did you buy any iron tablets or iron syrup?	YES	1		
		NO	2		
		(SKIP TO 421A) ←			
	SHOW TABLETS/SYRUP.	DON'T KNOW	8		
421	During the whole pregnancy, for how many days did you take the tablets or syrup?	DAYS	<input type="text"/> <input type="text"/> <input type="text"/>		
	IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DON'T KNOW	998		
421A	During this pregnancy, were you given or did you buy any iodine tablets?	YES	1		
		NO	2		
		(SKIP TO 422) ←			
	SHOW TABLETS	DON'T KNOW	8		
421B	During the whole pregnancy, for how many days did you take iodine tablets?	DAYS	<input type="text"/> <input type="text"/> <input type="text"/>		
	IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DON'T KNOW	998		
422	During this pregnancy, did you take any drug for intestinal worms?	YES	1		
		NO	2		
		DON'T KNOW	8		

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
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
428	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CHILD'S HEALTH BOOK 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	KG FROM CHILD'S HEALTH BOOK 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
429	Who assisted with the delivery of (NAME)? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL FAMILY DOCTOR A OBSTETRICIAN / GYNECOLOGIST B NURSE / MIDWIFE C OTHER PERSON RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE ASSISTED Y	HEALTH PERSONNEL FAMILY DOCTOR A OBSTETRICIAN / GYNECOLOGIST B NURSE / MIDWIFE C OTHER PERSON RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE ASSISTED Y

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
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>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p align="center">(SKIP TO 434) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>TIRANA MATERNITY 21</p> <p>PUBLIC HOSPITAL / MATERNITY 22</p> <p>PUBLIC HEALTH CENTER 23</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p>GOVERNMENT HEALTH POST 27</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/ CLINIC 31</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p> <p align="center">(SKIP TO 434) ←</p>	<p>HOME</p> <p>HER HOME 11</p> <p align="center">(SKIP TO 434) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>TIRANA MATERNITY 21</p> <p>PUBLIC HOSPITAL / MATERNITY 22</p> <p>PUBLIC HEALTH CENTER 23</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p>GOVERNMENT HEALTH POST 27</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/ CLINIC 31</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p> <p align="center">(SKIP TO 434) ←</p>
431	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p>	
432	<p>Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 434) ←</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 434) ←</p>
433	<p>When was the decision made to have the caesarean section? Was it before or after your labor pains started?</p>	<p>BEFORE 1</p> <p>AFTER 2</p>	<p>BEFORE 1</p> <p>AFTER 2</p>
433A	<p>What was the main reason that you delivered (NAME) by caesarean section?</p>	<p>BABY TOO LARGE 01</p> <p>PELVIS TOO SMALL 02</p> <p>MALPRESENTATION 03</p> <p>BABY STARTED TO SUFFER 04</p> <p>PROLONGUED LABOR / FAILED INDUCTION 05</p> <p>OBSTETRIC HEMORRHAGE .. 06</p> <p>PREVIOUS C-SECTION 07</p> <p>ON REQUEST 08</p> <p>OTHER 96</p> <p>DON'T KNOW 98</p>	<p>BABY TOO LARGE 01</p> <p>PELVIS TOO SMALL 02</p> <p>MALPRESENTATION 03</p> <p>BABY STARTED TO SUFFER 04</p> <p>PROLONGUED LABOR / FAILED INDUCTION 05</p> <p>OBSTETRIC HEMORRHAGE .. 06</p> <p>PREVIOUS C-SECTION 07</p> <p>ON REQUEST 08</p> <p>OTHER 96</p> <p>DON'T KNOW 98</p>
434	<p>Immediately after the birth, was (NAME) put on your chest?</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 434B) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 459) ←</p> <p>DON'T KNOW 8</p>

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH							
		NAME _____		NAME _____							
434A	Was (NAME)'s bare skin touching your bare skin?	YES	1	YES	1						
		NO	2	NO	2						
		DON'T KNOW	8	DON'T KNOW	8						
434B	CHECK 430: PLACE OF DELIVERY	<p align="center">CODE 11, 12, OR 96 <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p align="center">CIRCLED</p> <p align="center">(SKIP TO 449) ←</p>									
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"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
		DAYS	2								
		WEEKS	3	<table border="1"><tr><td></td><td></td></tr><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.	HEALTH PERSONNEL FAMILY DOCTOR 11 OBSTETRICIAN / 12 GYNECOLOGIST NURSE / MIDWIFE 13 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								
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"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
		DAYS	2								
		WEEKS	3	<table border="1"><tr><td></td><td></td></tr><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.	HEALTH PERSONNEL FAMILY DOCTOR 11 OBSTETRICIAN / 12 GYNECOLOGIST NURSE / MIDWIFE 13 OTHER _____ 96 (SPECIFY)									

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____												
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 (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="906 383 1035 434"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" data-bbox="906 434 1035 486"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" data-bbox="906 486 1035 537"><tr><td> </td><td> </td></tr><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.	HEALTH PERSONNEL FAMILY DOCTOR 11 OBSTETRICIAN / GYNECOLOGIST 12 NURSE / MIDWIFE 13 OTHER _____ 96 (SPECIFY)													
444	Where did the check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME HER HOME 11 OTHER HOME 12 PUBLIC SECTOR TIRANA MATERNITY 21 PUBLIC HOSPITAL / MATERNITY 22 PUBLIC HEALTH CENTER 23 OTHER PUBLIC SECTOR _____ (SPECIFY) 26 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC 31 OTHER PRIVATE MEDICAL SECTOR _____ (SPECIFY) 36 OTHER _____ 96 (SPECIFY)													
445	I would like to talk to you about checks on (NAME)'s health after you left (FACILITY IN 430). Did any health care provider check on (NAME)'s health in the two months after you left (FACILITY IN 430)?	YES 1 NO 2 (SKIP TO 457) ← DON'T KNOW 8													
446	How many hours, days or weeks after the birth of (NAME) 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="906 1713 1035 1765"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" data-bbox="906 1765 1035 1816"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" data-bbox="906 1816 1035 1868"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW 998													

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____						
447	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL FAMILY DOCTOR 11 OBSTETRICIAN / GYNECOLOGIST* 12 NURSE / MIDWIFE 13 OTHER _____ 96 (SPECIFY)							
448	Where did this check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME HER HOME 11 OTHER HOME 12 PUBLIC SECTOR TIRANA MATERNITY 21 PUBLIC HOSPITAL / MATERNITY 22 PUBLIC HEALTH CENTER 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC 31 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 457) ←							
449	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?	YES 1 NO 2 (SKIP TO 453) ←							
450	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="906 1435 1034 1480"><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" data-bbox="906 1480 1034 1525"><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" data-bbox="906 1525 1034 1585"><tr><td> </td><td> </td></tr></table> DON'T KNOW 998							
451	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL FAMILY DOCTOR 11 OBSTETRICIAN / GYNECOLOGIST* 12 NURSE / MIDWIFE 13 OTHER _____ 96 (SPECIFY)							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST 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>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>TIRANA MATERNITY 21</p> <p>PUBLIC HOSPITAL / MATERNITY 22</p> <p>PUBLIC HEALTH CENTER 23</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/ CLINIC 31</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ 96</p> <p align="center">(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 align="center">(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" style="float: right; margin-left: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
455	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE/MIDWIFE 12</p> <p>AUXILIARY MIDWIFE 13</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH																									
		NAME _____		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>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>TIRANA MATERNITY 21</p> <p>PUBLIC HOSPITAL / MATERNITY 22</p> <p>PUBLIC HEALTH CENTER 23</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/ CLINIC 31</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ 96</p> <p align="center">(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 border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>a) CORD.....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) TEMP.</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) SIGNS</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>d) COUNSEL</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>e) OBSERVE</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	a) CORD.....	1	2	8	b) TEMP.	1	2	8	c) SIGNS	1	2	8	d) COUNSEL	1	2	8	e) OBSERVE	1	2	8			
	YES	NO	DK																										
a) CORD.....	1	2	8																										
b) TEMP.	1	2	8																										
c) SIGNS	1	2	8																										
d) COUNSEL	1	2	8																										
e) OBSERVE	1	2	8																										
458	<p>Has your menstrual period returned since the birth of (NAME)?</p>	<p>YES 1</p> <p align="center">(SKIP TO 460) ←</p> <p>NO 2</p> <p align="center">(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 align="center">(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>																									
461	<p>CHECK 226: IS RESPONDENT PREGNANT?</p>	<p>NOT PREGNANT <input type="checkbox"/></p> <p>PREGNANT OR UNSURE <input type="checkbox"/></p> <p align="center">(SKIP TO 463) ←</p>																											
462	<p>Have you had sexual intercourse since the birth of (NAME)?</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 464) ←</p>																											

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____
463	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	DON'T KNOW 98	DON'T KNOW 98
464	Did you ever breastfeed (NAME)?	YES 1 (SKIP TO 466) ←	YES 1	NO 2	NO 2
465	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 470) ← (SKIP 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"/> ↓ (SKIP 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			

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
470A	<p>In the past 3 days, did you or any person over 15 years of age engage in any of the following activities with (NAME):</p> <p>a) Read books or look at picture books with (NAME)?</p> <p>b) Who engaged in this activity with the child - you, the father or another older person?</p> <hr/> <p>c) Told stories to (NAME)?</p> <p>d) Who engaged in this activity with the child?</p> <hr/> <p>e) Sang songs to (NAME)?</p> <p>f) Who engaged in this activity with the child?</p> <hr/> <p>g) Take (NAME) outside the home, compound, yard or enclosure?</p> <p>h) Who engaged in this activity with the child?</p> <hr/> <p>i) Play with (NAME)?</p> <p>j) Who engaged in this activity with the child?</p> <hr/> <p>k) Spend time with (NAME) naming, counting, or drawing things?</p> <p>l) Who engaged in this activity with the child?</p>	<p align="center">YES NO 1 2 → c)</p> <p>CODE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p align="center">APPLY CODES BELOW</p> <hr/> <p align="center">YES NO 1 2 → e)</p> <p>CODE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p align="center">APPLY CODES BELOW</p> <hr/> <p align="center">YES NO 1 2 → g)</p> <p>CODE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p align="center">APPLY CODES BELOW</p> <hr/> <p align="center">YES NO 1 2 → i)</p> <p>CODE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p align="center">APPLY CODES BELOW</p> <hr/> <p align="center">YES NO 1 2 → k)</p> <p>CODE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p align="center">APPLY CODES BELOW</p> <hr/> <p align="center">YES NO 1 2 → 470B</p> <p>CODE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p align="center">APPLY CODES BELOW</p>	<p align="center">YES NO 1 2 → c)</p> <p>CODE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p align="center">APPLY CODES BELOW</p> <hr/> <p align="center">YES NO 1 2 → e)</p> <p>CODE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p align="center">APPLY CODES BELOW</p> <hr/> <p align="center">YES NO 1 2 → g)</p> <p>CODE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p align="center">APPLY CODES BELOW</p> <hr/> <p align="center">YES NO 1 2 → i)</p> <p>CODE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p align="center">APPLY CODES BELOW</p> <hr/> <p align="center">YES NO 1 2 → k)</p> <p>CODE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p align="center">APPLY CODES BELOW</p> <hr/> <p align="center">YES NO 1 2 → 470B</p> <p>CODE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p align="center">APPLY CODES BELOW</p>
	CODES FOR Q 470A	MOTHER = A FATHER = B ANOTHER PERSON 15 YEARS OR OLDER = X	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____	NAME _____		
470B	<p>Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons, and have to leave young children with others.</p> <p>Since last (DAY OF THE WEEK) how many times was (NAME) left in the care of child less than 10 years old?</p> <p>IF NEVER RECORD 00</p>	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>NEVER 00</p> <p>DON'T KNOW 98</p>	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>NEVER 00</p> <p>DON'T KNOW 98</p>		
470C	<p>In the past week, how many times was (NAME) left alone?</p>	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>NEVER 00</p> <p>DON'T KNOW 98</p>	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>NEVER 00</p> <p>DON'T KNOW 98</p>		
471		<p>GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501A.</p>	<p>GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501A.</p>		

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501A	CHECK 215 IN THE BIRTH HISTORY: ANY BIRTHS IN 2014-2017? ONE OR MORE BIRTHS IN 2014-2017 <input type="checkbox"/> NO BIRTHS IN 2014-2017 <input type="checkbox"/>		→ 601
502A	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE LAST CHILD BORN IN 2014-2017. NAME OF LAST BIRTH _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>		
503A	CHECK 216 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		→ 501B
504A	Do you have a card or child health book where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD 1 YES, HAS ONLY A CHILD HEALTH BOOK 2 YES, HAS CARD AND A CHILD HEALTH BOOK .. 3 NO, NO CARD AND NO CHILD HEALTH BOOK .. 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 child health book where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN 1 YES, ONLY CHILD HEALTH BOOK SEEN 2 YES, CARD AND CHILD HEALTH BOOK SEEN .. 3 NO CARD AND NO CHILD HEALTH BOOK SEEN 4	→ 509A
508A	NOTE THE MOST RECENT VACCINE ON THE CARD. COPY THE LAST VACCINE RECEIVED AND THE DATE IT WAS RECEIVED FROM THE CARD. LAST VACCINES RECEIVED (RECORD ALL VACCINES RECEIVED AT THE LAST DATE) Vaccines _____ Vaccines _____ Vaccines _____ Vaccines _____	DATE OF LAST VACCINES DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
509A	How old was (NAME) the last time he / she received a vaccine?	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> DON'T KNOW / DON'T REMEMBER 998	
510A	Did (NAME) receive all the vaccinations required for a child his / her age?	YES 1 NO 2 DON'T KNOW / NOT SURE 8	
511A	CONTINUE WITH 501B.		

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501B	CHECK 215 IN THE BIRTH HISTORY: ANY MORE BIRTHS IN 2014-2017? MORE BIRTHS IN 2014-2017 <input type="checkbox"/> NO MORE BIRTHS IN 2014-2017 <input type="checkbox"/>	→ 511	
502B	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE LAST CHILD BORN IN 2014-2017. NAME OF LAST BIRTH _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>		
503B	CHECK 216 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	→ 501B	
504B	Do you have a card or child health book where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD 1 YES, HAS ONLY A CHILD HEALTH BOOK 2 YES, HAS CARD AND A CHILD HEALTH BOOK .. 3 NO, NO CARD AND NO CHILD HEALTH BOOK .. 4	→ 507B → 507B
505B	Did you ever have a vaccination card for (NAME)?	YES 1 NO 2	
506B	CHECK 504B: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/>	→ 511	
507B	May I see the card or child health book where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN 1 YES, ONLY CHILD HEALTH BOOK SEEN 2 YES, CARD AND CHILD HEALTH BOOK SEEN .. 3 NO CARD AND NO CHILD HEALTH BOOK SEEN 4	→ 509B
508B	NOTE THE MOST RECENT VACCINE ON THE CARD. COPY THE LAST VACCINE RECEIVED AND THE DATE IT WAS RECEIVED FROM THE CARD. LAST VACCINES RECEIVED (RECORD ALL VACCINES RECEIVED AT THE LAST DATE)	DATE OF LAST VACCINES DAY MONTH YEAR <input type="text"/> <input type="text"/>	
509B	How old was (NAME) the last time he / she received a vaccine?	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> DON'T KNOW / DON'T REMEMBER 998	
510B	Did (NAME) receive all the vaccinations required for a child his / her age?	YES 1 NO 2 DON'T KNOW / NOT SURE 8	
511	In your opinion, when it comes to a child's health are vaccines beneficial, are they harmful or don't really make much difference on their health?	BENEFICIAL 1 HARMFUL 2 DON'T MAKE A DIFFERENCE 3 DON'T KNOW / NO OPINION 8	

512	Have you ever postponed or delayed having your child (one of your children) vaccinated?	YES 1 NO 2	→ 514
513	What was the main reason for postponing your child's vaccination at that time?	DOUBTS ABOUT VACCINE SAFETY 1 CONCERN ABOUT SIDE EFFECTS 2 CHILD WAS SICK AT THE TIME OF VACCINATION 3 DID NOT HAVE TIME / TOO BUSY 4 NO PARTICULAR REASON 5 OTHER _____ 7 (SPECIFY)	
514	Have you ever chose not to have your child (one of your children) vaccinated?	YES 1 NO 2	→ 516
515	What was the main reason for not having your child vaccinated or for delaying his time of vaccination?	DOUBTS ABOUT VACCINE SAFETY 1 CONCERNED ABOUT SIDE EFFECTS 2 CHILD WAS SICK AT THE TIME OF VACCINATION 3 MEDICAL CONTRAINDICATION 4 VACCINE MORE HARMFUL THAN DISEASE .. 5 RELIGIOUS CONVICTION 6 OTHER _____ 7 (SPECIFY)	
516	A person can obtain health information from many sources. What is the source you trust the most when it comes to information about vaccines?	DOCTOR / NURSES 1 HEALTH PROMOTER / COMMUNITY HEALTH CARE WORKER 2 NEWSPAPERS / JOURNALS 3 RADIO / TELEVISION 4 INTERNET / SOCIAL MEDIA 5 FAMILY MEMBERS / RELATIVES 6 OTHER _____ 7 (SPECIFY)	
517	<p>We need to have more information about your child's (your children's) vaccinations. For this we need to go look at his vaccination record at the health center's registry. Do we have your permission to look at your child's (your children's) vaccination record(s) at the health center?</p> <p>MOTHER GIVES PERMISSION <input type="checkbox"/> MOTHER DOES NOT GIVE PERMISSION <input type="checkbox"/></p>		

SECTION 6. CHILD HEALTH AND NUTRITION

600	CHECK 101X: HOUSEHOLD SELECTED FOR MALE SURVEY		
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	→ 601
600A	CHECK 101A: RESPONDENT AGREES TO BLOOD PRESSURE		
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	→ 601
600B	<p>May I measure your blood pressure again at this time?</p> <p>MEASURE BLOOD PRESSURE ON RIGHT ARM AND RECORD RESULTS</p>	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>
		REFUSED 994 BLOOD PRESSURE NOT MEASURED DUE TO TECHNICAL PROBLEMS 995 OTHER _____ 996 (SPECIFY)	
601	CHECK 224:		
	ONE OR MORE BIRTHS IN 2012-2017 <input type="checkbox"/>	NO BIRTHS IN 2012-2017 <input type="checkbox"/>	→ 648
602	CHECK 215: RECORD THE BIRTH HISTORY NUMBER IN 603 AND THE NAME AND SURVIVAL STATUS IN 604 FOR EACH BIRTH IN 2012-2017. 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). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)		
603	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>
604	FROM 212 AND 216:	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 646) ←	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 646) ←
607	Was (NAME) given any drug for intestinal worms in the last six months?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
608	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 618) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 618) ←

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
609	<p>CHECK 469: CURRENTLY BREASTFEEDING?</p> <p>YES <input type="checkbox"/> NO/ NOT ASKED <input type="checkbox"/></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</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</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>
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>(SKIP TO 615) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 615) ←</p>
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>PUBLIC SECTOR</p> <p>PUBLIC HOSPITAL .. A</p> <p>PUBLIC HEALTH CENTER B</p> <p>HEALTH POST C</p> <p>POLYCLINIC D</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR I</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>PUBLIC HOSPITAL .. A</p> <p>PUBLIC HEALTH CENTER B</p> <p>HEALTH POST C</p> <p>POLYCLINIC D</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR I</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH																																							
		NAME _____	NAME _____	NAME _____	NAME _____																																						
613	CHECK 612:	TWO OR MORE CODES CIRCLED <input type="checkbox"/>	ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 615) ←	TWO OR MORE CODES CIRCLED <input type="checkbox"/>	ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 615) ←																																						
614	Where did you first seek advice or treatment? USE LETTER CODE FROM 612.	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>																																						
615	Was (NAME) given any of the following at any time since (NAME) started having the diarrhea: a) A fluid made from a special packet such as Almora, Adiaril, Tasectan or Equidral? b) A pre-packaged ORS liquid? c) A homemade sugar-salt-water solution d) Zinc tablets or syrup?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) FLUID FROM ORS PACKET ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) ORS LIQUID ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) HOMEMADE SOLUTION</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) ZINC</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) FLUID FROM ORS PACKET ..	1	2	8	b) ORS LIQUID ..	1	2	8	c) HOMEMADE SOLUTION	1	2	8	d) ZINC	1	2	8	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) FLUID FROM ORS PACKET ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) ORS LIQUID ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) HOMEMADE SOLUTION</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) ZINC</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) FLUID FROM ORS PACKET ..	1	2	8	b) ORS LIQUID ..	1	2	8	c) HOMEMADE SOLUTION	1	2	8	d) ZINC	1	2	8
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d) ZINC	1	2	8																																								
616	CHECK 615: ANY 'YES' <input type="checkbox"/> a) Was anything else given to treat the diarrhea? ALL 'NO' OR 'DK' <input type="checkbox"/> b) Was anything given to treat the diarrhea?	<table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td>DON'T KNOW</td> <td>8</td> </tr> </table> (SKIP TO 618) ←	YES	1	NO	2	DON'T KNOW	8	<table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td>DON'T KNOW</td> <td>8</td> </tr> </table> (SKIP TO 618) ←	YES	1	NO	2	DON'T KNOW	8																												
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NO	2																																										
DON'T KNOW	8																																										
YES	1																																										
NO	2																																										
DON'T KNOW	8																																										
617	CHECK 615: ANY 'YES' <input type="checkbox"/> a) What else was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN. ALL 'NO' OR 'DK' <input type="checkbox"/> b) What was given to treat the diarrhea? Anything else?	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) D UNKNOWN PILL OR SYRUP E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) D UNKNOWN PILL OR SYRUP E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)																																								
617A	CHECK 617: GIVEN ZINC?	CODE "C" CIRCLED: YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 618) ←	CODE "C" CIRCLED: YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 618) ←																																								
617B	How many times was (NAME) given zinc?	TIMES <input type="text"/> <input type="text"/>	TIMES <input type="text"/> <input type="text"/>																																								
618	Has (NAME) been ill with a fever at any time in the last 2 weeks?	<table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td>DON'T KNOW</td> <td>8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8	<table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td>DON'T KNOW</td> <td>8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8																												
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SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
620	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8		YES 1 NO 2 DON'T KNOW 8	
621	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 623) ←		YES 1 NO 2 DON'T KNOW 8 (SKIP TO 623) ←	
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 <input type="checkbox"/> NO OR DK <input type="checkbox"/> (SKIP TO 646) ←		YES <input type="checkbox"/> NO OR DK <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))	PUBLIC SECTOR PUBLIC HOSPITAL .. A PUBLIC HEALTH CENTER B HEALTH POST C POLYCLINIC D OTHER PUBLIC SECTOR _____ (SPECIFY) F PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL / CLINIC G PHARMACY H PRIVATE DOCTOR I OTHER PRIVATE MEDICAL SECTOR _____ (SPECIFY) L OTHER SOURCE SHOP M OTHER X (SPECIFY)		PUBLIC SECTOR PUBLIC HOSPITAL .. A PUBLIC HEALTH CENTER B HEALTH POST C POLYCLINIC D OTHER PUBLIC SECTOR _____ (SPECIFY) F PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL / CLINIC G PHARMACY H PRIVATE DOCTOR I OTHER PRIVATE MEDICAL SECTOR _____ (SPECIFY) L OTHER SOURCE SHOP M OTHER X (SPECIFY)	
626	CHECK 625:	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 628) ←		TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 628) ←	
627	Where did you first seek advice or treatment? USE LETTER CODE FROM 625.	FIRST PLACE <input type="checkbox"/>		FIRST PLACE <input type="checkbox"/>	
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"/>	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
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.	ANTIBIOTIC DRUGS PILL / SYRUF. J INJECTION / IV K OTHER DRUGS ASPIRIN L ACETAMINOPHEN M IBUPROFEN N OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIBIOTIC DRUGS PILL / SYRUF. J INJECTION / IV K OTHER DRUGS ASPIRIN L ACETAMINOPHEN M IBUPROFEN N OTHER _____ X (SPECIFY) DON'T KNOW Z
646		GO BACK TO 604 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 647.	GO TO 604 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 647.

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
647	CHECK 615(a) AND 615(b), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/>	ANY CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/>	→ 649
648	Have you ever heard of special products called Adiaril or Rapolyte that you can get for the treatment of diarrhea?	YES 1 NO 2	
649	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2014-2017 LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> ↓ _____ (NAME OF YOUNGEST CHILD LIVING WITH HER) ↓	NONE <input type="checkbox"/>	→ 701

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP	
650	<p>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 or yourself had the item I mention even if it was combined with other foods.</p>		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) Tea or coffee?	d)	1	2	8	
	<p>e) 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'.</p>	N° OF TIMES		<input type="text"/>	
	<p>f) Infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.</p>	f)	1	2	8	
	g) Any other liquids?	g)	1	2	8	
	<p>h) Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.</p>	h)	1	2	8	
	i) Any [BRAND NAME OF COMMERCIALY FORTIFIED BABY FOOD, E.G., Cerelac]?	i)	1	2	8	
	j) Bread, rice, noodles, porridge, or other foods made from grains?	j)	1	2	8	
	k) Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	k)	1	2	8	
	l) White potatoes, white yams, manioc, cassava, or any other foods made from roots?	l)	1	2	8	
	m) Any dark green, leafy vegetables?	m)	1	2	8	
	n) Apricots, peaches or canteloupe?	n)	1	2	8	
	o) Any other fruits or vegetables?	o)	1	2	8	
	p) Liver, kidney, heart, or other organ meats?	p)	1	2	8	
	q) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	q)	1	2	8	
	r) Eggs?	r)	1	2	8	
	s) Fresh or dried fish or shellfish?	s)	1	2	8	
	t) Any foods made from beans, peas, lentils, or nuts?	t)	1	2	8	
	u) Cheese or other food made from milk?	u)	1	2	8	
	v) Any sugary food, such as chocolates, sweets, candy, pastires, cakes, biscuits, jam or marmalade?	v)	1	2	8	
	y) Any other solid, semi-solid, or soft food?	y)	1	2	8	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
651	CHECK 650 (CATEGORIES 'h' THROUGH 'y') FOR THE CHILD: 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	→ 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	→ 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;"> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE ↓ <input type="checkbox"/></p> <p>a) In what month and year did you start living with your (husband/partner)?</p> </div> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE ↓ <input type="checkbox"/></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> </div> </div>	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	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
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 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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 AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/>	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/>
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 AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> YEARS AGO .. 4 <input type="text"/> <input type="text"/>	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> YEARS AGO .. 4 <input type="text"/> <input type="text"/>	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> YEARS AGO .. 4 <input type="text"/> <input type="text"/>
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 <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
721	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98
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 .. <input type="text"/> <input type="text"/> 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 IN A UNION <input type="checkbox"/> ↓	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, CONDOM USED <input type="checkbox"/> ↓	NO, CONDOM NOT USED <input type="checkbox"/> → 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.	BUMPER 01 DUO 02 DUREX 03 FOR YOU 04 PLAYBOY 05 SICO 06 UNITY 07 VITALIS 08 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
730	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY 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>PUBLIC SECTOR</p> <p>PUBLIC HOSPITAL / MATERNITY 11</p> <p>PUBLIC HEALTH CENTER 12</p> <p>WOMEN'S CONSULTING CENTRE / FAMILY PLANNING CLINIC 13</p> <p>HEALTH POST 14</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PHARMACY 22</p> <p>PRIVATE DOCTOR 23</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>CHURCH 32</p> <p>FRIEND / RELATIVE 33</p> <p>HUSBAND / PARTNER 34</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>													
731	<p>PRESENCE OF OTHERS DURING THIS SECTION.</p>	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>CHILDREN <10</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>MALE ADULTS</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>FEMALE ADULTS</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	CHILDREN <10	1	2	MALE ADULTS	1	2	FEMALE ADULTS	1	2	
	YES	NO													
CHILDREN <10	1	2													
MALE ADULTS	1	2													
FEMALE ADULTS	1	2													

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	→ 811 → 813 → 811
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	→ 812
809	CHECK 714: DAYS, WEEKS OR <input type="checkbox"/> MONTHS AGO ↓	YEARS <input type="checkbox"/> AGO NOT <input type="checkbox"/> ASKED	→ 811 → 811

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	<p>CHECK 804:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/> WANTS NO MORE/NONE <input type="checkbox"/></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>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? Any other reason?</p> <p align="center">RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY..... D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE</p> <p> LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD / FATALISTIC..... H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND / PARTNER OPPOSED..... J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION..... L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>SIDE EFFECTS/HEALTH CONCERNS O</p> <p>LACK OF ACCESS / TOO FAR..... P</p> <p>COSTS TOO MUCH Q</p> <p>PREFERRED METHOD</p> <p> NOT AVAILABLE R</p> <p>NO METHOD AVAILABLE S</p> <p>INCONVENIENT TO USE T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES..... U</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW Z</p>	
811	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NO, NOT CURRENTLY USING <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/></p>		→ 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 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></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>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p align="center">PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00 → 815</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 → 815</p> <p align="center">(SPECIFY)</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 type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input 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 family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Received a voice or text message about family planning on a mobile phone? e) Seen anything about family planning online or on social media, such as Facebook or Twitter?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) RADIO</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) TELEVISION</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c) NEWSPAPER OR MAGAZINE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) MOBILE PHONE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>e) ONLINE / SOCIAL MEDIA</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	a) RADIO	1	2	b) TELEVISION	1	2	c) NEWSPAPER OR MAGAZINE	1	2	d) MOBILE PHONE	1	2	e) ONLINE / SOCIAL MEDIA	1	2	
	YES	NO																			
a) RADIO	1	2																			
b) TELEVISION	1	2																			
c) NEWSPAPER OR MAGAZINE	1	2																			
d) MOBILE PHONE	1	2																			
e) ONLINE / SOCIAL MEDIA	1	2																			
817	CHECK 701: YES, <input type="checkbox"/> CURRENTLY MARRIED ↓ YES, <input type="checkbox"/> LIVING WITH A MAN ↓ NO, <input type="checkbox"/> NOT IN A UNION	→ 901																			
818	CHECK 303: USING A CONTRACEPTIVE METHOD? CURRENTLY <input type="checkbox"/> USING ↓ NOT <input type="checkbox"/> CURRENTLY USING NOT <input type="checkbox"/> ASKED	→ 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?	<table border="0"> <tr> <td>MAINLY RESPONDENT</td> <td align="right">1</td> </tr> <tr> <td>MAINLY HUSBAND/PARTNER</td> <td align="right">2</td> </tr> <tr> <td>JOINT DECISION</td> <td align="right">3</td> </tr> <tr> <td>OTHER _____</td> <td align="right">6</td> </tr> <tr> <td align="center">(SPECIFY)</td> <td></td> </tr> </table>	MAINLY RESPONDENT	1	MAINLY HUSBAND/PARTNER	2	JOINT DECISION	3	OTHER _____	6	(SPECIFY)		→ 821								
MAINLY RESPONDENT	1																				
MAINLY HUSBAND/PARTNER	2																				
JOINT DECISION	3																				
OTHER _____	6																				
(SPECIFY)																					
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?	<table border="0"> <tr> <td>MAINLY RESPONDENT</td> <td align="right">1</td> </tr> <tr> <td>MAINLY HUSBAND/PARTNER</td> <td align="right">2</td> </tr> <tr> <td>JOINT DECISION</td> <td align="right">3</td> </tr> <tr> <td>OTHER _____</td> <td align="right">6</td> </tr> <tr> <td align="center">(SPECIFY)</td> <td></td> </tr> </table>	MAINLY RESPONDENT	1	MAINLY HUSBAND/PARTNER	2	JOINT DECISION	3	OTHER _____	6	(SPECIFY)										
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(SPECIFY)																					
821	CHECK 304: NEITHER ARE <input type="checkbox"/> STERILIZED ↓ HE OR SHE ARE <input type="checkbox"/> STERILIZED	→ 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?	<table border="0"> <tr> <td>SAME NUMBER</td> <td align="right">1</td> </tr> <tr> <td>MORE CHILDREN</td> <td align="right">2</td> </tr> <tr> <td>FEWER CHILDREN</td> <td align="right">3</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">8</td> </tr> </table>	SAME NUMBER	1	MORE CHILDREN	2	FEWER CHILDREN	3	DON'T KNOW	8											
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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 is the highest level of school you attended primary 4-year, 8-year, generic secondary, professional, technical, university, post university-graduate?	PRIMARY 4 YEAR 1 PRIMARY 8 YEAR 2 GENERIC SECONDARY 3 PROFESSIONAL 4 TECHNICAL 5 UNIVERSITY 6 POST UNIVERSITY / GRADUATE 7 DON'T KNOW 8	→ 906
905	What was the highest class he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS <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	→ 909
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"/>	
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 → 922 DON'T KNOW 8	
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)	<table border="1"> <thead> <tr> <th></th> <th>PRES./ PRES./ LISTEN.</th> <th>NOT LISTEN.</th> <th>NOT PRES.</th> </tr> </thead> <tbody> <tr> <td>CHILDREN < 10</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER FEMALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		PRES./ PRES./ LISTEN.	NOT LISTEN.	NOT PRES.	CHILDREN < 10	1	2	3	HUSBAND	1	2	3	OTHER MALES	1	2	3	OTHER FEMALES	1	2	3					
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CHILDREN < 10	1	2	3																								
HUSBAND	1	2	3																								
OTHER MALES	1	2	3																								
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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?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) NEGLECTS CHILDREN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) BURNS FOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	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	
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e) BURNS FOOD	1	2	8																								
933	CHECK 701 AND 702: CURRENTLY MARRIED / LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED / LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND / PARTNER') <input type="checkbox"/> NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/>		→ 937																								

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
934	Did your (last) (husband/partner) ever slap you, hit you with his fists, kick you or did anything to hurt you physically?	YES 1 NO 2 REFUSE TO ANSWER 3	
935	How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
936	Did you have any injuries as a result of this?	YES 1 NO 2	→ 1001
937	Have ever had a boyfriend that slapped you, hit you with his fists, kicked you or did anything to hurt you physically?	YES 1 NO 2 REFUSE TO ANSWER 3 NEVER HAD A BOYFRIEND 4	
938	How often did this happen during the last 12 months: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
939	Did you have any injuries as a result of this?	YES 1 NO 2	

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 shaking hands with or hugging a person infected with HIV?	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																	
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?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) DURING PREGNANCY ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) DURING DELIVERY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) BREASTFEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) DURING PREGNANCY ..	1	2	8	b) DURING DELIVERY	1	2	8	c) BREASTFEEDING	1	2	8	
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b) DURING DELIVERY	1	2	8																
c) BREASTFEEDING	1	2	8																
1009	CHECK 1008: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> AT LEAST ONE 'YES' <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> OTHER <input type="checkbox"/> → 1011 </div> </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																	
1011	CHECK 208 AND 215: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> LAST BIRTH IN 2015-2017 <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO BIRTHS <input type="checkbox"/> → 1027 </div> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;"> LAST BIRTH IN 2014 OR EARLIER <input type="checkbox"/> → 1027 </div> </div>																		
1012	CHECK 408 FOR LAST BIRTH: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HAD ANTENATAL CARE <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO ANTENATAL CARE <input type="checkbox"/> → 1020 </div> </div>																		
1013	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
1014	During any of the antenatal visits for your last birth were you given any information about: a) Babies getting HIV from their mother? b) Things that you can do to prevent getting HIV? c) Getting tested for HIV?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) HIV FROM MOTHER ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) THINGS TO DO</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) TESTED FOR HIV</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) HIV FROM MOTHER ..	1	2	8	b) THINGS TO DO	1	2	8	c) TESTED FOR HIV	1	2	8	
	YES	NO	DK																
a) HIV FROM MOTHER ..	1	2	8																
b) THINGS TO DO	1	2	8																
c) TESTED FOR HIV	1	2	8																

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1015	Were you offered a test for HIV as part of your antenatal care?	YES 1 NO 2	
1016	I don't want to know the results, but were you tested for HIV as part of your antenatal care?	YES 1 NO 2	→ 1020
1017	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR PUBLIC HOSPITAL 11 PUBLIC HEALTH CENTER / INSTITUTIC..... 12 STAND ALONE VCT CENTER 13 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL / CLINIC / PRIVATE DOCTOR 21 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER SOURCE OTHER _____ 96 (SPECIFY)	
1018	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	→ 1020
1019	All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling?	YES 1 NO 2 DON'T KNOW 8	
1020	CHECK 430 FOR LAST BIRTH: ANY CODE <input type="checkbox"/> OTHER <input type="checkbox"/> '21-36' CIRCLED ↓		→ 1024
1021	Between the time you went for delivery but before the baby was born, were you offered an HIV test?	YES 1 NO 2	
1022	I don't want to know the results, but were you tested for HIV at that time?	YES 1 NO 2	→ 1024
1023	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	→ 1025
1024	CHECK 1016: YES <input type="checkbox"/> NO OR <input type="checkbox"/> NOT ASKED		→ 1027
1025	Have you been tested for HIV since that time you were tested during your pregnancy?	YES 1 NO 2	→ 1028
1026	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95	→ 1033

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 type="text"/> <input type="text"/> TWO OR MORE YEARS 95	
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)	PUBLIC SECTOR PUBLIC HOSPITAL 11 PUBLIC HEALTH CENTER / INSTITUTIC..... 12 STAND ALONE VCT CENTER..... 13 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL / CLINIC / PRIVATE DOCTOR 21 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER SOURCE 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)	PUBLIC SECTOR PUBLIC HOSPITAL A PUBLIC HEALTH CENTER / INSTITUTIC..... B BLOOD BANK C STAND ALONE VCT CENTER..... D OTHER PUBLIC SECTOR _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL / CLINIC / PRIVATE DOCTOR G OTHER PRIVATE MEDICAL _____ J (SPECIFY) OTHER SOURCE OTHER _____ X (SPECIFY)	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1033	Have you heard of test kits people can use to test themselves for HIV?	YES 1 NO 2	→ 1035
1034	Have you ever tested yourself for HIV using a self-test kit?	YES 1 NO 2	
1035	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DON'T KNOW / NOT SURE / DEPENDS 8	
1036	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DON'T KNOW / NOT SURE / DEPENDS 8	
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?	YES 1 NO 2 DON'T KNOW / NOT SURE / DEPENDS 8	
1038	Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES 1 NO 2 DON'T KNOW / NOT SURE / DEPENDS 8	
1039	Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES 1 NO 2 DON'T KNOW / NOT SURE / DEPENDS 8	
1040	Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV.	AGREE 1 DISAGREE 2 DON'T KNOW / NOT SURE / DEPENDS 8	
1041	Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES 1 NO 2 SAYS SHE HAS HIV 3 DON'T KNOW / NOT SURE / DEPENDS 8	
1042	CHECK 1001: HEARD ABOUT HIV OR AIDS <input type="checkbox"/> ↓ NOT HEARD ABOUT HIV OR AIDS <input type="checkbox"/> ↓ a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? b) Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	
1043	CHECK 713: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> ↓ NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/> →		→ 1051
1044	CHECK 1042: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> ↓ NO <input type="checkbox"/> →		→ 1046

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: HAS HAD AN <input type="checkbox"/> INFECTION (ANY 'YES') ↓	HAS NOT HAD AN <input type="checkbox"/> INFECTION OR DOES NOT KNOW	→ 1051
1049	The last time you had (PROBLEM FROM 1045/1046/1047), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 1051
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. _____ (NAME OF PLACE)	PUBLIC SECTOR PUBLIC HOSPITAL A PUBLIC HEALTH CENTER / INSTITUTION B STAND ALONE VCT CENTER C OTHER PUBLIC SECTOR _____ (SPECIFY) F PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL / CLINIC / PRIVATE DOCTOR G OTHER PRIVATE MEDICAL _____ (SPECIFY) J OTHER SOURCE OTHER X _____ (SPECIFY)	
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	How is your health currently: very good, good, fair, poor, very poor?	VERY GOOD 1 GOOD 2 FAIR 3 POOR 4 VERY POOR 5	
1102	Compared with 12 months ago, would you say that your health is now much better, somewhat better, about the same, somewhat worse, or much worse?	MUCH BETTER NOW 1 SOMEWHAT BETTER 2 ABOUT THE SAME 3 SOMEWHAT WORSE 4 MUCH WORSE NOW 5	
1103	Do you suffer from a chronic illness that has lasted more than 3 months, including depression?	YES 1 NO 2	→ 1105
1104	What type of chronic illness do you have? RECORD ALL MENTIONED <hr/> <hr/> IF UNABLE TO CLASSIFY THE DISEASE, WRITE THE DESCRIPTION AS EXPLAINED BY RESPONDENTS	ARTHRITIS A ASTHMA B AUTONOMIC DISREGULATION C BONE AND LIGAMENT DISEASES D BRONCHO-PNEUMONIA E CANCER F CHRONIC FATIGUE G CROHN'S DISEASE H DEPRESSION I DIABETES J DISEASES OF THE BLOOD (HEMOPHILIA, TALASEMIA, LEUKEMIA, ETC.) K EPILEPSY L HEART DISEASE M HYPERTENSION, HYPOTENSION N INFECTIOUS DISEASES O LUPUS P MULTIPLE SCLEROSIS Q PARKINSON'S DISEASE R PROBLEMS OF THE STOMACH (ULCERS, GASTRITIS, ETC.) S SCLERODERMA T SLEEP APNEA U THYROID PROBLEMS V URINARY INFECTIONS Y OTHER ILLNESS _____ X (SPECIFY)	
1105	Do you suffer from a chronic disability?	YES 1 NO 2	→ 1107
1106	What type of chronic disability do you have? RECORD ALL MENTIONED	DEFORMITIES AT BIRTH A HEARING DISABILITIES B MANIPULATION DISABILITIES C MOBILITY PROBLEMS D POLIO E PROBLEMS OF SPEAKING F SEEING DISABILITIES G OTHER DISABILITY _____ X (SPECIFY)	
1107	During the last two weeks have you had any sudden illness or injury, such as flu, diarrhea, cuts, bone fracture, etc.?	YES 1 NO 2	→ 1127

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1115	The last time you visited (HEALTH FACILITY IN 1110) did a health worker suggest you give him or her an informal payment for the consultation, visit, medical examination or other services?	YES 1 NO 2 REFUSE TO ANSWER 3 DON'T KNOW 8	→ 1127
1116	Did you receive an invoice for your payment?	YES 1 NO 2 REFUSE TO ANSWER 3 DON'T KNOW 8	
1117	Did you receive any pharmaceutical drugs or medication as a result of (CONDITION DESCRIBED IN 1108)?	YES 1 NO 2	→ 1127
1118	What medication did you get? IF RESPONDENT DOESN'T KNOW May I see it if you still have it?	_____ _____ _____ UNSURE / DON'T KNOW 98	
1119	Did you receive this medication at the health facility or did buy it in a pharmacy?	RECEIVED IN HEALTH FACILITY 1 PURCHASED IN PHARMACY 2	→ 1121
1120	Did you present a prescription written by a doctor to purchased this medication?	YES 1 NO 2 DON'T KNOW 8	
1121	How much did you pay for this medication? IF RESPONDENT DOESN'T RECALL EXACT AMOUNT, PROBE TO OBTAIN AN APPROXIMATE AMOUNT	LEK <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OBTAINED IT FOR FREE 00000 10,000 OR MORE 10000 DON'T KNOW / DON'T RECALL 99998	
1122	Did you receive any other pharmaceutical drug or medication in addition to (DRUG MENTIONED IN 1116)?	YES 1 NO 2	→ 1127
1123	What medication did you get? IF RESPONDENT DOESN'T KNOW May I see it if you still have it?	_____ _____ _____ UNSURE / DON'T KNOW 98	
1124	Did you receive this medication at the health facility or did buy it in a pharmacy?	RECEIVED IN HEALTH FACILITY 1 PURCHASED IN PHARMACY 2	→ 1126
1125	Did you present a prescription written by a doctor to purchased this medication?	YES 1 NO 2 DON'T KNOW 8	
1126	How much did you pay for this medication? IF RESPONDENT DOESN'T RECALL EXACT AMOUNT, PROBE TO OBTAIN AN APPROXIMATE AMOUNT	LEK <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OBTAINED IT FOR FREE 00000 10,000 OR MORE 10000 DON'T KNOW / DON'T RECALL 99998	
1127	We are interested in getting information on whether people pay for medical care or whether they get it for free from the public health system. In the last 12 months, have you ever directly paid for medical care, excluding drugs and dental care, that you could have obtained free of charge or at lower cost from the public health system? IF NO REGISTER "0" IF YES: How often did you pay directly?	NEVER 0 RARELY 1 OFTEN 2 ALWAYS 3 REFUSE TO ANSWER 4 DON'T KNOW 8	→ 1130 → 1130

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1128	The last time you paid directly for medical care, what was the main reason you decided to pay?	HAD NO OTHER ALTERNATIVE FOR THE SERVICES 1 TO HAVE THE SERVICES AS QUICKLY AS POSSIBLE 2 TO HAVE BETTER QUALITY SERVICES 3 TO CHOOSE THE DOCTOR OR HEALTH FACILITY 4 DID NOT KNOW HEALTH SERVICE COULD PROVIDE FOR FREE ... 5 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
1129	Did you receive an invoice for your payment?	YES 1 NO 2 REFUSE TO ANSWER 3 DON'T KNOW 8	
1130	During the last 12 months, have you ever deprived yourself of medical care because you could not pay for those services? IF NO REGISTER "0" IF YES: How often?	NEVER 0 RARELY 1 OFTEN 2 DID NOT NEED MEDICAL SERVICES 3 DON'T KNOW 8	
1131	Do you believe that during the last 12 months your health has declined due to problems in paying for medical care?	YES 1 NO 2	→ 1133
1132	Did your health decline very much, some, or a little?	VERY MUCH 1 SOME 2 A LITTLE 3 UNSURE / DON'T KNOW 8	
1133	Now I would like to ask you about procedures that are used to screen for cancer or to prevent illnesses. Mammograms use X-rays to create a picture of the breast to detect cancer. Have you ever heard of a mammogram or breast cancer screening?	YES 1 NO 2	
1134	Another diagnostic procedure is a pap-smear, in which a doctor or nurse scrapes cells from inside the vagina for examination under a microscope. It is used to detect cancer and changes that may lead to cancer. Have you ever heard of a pap-smear?	YES 1 NO 2	
1135	Now I would like some questions about your mood and how you have felt about yourself during the past two weeks. In the past two weeks did you feel discouraged and sad never, some of the time, a lot of the time or all of the time?	NEVER 0 SOME OF THE TIME 1 A LOT OF THE TIME 2 ALL OF THE TIME 3 UNSURE / DON'T KNOW 8	
1136	In the past two weeks did you feel depressed to the point that you didn't feel like doing the things you usually do, never, some of the time, a lot of the time or all of the time?	NEVER 0 SOME OF THE TIME 1 A LOT OF THE TIME 2 ALL OF THE TIME 3 UNSURE / DON'T KNOW 8	
1137	Have you ever been told by a doctor or a health professional that you have depression?	YES 1 NO 2	→ 1201
1138	Has a doctor or health professional ever prescribed you a medication against depression?	YES 1 NO 2	→ 1201
1139	What medication did he / she prescribe? IF RESPONDENT DOESN'T KNOW May I see it if you still have it?	_____ _____ _____ UNSURE / DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1140	Did a doctor or health professional prescribed any other medication in addition to (DRUG MENTIONED IN 1139)?	YES 1 NO 2	→ 1201
1141	What other medication did he or she prescribed? IF RESPONDENT DOESN'T KNOW May I see it if you still have it?	_____ _____ _____ UNSURE / DON'T KNOW 98	

SECTION 12. LIFESTYLE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1201	Do you currently smoke cigarettes?	YES 1 NO 2	→ 1203
1202	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/> <input type="text"/>	
1203	Do you currently smoke or use any other type of tobacco?	YES 1 NO 2	→ 1208
1204	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE A CIGARS B OTHER _____ X (SPECIFY)	
1205	CHECK 1201 AND 1203 AT LEAST <input type="checkbox"/> ONE 'YES' ↓	BOTH 'NO' <input type="checkbox"/>	→ 1208
1206	At what age did you start smoking (or using other tobacco) regularly? IF AGE NOT KNOWN, PROBE FOR APPROXIMATE AGE.	AGE STARTED SMOKING ... <input type="text"/> <input type="text"/>	
1207	Have you tried to stop smoking in the past 12 months?	YES 1 NO 2	
1208	Do you believe that smoking causes serious health problems, only minor health problems or no health problems at all?	SERIOUS HEALTH PROBLEMS 1 MINOR HEALTH PROBLEMS 2 NO HEALTH PROBLEMS AT ALL 3 DON'T KNOW / NO OPINION 8	→ 1210
1209	In what ways do you believe smoking can cause health problems? PROBE: Any others? RECORD ALL MENTIONED.	ASTHMA A CHRONIC BRONCHITIS B COMPLICATIONS IN PREGNANCY ... C HEART DISEASE D IMPOTENCY IN MEN E LUNG CANCER F PROBLEMS IN THE VOCAL CHORDS OR LARYNX G STROKE H THROAT OR LARYNX CANCER I OTHER _____ X (SPECIFY) DON'T KNOW Z	
1210	Did you any drink that contains alcohol such as beer, wine, raki, or other spirits in the last 12 months?	YES 1 NO 2	→ 1213
1211	In the last 12 months, how frequently have you had at least one drink?	5 OR MORE DAYS PER WEEK ... 1 1-4 DAYS PER WEEK 2 1-3 DAYS PER MONTH 3 LESS THAN ONCE A MONTH 4	
1212	In the days that you do drink alcohol, how many drinks do you usually have on average?	DRINKS <input type="text"/> <input type="text"/> UNSURE / DON'T KNOW 98	
1213	Do you drink sugary sodas or juices, such as Coca Cola, Fanta, Amita, Bravo, etc.?	YES 1 NO 2	→ 1215
1214	In the last seven days, how many glasses of these sodas or juices did you have, approximately?	7 OR MORE 1 5 OR 6 2 3 OR 4 3 1 OR 2 4 DON'T REMEMBER / UNSURE 8	
1215	Now I would like to ask you about some foods that you had yesterday during the day or at night. I would like to know if you had these foods even if it was combined with other foods. How many servings of fruit did you have yesterday during the day or at night?	NUMBER OF SERVINGS <input type="text"/> <input type="text"/> NONE 00 DON'T KNOW / UNSURE 98	

1216	How many servings of vegetables did you have yesterday during the day or at night?	NUMBER OF SERVINGS <input type="text"/> <input type="text"/> NONE 00 DON'T KNOW / UNSURE 98	
1217	What type of oil or fat is most often used for cooking or baking in your household? IF MORE THAN ONE TYPE IS MENTIONED, PROBE TO DETERMINE WHAT TYPE IS USED MORE OFTEN	VEGETABLE OIL 1 LARD / SUET 2 BUTTER / GHEE 3 MARGARINE 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
1218	Are salt or salty sauces such as ketchup, soy sauce or adjika used to prepare meals in your household always, sometimes, rarely or never?	ALWAYS 1 SOMETIMES 2 RARELY 3 NEVER 4 DON'T KNOW 8	
1219	Yesterday during the day or at night, did you add salt or salty sauces such as ketchup, soy sauce or adjika to all, to some or to none of your meals?	ALL OF THE MEALS 1 SOME OF THE MEALS 2 NONE OF THE MEALS 3	→ 1221
1220	When you added salt or salty sauces, did you add a little, a moderate amount or a lot of it?	A LITTLE 1 A MODERATE AMOUNT 2 A LOT 3	
1221	Does the work that you do every day require a lot of physical activity, a little amount of physical activity or almost no physical activity?	A LOT OF PHYSICAL ACTIVITY 1 A LITTLE PHYSICAL ACTIVITY 2 NO PHYSICAL ACTIVITY 3 DON'T WORK 8	→ 1224
1222	How do you usually go to work every day, walking, riding a bicycle or by other mean of transportation?	WALKING 1 RIDING BICYCLE 2 OTHER MEAN OF TRANSPORT 3	→ 1224
1223	Normally how long does it take you to go to work (walking / bicyclinng) everyday? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE AMOUNT OF TIME	MINUTES <input type="text"/> <input type="text"/> 60 MINUTES OR MORE 60 DON'T KNOW / UNSURE 98	
1224	In an usual week, do you do activities such as walking, bicycling, jogging or other things that increase your breathing and heart rate?	YES 1 NO 2	→ 1227
1225	On the days when you engage in these activities, how much time in total do you usually spend doing these activities? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE AMOUNT OF TIME	MINUTES <input type="text"/> <input type="text"/> 60 MINUTES OR MORE 60 DON'T KNOW / UNSURE 98	
1226	How many days per week do you do these activies?	1 - 2 DAYS 1 3 - 4 DAYS 2 5 - 6 DAYS 3 EVERY DAY 4	
1227	Have you ever been told by a doctor or other health professional that you have hypertension or high blood pressure?	YES 1 NO 2 DON'T KNOW / DON'T RECALL 8	└→ 1231
1228	Were you told by a doctor or other health professional that you had hypertension or high blood pressure only on one occasion or in more than one occasion?	ONLY ONE OCCASION 1 MORE THAN ONE OCCASION 2 DON'T RECALL 8	
1229	Are you now taking any medication or doing something to lower your hypertension or blood pressure?	YES 1 NO 2 DON'T KNOW 8	
1230	To lower your hypertension or high blood pressure, are you now: a. Controlling your weight or losing weight? b. Cutting down on salt in your diet? c. Exercising? d. Stopping smoking?	YES NO CONTROL WEIGHT 1 2 CUT DOWN SALT 1 2 EXERCISE 1 2 STOP SMOKING 1 2	

1231	<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, only a small problem or no problem at all?</p> <p>Getting permission to go? Getting money needed for treatment? The distance to the health facility? Having to take transport? Not wanting to go alone? Concern that there may not be a female health provider? Concern that there may not be any health provider? Concern that there may be no drugs available? Concern that there may be no supplies or equipment available?</p>	<table border="1"> <thead> <tr> <th></th> <th>BIG PROBLEM</th> <th>SMALL PROBLEM</th> <th>NO PROBLEM</th> </tr> </thead> <tbody> <tr> <td>PERMISSION TO GO</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>GETTING MONEY</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>DISTANCE</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>TAKING TRANSPORT</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>GO ALONE</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO FEMALE PROV.</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO PROVIDER</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO DRUGS</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO SUPPLIES/EQUIPM.</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		BIG PROBLEM	SMALL PROBLEM	NO PROBLEM	PERMISSION TO GO	1	2	3	GETTING MONEY	1	2	3	DISTANCE	1	2	3	TAKING TRANSPORT	1	2	3	GO ALONE	1	2	3	NO FEMALE PROV.	1	2	3	NO PROVIDER	1	2	3	NO DRUGS	1	2	3	NO SUPPLIES/EQUIPM.	1	2	3	
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DISTANCE	1	2	3																																								
TAKING TRANSPORT	1	2	3																																								
GO ALONE	1	2	3																																								
NO FEMALE PROV.	1	2	3																																								
NO PROVIDER	1	2	3																																								
NO DRUGS	1	2	3																																								
NO SUPPLIES/EQUIPM.	1	2	3																																								
1232	Are you covered by any health insurance?	YES 1 NO 2	→ 1234																																								
1233	What type of health insurance? RECORD ALL MENTIONED. _____ IF UNSURE OF TYPE, WRITE THE NAME OF INSURANCE	STATE HEALTH INSURANCE A STATE SOCIAL INSURANCE B VOLUNTARY HEALTH INSURANCE C PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER _____ X (SPECIFY)																																									
1234	CHECK 111X: HOUSEHOLD SELECTED FOR MALE SURVEY YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 1239																																								
1235	CHECK 101A: RESPONDENT AGREES TO BLOOD PRESSURE YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 1239																																								
1236	May I measure your blood pressure again at this time? MEASURE BLOOD PRESSURE ON RIGHT ARM AND RECORD RESULTS	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 BLOOD PRESSURE NOT MEASURED DUE TO TECHNICAL PROBLEMS 995 OTHER _____ 996 (SPECIFY)																																									
1237	REGISTER THE MEAN VALUE OF THE SYSTOLIC AND DIASTOLIC BLOOD PRESSURE FROM 600B AND 1236.	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>																																									
1238	BLOOD PRESSURE CHART CIRCLE AVERAGE VALUES FOR THE SYSTOLIC AND THE DIASTOLIC BLOOD PRESSURE IN THE TABLE ABOVE READ THE STATEMENTS BELOW, CORRESPONDING TO THE RESPONDENT'S BLOOD PRESSURE LEVEL <table border="0"> <thead> <tr> <th>SYSTOLIC</th> <th>AND</th> <th>DIASTOLIC</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td><120</td> <td>AND</td> <td><80</td> <td>OPTIMAL</td> <td>1 } → A</td> </tr> <tr> <td>120-129</td> <td>OR</td> <td>80-84</td> <td>NORMAL</td> <td>2 } → A</td> </tr> <tr> <td>130-139</td> <td>OR</td> <td>85-89</td> <td>PRE-HYPERTENSION / HIGH NORMAL</td> <td>3 → B</td> </tr> <tr> <td>140-159</td> <td>OR</td> <td>90-99</td> <td>STAGE 1 HYPERTENSION</td> <td>4 } → C</td> </tr> <tr> <td>160-179</td> <td>OR</td> <td>100-109</td> <td>STAGE 2 HYPERTENSION</td> <td>5 } → C</td> </tr> <tr> <td>≥180</td> <td>OR</td> <td>≥110</td> <td>STAGE 3 HYPERTENSION</td> <td>6 → D</td> </tr> </tbody> </table>			SYSTOLIC	AND	DIASTOLIC			<120	AND	<80	OPTIMAL	1 } → A	120-129	OR	80-84	NORMAL	2 } → A	130-139	OR	85-89	PRE-HYPERTENSION / HIGH NORMAL	3 → B	140-159	OR	90-99	STAGE 1 HYPERTENSION	4 } → C	160-179	OR	100-109	STAGE 2 HYPERTENSION	5 } → C	≥180	OR	≥110	STAGE 3 HYPERTENSION	6 → D					
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A	Your blood pressure is normal.										
B	<p>CHECK 1104, CODE N:</p> <p>THE RESPONDENT REPORTS SUFFERING FROM HYPERTENSION</p> <p>You have mentioned that you suffer from hypertension and our results indicate that your blood pressure is bit high at this moment . Make sure you take your medications as prescribed. Also, in cases like yours, it is recommended to exercise more, to reduce the amount of salt you take and to eat less foods that have high oil and</p>	<p>THE RESPONDENT DOES NOT REPORT SUFFERING FROM HYPERTENSION</p> <p>Your blood pressure is a bit high. In cases like yours, it is recommended to exercise more, to reduce the amount of salt you take and to eat less foods that have high oil and fat content.</p>									
C	<p>CHECK 1104, CODE N:</p> <p>THE RESPONDENT REPORTS SUFFERING FROM HYPERTENSION</p> <p>You have mentioned that you suffer from hypertension and our results indicate that your blood pressure is high at this moment. You should seek medical care soon and make sure you follow the doctor's instructions</p>	<p>THE RESPONDENT DOES NOT REPORT SUFFERING FROM HYPERTENSION</p> <p>Our results indicate that your blood pressure is high. You should seek medical care soon and make sure you follow the doctor's instructions</p>									
D	<p>CHECK 1104 / CODE N:</p> <p>THE RESPONDENT REPORTS SUFFERING FROM HYPERTENSION</p> <p>You have mentioned that you suffer from hypertension and our results indicate that your blood pressure is very high at this moment. You should seek medical care without delay and make sure you follow the doctor's</p>	<p>THE RESPONDENT DOES NOT REPORT SUFFERING FROM HYPERTENSION</p> <p>Our results indicate that your blood pressure is very high. You should seek medical care without delay and make sure you follow the doctor's instructions</p>									
1239	RECORD THE TIME.		<p>HOUR <table border="1" data-bbox="1214 869 1310 920"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table></p> <p>MINUTES <table border="1" data-bbox="1214 920 1310 965"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table></p>								

INTERVIEWER'S OBSERVATIONS
TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS

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

- B** BIRTHS
- T** STILLBIRTHS, MISCARRIAGES OR INDUCED ABORTIONS

- 0** NO METHOD
- 1** FEMALE STERILIZATION
- 2** MALE STERILIZATION
- 3** IUD
- 4** INJECTABLES
- 5** IMPLANTS
- 6** PILL
- 7** CONDOM
- 8** FEMALE CONDOM
- 9** EMERGENCY CONTRACEPTION
- J** LACTATIONAL AMENORRHEA METHOD
- K** RHYTHM METHOD
- L** 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		
	12	DEC	01			
	11	NOV	02			
	10	OCT	03			
2	09	SEP	04			2
	08	AUG	05			
0	07	JUL	06			0
1	06	JUN	07			1
7	05	MAY	08			7
	04	APR	09			
	03	MAR	10			
	02	FEB	11			
	01	JAN	12			
<hr/>						
	12	DEC	13			
	11	NOV	14			
	10	OCT	15			
2	09	SEP	16			2
	08	AUG	17			
0	07	JUL	18			0
1	06	JUN	19			1
6	05	MAY	20			6
	04	APR	21			
	03	MAR	22			
	02	FEB	23			
	01	JAN	24			
<hr/>						
	12	DEC	25			
	11	NOV	26			
	10	OCT	27			
2	09	SEP	28			2
	08	AUG	29			
0	07	JUL	30			0
1	06	JUN	31			1
5	05	MAY	32			5
	04	APR	33			
	03	MAR	34			
	02	FEB	35			
	01	JAN	36			
<hr/>						
	12	DEC	37			
	11	NOV	38			
	10	OCT	39			
2	09	SEP	40			2
	08	AUG	41			
0	07	JUL	42			0
1	06	JUN	43			1
4	05	MAY	44			4
	04	APR	45			
	03	MAR	46			
	02	FEB	47			
	01	JAN	48			
<hr/>						
	12	DEC	49			
	11	NOV	50			
	10	OCT	51			
2	09	SEP	52			2
	08	AUG	53			
0	07	JUL	54			0
1	06	JUN	55			1
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	12	DEC	61			
	11	NOV	62			
	10	OCT	63			
2	09	SEP	64			2
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0	07	JUL	66			0
1	06	JUN	67			1
2	05	MAY	68			2
	04	APR	69			
	03	MAR	70			
	02	FEB	71			
	01	JAN	72			