

WOMAN'S QUESTIONNAIRE

MINECOFIN

NATIONAL INSTITUTE OF STATISTICS OF RWANDA

MINISTRY OF HEALTH

IDENTIFICATION (1)

PROVINCE: _____ DISTRICT: _____ SECTOR: _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER

STRUCTURE NUMBER

HOUSEHOLD NUMBER

NAME AND LINE NUMBER OF WOMAN _____

CHECK COVER PAGE OF HOUSEHOLD QUESTIONNAIRE: HOUSEHOLD SELECTED FOR WOMAN DV
MODULE? (1=YES, 2=NO)

CHECK HOUSEHOLD QUESTIONNAIRE DVH01: WOMAN SELECTED FOR DV MODULE? (1=YES, 2=NO)

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR INT. NO. RESULT*
INTERVIEWER'S NAME	_____	_____	_____	
RESULT*	_____	_____	_____	
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OF VISITS

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

LANGUAGE OF QUESTIONNAIRE** **0 1** LANGUAGE OF INTERVIEW** _____ NATIVE LANGUAGE OF RESPONDENT** _____ TRANSLATOR USED (YES = 1, NO = 2) _____

LANGUAGE OF QUESTIONNAIRE** **ENGLISH**

**LANGUAGE CODES:
01 ENGLISH
02 KINYARWANDA

TEAM LEADER		FIELD EDITOR		OFFICE EDITOR	KEYED BY
NAME	NUMBER	NAME	NUMBER	NUMBER	NUMBER

INTRODUCTION AND CONSENT

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

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

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

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED .. 1

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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> MINUTES <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	
102	How long have you been living continuously in this village? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> 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?	CAPITAL CITY 1 TOWN 2 RURAL AREA 3	
104	Before you moved here, which province did you live in?	KIGALI 01 SOUTH 02 WEST 03 NORTH 04 EAST 05 OUTSIDE OF COUNTRY 96	
105	In what month and year were you born?	MONTH <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> DON'T KNOW MONTH 98 YEAR <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" 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 style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	
107	Have you ever attended school?	YES 1 NO 2	→ 111
108	What is the highest level of school you attended: primary, secondary, or higher?	PRE-PRIMARY 1 PRIMARY 2 POST-PRIMARY/VOCATIONAL 3 SECONDARY 4 HIGHER 5	
109	What is the highest (grade/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	YEAR <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	CHECK 108: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> PRIMARY OR PRE-PRIMARY </div> <div style="text-align: center;"> <input type="checkbox"/> POST-PRIMARY/VOCATIONAL SECONDARY HIGHER </div> </div>	<div style="text-align: right;">→ 113</div>	
111	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 <div style="text-align: center;">(SPECIFY LANGUAGE)</div> BLIND/ VISUALLY IMPAIRED 5	
112	CHECK 111: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> CODE '2', '3' OR '4' CIRCLED </div> <div style="text-align: center;"> <input type="checkbox"/> CODE '1' OR '5' CIRCLED </div> </div>	<div style="text-align: right;">→ 114</div>	
113	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
114	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
115	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
116	Do you own a mobile telephone?	YES 1 NO 2	→ 118
117	Do you use your mobile phone for any financial transactions?	YES 1 NO 2	
118	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	
119	Have you ever used the internet?	YES 1 NO 2	→ 122
120	In the last 12 months, have you used the internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 122
121	During the last one month, how often did you use the internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
122	What is your religion?	CATHOLIC 1 PROTESTANT 2 ADVENTIST 3 MUSLIM 4 TRADITIONAL 5 OTHER 6 <div style="text-align: center;">SPECIFY</div> NO RELIGION 7	
124	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; vertical-align: middle;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; vertical-align: middle;"></div> NONE 00	→ 201
125	In the last 12 months, have you been away from home for more than one month at a time?	YES 1 NO 2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	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" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	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" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
205C	Where do your sons or daughters who do not live with you live? CIRCLE ALL MENTIONED.	BOARDING SCHOOL A RELATIVE B IN THE STREET C WORK D SPECIFY MARRIED E OTHER X (SPECIFY) DON'T KNOW Z									
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" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> YES <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO <input type="checkbox"/> ↓ PROBE AND CORRECT 201-208 AS NECESSARY. </div> </div>										
210	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ONE OR MORE BIRTHS <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO BIRTHS <input type="checkbox"/> </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?	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?	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?
RECORD NAME.					RECORD AGE IN COMPLETED YEARS.				
BIRTH HISTORY NUMBER.									
01	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	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	
02	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	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 (ADD BIRTH) 1 NO (NEXT BIRTH) 2
03	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	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 (ADD BIRTH) 1 NO (NEXT BIRTH) 2
04	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	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 (ADD BIRTH) 1 NO (NEXT BIRTH) 2
05	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	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 (ADD BIRTH) 1 NO (NEXT BIRTH) 2

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 <div style="display: flex; justify-content: space-around;"> <div> NUMBERS ARE SAME <input type="checkbox"/> </div> <div> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) ← </div> </div>		
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2014-2019	NUMBER OF BIRTHS <input type="text"/> NONE 0	→ 226
225	C FOR EACH BIRTH IN 2014-2019, 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 <div style="display: flex; justify-content: space-around;"> <div> ONE OR MORE <input type="checkbox"/> a) Did you want to have a baby later on or did you not want any more children? </div> <div> NONE <input type="checkbox"/> b) Did you want to have a baby later on or did you not want any children? </div> </div>	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	<p>CHECK 231:</p> <p>LAST PREGNANCY <input type="checkbox"/> → 234</p> <p>ENDED IN 2014-2019</p> <p>LAST PREGNANCY <input type="checkbox"/> → 239</p> <p>ENDED IN 2013 OR EARLIER</p>			
LINE NO.	233 In what month and year did the preceding such pregnancy end?	234 How many months pregnant were you when that pregnancy ended?	235 (1) Since January 2014, have you had any other pregnancies that did not result in a live birth?	
01		<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 NO 2	→ NEXT LINE → 236
02	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 NO 2	→ NEXT LINE → 236
03	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 NO 2	→ NEXT LINE → 236
04	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 NO 2	→ 236
236	<p>C FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2014-2019 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>			
237	Did you have any miscarriages, abortions or stillbirths that ended before 2014?	YES 1 NO 2		→ 239
238	When did the last such pregnancy that terminated before 2014 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								
239	<p>When did your last menstrual period start?</p> <p>_____</p> <p align="center">(DATE, IF GIVEN)</p>	<p>DAYS AGO 1</p> <p>WEEKS AGO 2</p> <p>MONTHS AGO 3</p> <p>YEARS AGO 4</p> <p>IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994</p> <p>BEFORE LAST BIRTH 995</p> <p>NEVER MENSTRUATED 996</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
240	<p>From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 242</p>								
241	<p>Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?</p>	<p>JUST BEFORE HER PERIOD BEGINS 1</p> <p>DURING HER PERIOD 2</p> <p>RIGHT AFTER HER PERIOD HAS ENDED 3</p> <p>HALFWAY BETWEEN TWO PERIODS 4</p> <p>OTHER 6</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 8</p>									
242	<p>After the birth of a child, can a woman become pregnant before her menstrual period has returned?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>									

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 years.	YES 1 NO 2
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2
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	Standard Days Method. PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES 1 NO 2
11	Lactational Amenorrhea Method (LAM). PROBE: Up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES 1 NO 2
12	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES 1 NO 2
13	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO Y

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 226: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓ </div> <div style="text-align: center;"> PREGNANT <input type="checkbox"/> </div> </div>		→ 312
303	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 312
304	Which method are you using? RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F CONDOM G FEMALE CONDOM H EMERGENCY CONTRACEPTION I STANDARD DAYS METHOD J LACTATIONAL AMENORRHEA METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ 307 → 309 → 306 → 309
305	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	MICROGYNON 01 MICROLYTE 02 OTHER 96 (SPECIFY) DON'T KNOW 98	→ 309
306	What is the brand name of the condoms you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	PRUDENCE 01 PLAISIR 02 LOVE 03 GENERIC CONDOM 04 OTHER 96 (SPECIFY) DON'T KNOW 98	→ 309

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 / PARASTATE</p> <p>REFERRAL HOSPITAL 11</p> <p>PROVINCIAL/DISTRICT HOSPITAL 12</p> <p>HEALTH CENTER 13</p> <p>HEALTH POST 14</p> <p>OUTREACH 15</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC 21</p> <p>CLINIC 22</p> <p>DISPENSARY 23</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 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></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table></p>													<div style="border-left: 1px solid black; border-right: 1px solid black; height: 20px; display: inline-block; margin: 0 5px;"></div> <p>→ 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></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></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"> NO <input type="checkbox"/> ↓ </p> <p align="center"> YES <input type="checkbox"/> ↑ GO BACK TO 308 OR 309, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION). </p>														

SECTION 3. CONTRACEPTION (CAPI OPTION) (6)

311	CHECK 308 AND 309: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p align="center">YEAR IS 2014-2019 <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p align="center">THEN CONTINUE ↓</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p align="center">YEAR IS 2013 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2014 .</p> <p align="center">THEN ↓ (SKIP TO 324) ←</p> </div> </div>
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SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/>		→ 315
314	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 326
315	CHECK 304: CIRCLE/ CHOOSE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE/CHOOSE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 LACTATIONAL AMENORRHEA METHOD 11 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 326 → 319 → 327 → 323
316	You first started using (CURRENT METHOD) in (DATE FROM 309). Where did you get it at that time? 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 REFERRAL HOSPITAL 11 PROVINCIAL/DISTRICT HOSPITAL 12 HEALTH CENTER 13 HEALTH POST 14 OUTREACH 15 OTHER PUBLIC SECTOR 16 _____ (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC 21 CLINIC 22 DISPENSARY 23 PHARMACY 24 FAMILY PLANING CLINIC 25 OTHER PRIVATE HEALTH 26 _____ (SPECIFY) OTHER SOURCE SHOP/ BAR 31 CHURCH 32 FRIEND/RELATIVE 33 YOUTH CENTER 34 OTHER 96 _____ (SPECIFY)	
317	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 323 → 322 → 323

SECTION 3. CONTRACEPTION

[illegible]

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>REFERRAL HOSPITAL 11</p> <p>PROVINCIAL/DISTRICT HOSPITAL 12</p> <p>HEALTH CENTER 13</p> <p>HEALTH POST 14</p> <p>OUTREACH 15</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC 21</p> <p>CLINIC 22</p> <p>DISPENSARY 23</p> <p>PHARMACY 24</p> <p>FAMILY PLANING CLINIC 25</p> <p>OTHER PRIVATE HEALTH</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/ BAR 31</p> <p>CHURCH 32</p> <p>FRIEND/RELATIVE 33</p> <p>YOUTH CENTER 34</p> <p>COMMUNITY HEALTH WORKER 35</p> <p>OTHER 96</p> <p>_____ (SPECIFY)</p>	<p>→ 327</p>
326	Do you know of a place where you can obtain a method of family planning?	<p>YES 1</p> <p>NO 2</p>	
327	In the last 12 months, were you visited by a health provider?	<p>YES 1</p> <p>NO 2</p>	→ 329
328	Did the health provider talk to you about family planning?	<p>YES 1</p> <p>NO 2</p>	
329	<p>CHECK 202: CHILDREN LIVING WITH THE</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? b) In the last 12 months, have you visited a health facility for care for yourself?</p>	<p>YES 1</p> <p>NO 2</p>	→ 401
330	Did any staff member at the health facility speak to you about family planning methods?	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	<p>CHECK 224:</p> <p align="center"> ONE OR MORE BIRTHS <input type="checkbox"/> IN 2014-2019 NO BIRTHS IN <input type="checkbox"/> 2014-2019 → 648 </p>		
402	<p>CHECK 215. RECORD THE BIRTH HISTORY NUMBER IN 403 AND THE NAME AND SURVIVAL STATUS IN 404 FOR EACH BIRTH IN 2014-2019. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S).</p> <p>Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)</p>		
403	<p>BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.</p>	<p align="center">LAST BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>	<p align="center">NEXT-TO-LAST BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>
404	<p>FROM 212 AND 216:</p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>
405	<p>When you got pregnant with (NAME), did you want to get pregnant at that time?</p>	<p>YES 1</p> <p align="center">(SKIP TO 408) ←</p> <p>NO 2</p>	<p>YES 1</p> <p align="center">(SKIP TO 426) ←</p> <p>NO 2</p>
406	<p>CHECK 208:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>ONLY ONE BIRTH <input type="checkbox"/></p> <p>a) Did you want to have a baby later on, or did you not want any children?</p> </div> <div style="text-align: center;"> <p>MORE THAN ONE BIRTH <input type="checkbox"/></p> <p>b) Did you want to have a baby later on, or did you not want any more children?</p> </div> </div>	<p>LATER 1</p> <p>NO MORE/NONE 2</p> <p align="center">(SKIP TO 408) ←</p>	<p>LATER 1</p> <p>NO MORE/NONE 2</p> <p align="center">(SKIP TO 426) ←</p>
407	<p>How much longer did you want to wait?</p>	<p>MONTHS 1 <input type="text"/> <input type="text"/></p> <p>YEARS 2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	<p>MONTHS 1 <input type="text"/> <input type="text"/></p> <p>YEARS 2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>
408	<p>Did you see anyone for antenatal care for this pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 414) ←</p>	
409	<p>Whom did you see?</p> <p>Anyone else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR A</p> <p>NURSE/MIDWIFE B</p> <p>AUXILIARY MIDWIFE C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT D</p> <p>COMMUNITY/ VILLAGE HEALTH WORKER E</p> <p>COMMUNITY HEALTH MOTHER AND CHILD F</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
410	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME A</p> <p>OTHER HOME B</p> <p>PUBLIC SECTOR</p> <p>REF. HOSPITAL C</p> <p>PROV/DIST. HOSPITAL D</p> <p>HEALTH CENTER E</p> <p>HEALTH POST F</p> <p>OUTREACH G</p> <p>OTHER PUBLIC FACILITY H</p> <p>_____</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC I</p> <p>CLINIC J</p> <p>DISPENSARY K</p> <p>OTHER PRIVATE MED. FACILITY L</p> <p>_____</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>	
412A	<p>CHECK 412:</p>	<p>2 OR MORE TIMES <input type="checkbox"/> LESS THAN 2 TIMES <input type="checkbox"/></p> <p>↓ (SKIP TO 413) ←</p>	
412B	<p>How many months pregnant were you when you received your second antenatal care for this pregnancy?</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
412C	<p>CHECK 412:</p>	<p>3 OR MORE TIMES <input type="checkbox"/> LESS THAN 3 TIMES <input type="checkbox"/></p> <p>↓ (SKIP TO 413) ←</p>	
412D	<p>How many months pregnant were you when you received your third antenatal care for this pregnancy?</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____															
412E	CHECK 412:	<div> <div>4 OR MORE</div> <div><input type="checkbox"/> TIMES</div> </div> <div> <div>LESS THAN</div> <div>4 TIMES</div> </div> <div>(SKIP TO 413) ←</div>																
412F	How many months pregnant were you when you received your fourth antenatal care for this pregnancy?	<div>MONTHS <input type="text"/> <input type="text"/></div> <div>DON'T KNOW 98</div>																
413	As part of your antenatal care during this pregnancy, were any of the following done at least once: a) Was your blood pressure measured? b) Did you give a urine sample? c) Did you give a blood sample? d) Malnutrition screening (MID UPPER ARM CIRCUMFERENCE)?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) BP</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) URINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) BLOOD</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) CIRCUMFERENCE</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) BP	1	2	b) URINE	1	2	c) BLOOD	1	2	d) CIRCUMFERENCE	1	2	
	YES	NO																
a) BP	1	2																
b) URINE	1	2																
c) BLOOD	1	2																
d) CIRCUMFERENCE	1	2																
413E	During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?	<div>YES 1</div> <div>NO 2</div> <div>DON'T KNOW 8</div>																
414	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	<div>YES 1</div> <div>NO 2</div> <div>(SKIP TO 417) ←</div> <div>DON'T KNOW 8</div>																
415	During this pregnancy, how many times did you get a tetanus injection?	<div>TIMES <input type="text"/></div> <div>DON'T KNOW 8</div>																
416	CHECK 415:	<div> <div>2 OR MORE</div> <div><input type="checkbox"/> TIMES</div> </div> <div> <div>OTHER</div> <div><input type="checkbox"/></div> </div> <div>(SKIP TO 420) ←</div>																

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
417	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 (SKIP TO 420) ← DON'T KNOW 8	
418	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8	
419	CHECK 418: <div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 10px;"> ONLY <input type="checkbox"/> ONE a) How many years ago did you receive that tetanus injection? </div> <div style="border-left: 1px dashed black; padding-left: 10px; text-align: center;"> MORE THAN ONE <input type="checkbox"/> TIME b) How many years ago did you receive the last tetanus injection prior to this pregnancy? </div> </div>	YEARS AGO <input type="text"/> <input type="text"/>	
420	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	YES 1 NO 2 (SKIP TO 422) ← DON'T KNOW 8	
421	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
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 NAME _____	NEXT-TO-LAST BIRTH 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 CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
429	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D COMMUNITY HEALTH WORKER E COMMUNITY HEALTH MOTHER AND CHILD F RELATIVE/FRIEND G OTHER X _____ (SPECIFY) NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D COMMUNITY HEALTH WORKER E COMMUNITY HEALTH MOTHER AND CHILD F RELATIVE/FRIEND G 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>_____ (NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11 (SKIP TO 434) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>REFERRAL HOSPITAL .. 21 PROVINCIAL/DISTRICT HOSPITAL 22 HEALTH CENTER 23 HEALTH POST 24 OTHER PUBLIC SECTOR 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC 31 CLINIC 32 DISPENSARY 33 OTHER PRIVATE HEALTH 36 (SPECIFY)</p> <p>OTHER 96 (SPECIFY) (SKIP TO 434) ←</p>	<p>HOME</p> <p>HER HOME 11 (SKIP TO 434) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>REFERRAL HOSPITAL .. 21 PROVINCIAL/DISTRICT HOSPITAL 22 HEALTH CENTER 23 HEALTH POST 24 OTHER PUBLIC SECTOR 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC 31 CLINIC 32 DISPENSARY 33 OTHER PRIVATE HEALTH 36 (SPECIFY)</p> <p>OTHER 96 (SPECIFY) (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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>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 NO 2 (SKIP TO 434) ←</p>	<p>YES 1 NO 2 (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 AFTER 2</p>	<p>BEFORE 1 AFTER 2</p>												
434	<p>Immediately after the birth, was (NAME) put on your chest?</p>	<p>YES 1 NO 2 (SKIP TO 434B) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1 NO 2 (SKIP TO 459) ←</p> <p>DON'T KNOW 8</p>												
434A	<p>Was (NAME)'s bare skin touching your bare skin?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>												

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____						
434B	CHECK 430: PLACE OF DELIVERY	CODE 11, 12, OR 96 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 449) ←							
435	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?	YES 1 NO 2 (SKIP TO 438) ←							
436	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="901 566 1023 611"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="901 611 1023 656"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="901 656 1023 701"><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 DOCTOR 11 NURSE/MIDWIFE 12 AUXILIARY MIDWIFE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER 22 COMMUNITY HEALTH MOTHER AND CHILD 23 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" data-bbox="901 1413 1023 1458"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="901 1458 1023 1503"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="901 1503 1023 1547"><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 DOCTOR 11 NURSE/MIDWIFE 12 AUXILIARY MIDWIFE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER 22 COMMUNITY HEALTH MOTHER AND CHILD 23 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="901 369 1021 425"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="901 436 1021 492"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="901 504 1021 560"><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 DOCTOR 11 NURSE/MIDWIFE 12 AUXILIARY MIDWIFE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER 22 COMMUNITY HEALTH MOTHER AND CHILD 23 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 REFERRAL HOSPITAL 21 PROVINCIAL/DISTRICT HOSPITAL 22 HEALTH CENTER 23 HEALTH POST 24 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC 31 CLINIC 32 DISPENSARY 33 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) 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 or a traditional birth attendant 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							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____												
446	<p>How many hours, days or weeks after the birth of (NAME) did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" data-bbox="901 246 1021 291"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS 2 <table border="1" data-bbox="901 302 1021 347"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS 3 <table border="1" data-bbox="901 358 1021 403"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW 998</p>													
447	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE/MIDWIFE 12</p> <p>AUXILIARY</p> <p>MIDWIFE 13</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>COMMUNITY HEALTH WORKER 22</p> <p>COMMUNITY HEALTH MOTHER AND CHILD 23</p> <p>OTHER 96</p> <p>(SPECIFY) _____</p>													
448	<p>Where did this check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>REFERRAL HOSPITAL .. 21</p> <p>PROVINCIAL/DISTRICT HOSPITAL 22</p> <p>HEALTH CENTER 23</p> <p>HEALTH POST 24</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26</p> <p>(SPECIFY) _____</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC 31</p> <p>CLINIC 32</p> <p>DISPENSARY 33</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36</p> <p>(SPECIFY) _____</p> <p>OTHER 96</p> <p>(SPECIFY) _____</p> <p>(SKIP TO 457) ←</p>													
449	<p>I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 453) ←</p>													

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____						
450	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" data-bbox="901 246 1021 291"><tr><td></td><td></td></tr></table></p> <p>DAYS 2 <table border="1" data-bbox="901 302 1021 347"><tr><td></td><td></td></tr></table></p> <p>WEEKS 3 <table border="1" data-bbox="901 358 1021 403"><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW 998</p>							
451	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 AUXILIARY MIDWIFE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER 22 COMMUNITY HEALTH MOTHER AND CHILD 23 OTHER 96 (SPECIFY) _____</p>							
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>(NAME OF PLACE)</p>	<p>HOME HER HOME 11 OTHER HOME 12 PUBLIC SECTOR REFERRAL HOSPITAL 21 PROVINCIAL/DISTRICT HOSPITAL 22 HEALTH CENTER 23 HEALTH POST 24 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) _____ PRIVATE MEDICAL SECTOR POLYCLINIC 31 CLINIC 32 DISPENSARY 33 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) _____ OTHER 96 (SPECIFY) _____</p>							
453	<p>I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME)'s health?</p>	<p>YES 1 NO 2 (SKIP TO 457) ← DON'T KNOW 8</p>							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____						
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 <table border="1" data-bbox="901 246 1021 291"><tr><td></td><td></td></tr></table></p> <p>DAYS AFTER BIRTH 2 <table border="1" data-bbox="901 291 1021 336"><tr><td></td><td></td></tr></table></p> <p>WEEKS AFTER BIRTH 3 <table border="1" data-bbox="901 336 1021 392"><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW 998</p>							
455	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE/MIDWIFE 12</p> <p>AUXILIARY</p> <p>MIDWIFE 13</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>COMMUNITY HEALTH WORKER 22</p> <p>COMMUNITY HEALTH MOTHER AND CHILD 23</p> <p>OTHER 96 (SPECIFY)</p>							
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>(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>REFERRAL HOSPITAL .. 21</p> <p>PROVINCIAL/DISTRICT HOSPITAL 22</p> <p>HEALTH CENTER 23</p> <p>HEALTH POST 24</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC 31</p> <p>CLINIC 32</p> <p>DISPENSARY 33</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36 (SPECIFY)</p> <p>OTHER 96 SPECIFY</p>							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	
		NAME _____	NAME _____	
457	During the first 24 hours after (NAME)'s birth, did any health care provider do the following: a) Examine the cord? b) Measure (NAME)'s temperature? c) Counsel you on danger signs for newborns? d) Counsel you on breastfeeding? e) Observe (NAME) breastfeeding?	YES NO DK a) CORD 1 2 8 b) TEMP. 1 2 8 c) SIGNS 1 2 8 d) COUNSEL BREAST-FEED 1 2 8 e) OBSERVE BREAST-FEED 1 2 8		
457F	How many times have you Altogether been checked after delivering (NAME)?	TIMES <input type="text"/>		
458	Has your menstrual period returned since the birth of (NAME)?	YES 1 (SKIP TO 460) ← NO 2 (SKIP TO 461) ←		
459	Did your period return between the birth of (NAME) and your next pregnancy?			YES 1 NO 2 (SKIP TO 463) ←
460	For how many months after the birth of (NAME) did you not have a period?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98		MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
461	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 463) ←		
462	Have you had sexual intercourse since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 464) ←		
463	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	
464	Did you ever breastfeed (NAME)?	YES 1 (SKIP TO 466) ← NO 2	YES 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____								
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
467	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 GO TO 468 ←									
467A	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRUPE WATER D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H COFFEE I HONEY J OTHER _____ X (SPECIFY)									
468	CHECK 404: CHILD LIVING	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 470A) ←	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 470A) ←								
469	Are you still breastfeeding (NAME)?	YES 1 NO 2									
470	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8								
470A	CHECK 430: CODE 11,12, OR 96 CIRCLED	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (SKIP TO 471) ←	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (SKIP TO 471) ←								
470B	Why did you not deliver (NAME) at a health facility?	FACILITY COST TOO MUCH 01 TOO FAR/ NO TRANSPORT 02 DON'T TRUST FACILITY 03 NO FEMALE PROVIDER 04 HUSBAND FAMILY DON'T ALLOW 05 NOT NECESSARY/ EASY TO DELIVER/COMFORTABLE POSITION 06 CUSTOMARY TO DELIVER AT HOME 07 OTHER _____ 96 SPECIFY	FACILITY COST TOO MUCH 01 TOO FAR/NO TRANSPORT 02 DON'T TRUST FACILITY 03 NO FEMALE PROVIDER 04 HUSBAND FAMILY DON'T ALLOW 05 NOT NECESSARY/ EASY TO DELIVER/COMFORTABLE POSITION 06 CUSTOMARY TO DELIVER AT HOME 07 OTHER _____ 96 SPECIFY								
471		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501A.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501A.								

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501A	CHECK 215 IN THE BIRTH HISTORY: ANY BIRTHS IN 2016-2019? ONE OR MORE BIRTHS IN 2016-2019 <input type="checkbox"/> NO BIRTHS IN 2016-2019 <input type="checkbox"/>		→ 601
502A	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE LAST CHILD BORN IN 2016-2019. 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 other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD 1 YES, HAS ONLY AN OTHER DOCUMENT 2 YES, HAS CARD AND OTHER DOCUMENT 3 NO, NO CARD AND NO OTHER DOCUMENT .. 4	→ 507A → 507A
505A	Did you ever have a vaccination card for (NAME)?	YES 1 NO 2	
506A	CHECK 504A: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/>		→ 511A
507A	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, CARD AND OTHER DOCUMENT SEEN .. 3 NO CARD AND NO OTHER DOCUMENT SEEN .. 4	→ 511A

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																							
	NAME OF LAST BIRTH _____ BIRTH HISTORY NUMBER	<div></div> <div></div>																																																																								
508A	<p>COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.</p> <table border="1"> <thead> <tr> <th></th><th>DAY</th><th>MONTH</th><th>YEAR</th></tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 1</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 2</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 3</td><td></td><td></td><td></td></tr> <tr><td>INACTIVATED POLIO VACCINE (IPV)</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 1</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 2</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 3</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 1</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 2</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 3</td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 1</td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 2</td><td></td><td></td><td></td></tr> <tr><td>MEASLES AND RUBELLA 1</td><td></td><td></td><td></td></tr> <tr><td>MEASLES AND RUBELLA 2</td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MONTH	YEAR	BCG				ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)				ORAL POLIO VACCINE (OPV) 1				ORAL POLIO VACCINE (OPV) 2				ORAL POLIO VACCINE (OPV) 3				INACTIVATED POLIO VACCINE (IPV)				DPT-HEP.B-HIB (PENTAVALENT) 1				DPT-HEP.B-HIB (PENTAVALENT) 2				DPT-HEP.B-HIB (PENTAVALENT) 3				PNEUMOCOCCAL 1				PNEUMOCOCCAL 2				PNEUMOCOCCAL 3				ROTAVIRUS 1				ROTAVIRUS 2				MEASLES AND RUBELLA 1				MEASLES AND RUBELLA 2				VITAMIN A (MOST RECENT)				
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509A	<p>CHECK 508A: 'BCG' TO '[MEASLES CONTAINING VACCINE] 2' ALL RECORDED?</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p>	→ 525A																																																																								
510A	<p>In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508A THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508A THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT (THEN SKIP TO 525A)</p> <p>NO 2 DON'T KNOW 8 (WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 525A)</p>																																																																								

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
511A	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES 1 NO 2 DON'T KNOW 8	→ 525A
512A	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	
514A	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES 1 NO 2 DON'T KNOW 8	→ 517A
515A	Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS 1 LATER 2	
516A	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES <input type="text"/>	
516A1	The last time (NAME) received the polio drops, did (NAME) also get an IPV injection in the arm to protect against polio?	YES 1 NO 2 DON'T KNOW 8	
517A	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES 1 NO 2 DON'T KNOW 8	→ 519A
518A	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES <input type="text"/>	

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
519A	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia?	YES 1 NO 2 DON'T KNOW 8	→ 521A
520A	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES <input type="text"/>	
521A	Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea?	YES 1 NO 2 DON'T KNOW 8	→ 523A
522A	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES <input type="text"/>	
523A	Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	→ 525A
524A	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES <input type="text"/>	
525A	In the last 7 days was (NAME) given: a) Ongerá intungamubiri? IF YES: How many times did (NAME) took Ongerá intungamubiri?	<div style="text-align: right;">YES NO DK</div> a) ONGERÁ INTUNGAMUBIRI .. 1 2 8 TIMES <input type="text"/>	
526A	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 2016-2019? <div> MORE BIRTHS IN 2016-2019 <input type="checkbox"/> NO MORE BIRTHS IN 2016-2019 <input type="checkbox"/> </div>		→ 601
502B	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE NEXT-TO-LAST CHILD BORN IN 2016-2019. NAME OF NEXT-TO-LAST BIRTH _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>		
503B	CHECK 216 FOR CHILD: <div> LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> </div>		→ 526B
504B	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD 1 YES, HAS ONLY AN OTHER DOCUMENT 2 YES, HAS CARD AND OTHER DOCUMENT 3 NO, NO CARD AND NO OTHER DOCUMENT .. 4	→ 507B → 507B
505B	Did you ever have a vaccination card for (NAME)?	YES 1 NO 2	
506B	CHECK 504B: <div> CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/> </div>		→ 511B
507B	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, CARD AND OTHER DOCUMENT SEEN .. 3 NO CARD AND NO OTHER DOCUMENT SEEN .. 4	→ 511B

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

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DPT-HEP.B-HIB (PENTAVALENT) 3																																																																															
DPT-HEP.B-HIB (PENTAVALENT) 4																																																																															
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PNEUMOCOCCAL 2																																																																															
PNEUMOCOCCAL 3																																																																															
ROTAVIRUS 1																																																																															
ROTAVIRUS 2																																																																															
MEASLES AND RUBELLA 1																																																																															
MEASLES AND RUBELLA 2																																																																															
VITAMIN A (MOST RECENT)																																																																															
509B	CHECK 508B: 'BCG' TO '[MEASLES CONTAINING VACCINE] 2' ALL RECORDED? <div style="display: flex; justify-content: space-around;"> NO <input type="checkbox"/> YES <input type="checkbox"/> </div>		→ 525B																																																																												
510B	<p>In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508B THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508B THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT (THEN SKIP TO 525B)</p> <p>NO 2 DON'T KNOW 8 (WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 525B)</p>																																																																													

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
511B	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES 1 NO 2 DON'T KNOW 8	→ 525B
512B	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	
514B	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES 1 NO 2 DON'T KNOW 8	→ 517B
515B	Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS 1 LATER 2	
516B	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES <input type="text"/>	
516B1	The last time (NAME) received the polio drops, did (NAME) also get an IPV injection in the arm to protect against polio?	YES 1 NO 2 DON'T KNOW 8	
517B	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES 1 NO 2 DON'T KNOW 8	→ 519B
518B	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES <input type="text"/>	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
519B	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia?	YES 1 NO 2 DON'T KNOW 8	→ 521B
520B	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES <input type="text"/>	
521B	Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea?	YES 1 NO 2 DON'T KNOW 8	→ 523B
522B	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES <input type="text"/>	
523B	Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	→ 525B
524B	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES <input type="text"/>	
525B	In the last 7 days was (NAME) given: a) Ongera intungamubiri? IF YES: How many times did (NAME) took Ongera intungamubiri?	YES NO DK a) ONGERA INTUNGAMUBIR 1 2 8 TIMES <input type="text"/>	
526B	CHECK 215 IN BIRTH HISTORY: ANY MORE BIRTHS IN 2016-2019? MORE BIRTHS IN 2016-2019 <input type="checkbox"/> (GO TO 502B IN AN ADDITIONAL QUESTIONNAIRE)	NO MORE BIRTHS IN 2016-2019 <input type="checkbox"/>	→ 601

SECTION 6. CHILD HEALTH AND NUTRITION

601	CHECK 224:	ONE OR MORE BIRTHS <input type="checkbox"/> IN 2014-2019	NO BIRTHS <input type="checkbox"/> IN 2014-2019	648
602	CHECK 215: RECORD THE BIRTH HISTORY NUMBER IN 603 AND THE NAME AND SURVIVAL STATUS IN 604 FOR EACH BIRTH IN 2014-2019. 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"/> <div style="text-align: center;"> <input type="checkbox"/> (SKIP TO 646) ← </div>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> <div style="text-align: center;"> <input type="checkbox"/> (SKIP TO 646) ← </div>	
605	In the last six months, was (NAME) given a vitamin A dose like [this/any of these]? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	
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 <div style="text-align: center;"> <input type="checkbox"/> (SKIP TO 618) ← </div> DON'T KNOW 8	YES 1 NO 2 <div style="text-align: center;"> <input type="checkbox"/> (SKIP TO 618) ← </div> DON'T KNOW 8	
608A	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
609	<p>CHECK 469: CURRENTLY BREASTFEEDING?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>YES <input type="checkbox"/></p> <p>a) Now I would like to know how much (NAME) was given to drink during the diarrhea including breast milk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p> </div> <div style="width: 45%;"> <p>NO/ NOT ASKED <input type="checkbox"/></p> <p>b) Now I would like to know how much (NAME) was given to drink during the diarrhea. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p> </div> </div>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>
610	<p>When (NAME) had diarrhea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>
610A	<p>CHECK 469: CURRENTLY BREASTFEEDING?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>YES <input type="checkbox"/></p> <p>↓</p> </div> <div style="width: 45%;"> <p>NO/ NOT ASKED <input type="checkbox"/></p> <p>← SKIP TO 611</p> </div> </div>		
610B	<p>When (NAME) had diarrhea, did you continue to breastfeed him/her?</p>	<p>YES 1</p> <p>NO 0</p>	
611	<p>Did you seek advice or treatment for the diarrhea from any source?</p>	<p>YES 1</p> <p>NO 2</p> <p align="right">(SKIP TO 615) ←</p>	<p>YES 1</p> <p>NO 2</p> <p align="right">(SKIP TO 615) ←</p>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
612	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____ (NAME OF PLACE(S))</p> <p>COMMUNITY HEALTH</p>	<p>PUBLIC SECTOR</p> <p>REFERRAL HOSPITAL . . . A</p> <p>PROVINCIAL/DISTRICT HOSPITAL B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST D</p> <p>OUTREACH E</p> <p>COMMUNITY HEALTH WORKER F</p> <p>OTHER PUBLIC SECTOR _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC H</p> <p>CLINIC I</p> <p>DISPENSARY J</p> <p>PHARMACY K</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>KIOSK/ SHOP M</p> <p>TRADITIONAL HEALER N</p> <p>CHURCH O</p> <p>FRIEND/RELATIVE P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>REFERRAL HOSPITAL . . . A</p> <p>PROVINCIAL/DISTRICT HOSPITAL B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST D</p> <p>OUTREACH E</p> <p>COMMUNITY HEALTH WORKER F</p> <p>OTHER PUBLIC SECTOR _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC H</p> <p>CLINIC I</p> <p>DISPENSARY J</p> <p>PHARMACY K</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>KIOSK/ SHOP M</p> <p>TRADITIONAL HEALER N</p> <p>CHURCH O</p> <p>FRIEND/RELATIVE P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
613	CHECK 612:	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 615) ←</p>	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 615) ←</p>
614	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 612.</p>	<p>FIRST PLACE _____ <input type="checkbox"/></p>	<p>FIRST PLACE _____ <input type="checkbox"/></p>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
615	<p>Was (NAME) given any of the following at any time since (NAME) started having the diarrhea:</p> <p>a) A pre-packaged ORS liquid?</p> <p>b) A government-recommended homemade fluid?</p> <p>c) Zinc tablets or syrup?</p>	<p align="center">YES NO DK</p> <p>a) ORS LIQUID .. 1 2 8</p> <p>b) HOMEMADE FLUID .. 1 2 8</p> <p>c) ZINC 1 2 8</p>	<p align="center">YES NO DK</p> <p>a) ORS LIQUID .. 1 2 8</p> <p>b) HOMEMADE FLUID .. 1 2 8</p> <p>c) ZINC 1 2 8</p>
616	<p>CHECK 615:</p> <p>ANY 'YES' <input type="checkbox"/> ↓</p> <p>a) Was anything else given to treat the diarrhea?</p> <p>ALL 'NO' OR 'DK' <input type="checkbox"/> ↓</p> <p>b) Was anything given to treat the diarrhea?</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 618) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 618) ←</p> <p>DON'T KNOW 8</p>
617	<p>CHECK 615:</p> <p>ANY 'YES' <input type="checkbox"/> ↓</p> <p>a) What else was given to treat the diarrhea?</p> <p>ALL 'NO' OR 'DK' <input type="checkbox"/> ↓</p> <p>b) What was given to treat the diarrhea?</p> <p>Anything else? Anything else?</p> <p>RECORD ALL TREATMENTS GIVEN.</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C</p> <p>UNKNOWN PILL OR SYRUP D</p> <p>INJECTION</p> <p>ANTIBIOTIC E</p> <p>NON-ANTIBIOTIC F</p> <p>UNKNOWN INJECTION G</p> <p>(IV) INTRAVENOUS H</p> <p>HOME REMEDY/ HERBAL MEDICINE I</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C</p> <p>UNKNOWN PILL OR SYRUP D</p> <p>INJECTION</p> <p>ANTIBIOTIC E</p> <p>NON-ANTIBIOTIC F</p> <p>UNKNOWN INJECTION G</p> <p>(IV) INTRAVENOUS H</p> <p>HOME REMEDY/ HERBAL MEDICINE I</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p>
618	<p>Has (NAME) been ill with a fever at any time in the last 2 weeks?</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 620) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 620) ←</p> <p>DON'T KNOW 8</p>
619	<p>At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
620	<p>Has (NAME) had an illness with a cough at any time in the last 2 weeks?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
621	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 623) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 623) ← DON'T KNOW 8		
622	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 624) ←	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 624) ←		
623	CHECK 618: HAD FEVER?	YES NO OR DK <input type="checkbox"/> ↓ (SKIP TO 646) ←	YES NO OR DK <input type="checkbox"/> ↓ (SKIP TO 646) ←		
623A	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8		
623B	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8		
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) ←		

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
625	<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>_____</p> <p align="center">(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>REFERRAL HOSPITAL .. A</p> <p>PROVINCIAL/DISTRICT HOSPITAL B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST D</p> <p>OUTREACH E</p> <p>COMMUNITY HEALTH WORKER F</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ G</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC H</p> <p>CLINIC I</p> <p>DISPENSARY J</p> <p>PHARMACY K</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ L</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>KIOSK/ SHOP M</p> <p>TRADITIONAL HEALER N</p> <p>CHURCH O</p> <p>FRIEND/RELATIVE P</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>REFERRAL HOSPITAL .. A</p> <p>PROVINCIAL/DISTRICT HOSPITAL B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST D</p> <p>OUTREACH E</p> <p>COMMUNITY HEALTH WORKER F</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ G</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC H</p> <p>CLINIC I</p> <p>DISPENSARY J</p> <p>PHARMACY K</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ L</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>KIOSK/ SHOP M</p> <p>TRADITIONAL HEALER N</p> <p>CHURCH O</p> <p>FRIEND/RELATIVE P</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>
626	CHECK 625:	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p align="center">(SKIP TO 628) ←</p>	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p align="center">(SKIP TO 628) ←</p>
627	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 625.</p>	<p>FIRST PLACE <input type="checkbox"/></p>	<p>FIRST PLACE <input type="checkbox"/></p>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
628	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
629	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (SKIP TO 646) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 646) ← DON'T KNOW 8
630	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS ACT (COARTEM) A QUININE B ARTESUNATE C OTHER ANTIMALARIAL E _____ (SPECIFY) ANTIBIOTIC DRUGS PILL / SYRUP F INJECTION / IV G OTHER DRUGS ASPIRIN H PARACETAMOL I IBUPROFEN J OTHER X _____ (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS ACT (COARTEM) A QUININE B ARTESUNATE C OTHER ANTIMALARIAL E _____ (SPECIFY) ANTIBIOTIC DRUGS PILL / SYRUP F INJECTION / IV G OTHER DRUGS ASPIRIN H PARACETAMOL I IBUPROFEN J OTHER X _____ (SPECIFY) DON'T KNOW Z
631	CHECK 630: ANY CODE A-D CIRCLED?	YES NO <input type="checkbox"/> <input type="checkbox"/> ↓ (SKIP TO 646) ←	YES NO <input type="checkbox"/> <input type="checkbox"/> ↓ (SKIP TO 646) ←
632	CHECK 630: ACT (COARTEM) (‘A’) GIVEN	CODE ‘A’ CIRCLED CODE ‘A’ NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ (SKIP TO 636) ←	CODE ‘A’ CIRCLED CODE ‘A’ NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ (SKIP TO 636) ←

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
633	How long after the fever started did (NAME) first take ACT (COARTEM)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
636	CHECK 630: QUININE ('B') GIVEN	<div style="display: flex; justify-content: space-between;"> <div>CODE 'B' CIRCLED <input type="checkbox"/></div> <div>CODE 'B' NOT CIRCLED <input type="checkbox"/></div> </div> <div style="text-align: center;"> <p>(SKIP TO 638) ←</p> </div>	<div style="display: flex; justify-content: space-between;"> <div>CODE 'B' CIRCLED <input type="checkbox"/></div> <div>CODE 'B' NOT CIRCLED <input type="checkbox"/></div> </div> <div style="text-align: center;"> <p>(SKIP TO 638) ←</p> </div>
637	How long after the fever started did (NAME) first take QUININE?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
638	CHECK 630: ALTESUNATE ('C') GIVEN	<div> <div>CODE 'C' CIRCLED <input type="checkbox"/></div> <div> CODE 'C' NOT CIRCLED <input type="checkbox"/> </div> <div> <div>↓</div> <div>(SKIP TO 640) ←</div> </div> </div>	<div> <div>CODE 'C' CIRCLED <input type="checkbox"/></div> <div> CODE 'C' NOT CIRCLED <input type="checkbox"/> </div> <div> <div>↓</div> <div>(SKIP TO 640) ←</div> </div> </div>
639	How long after the fever started did (NAME) first take artesunate?	<div> <div>SAME DAY 0</div> <div>NEXT DAY 1</div> <div>TWO DAYS AFTER FEVER 2</div> <div>THREE OR MORE DAYS AFTER FEVER 3</div> <div>DON'T KNOW 8</div> </div>	<div> <div>SAME DAY 0</div> <div>NEXT DAY 1</div> <div>TWO DAYS AFTER FEVER 2</div> <div>THREE OR MORE DAYS AFTER FEVER 3</div> <div>DON'T KNOW 8</div> </div>
640	CHECK 630: OTHER ANTIMALARIAL ('D') GIVEN	<div> <div>CODE 'D' CIRCLED <input type="checkbox"/></div> <div> CODE 'D' NOT CIRCLED <input type="checkbox"/> </div> <div> <div>↓</div> <div>(SKIP TO 646) ←</div> </div> </div>	<div> <div>CODE 'D' CIRCLED <input type="checkbox"/></div> <div> CODE 'D' NOT CIRCLED <input type="checkbox"/> </div> <div> <div>↓</div> <div>(SKIP TO 646) ←</div> </div> </div>
641	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	<div> <div>SAME DAY 0</div> <div>NEXT DAY 1</div> <div>TWO DAYS AFTER FEVER 2</div> <div>THREE OR MORE DAYS AFTER FEVER 3</div> <div>DON'T KNOW 8</div> </div>	<div> <div>SAME DAY 0</div> <div>NEXT DAY 1</div> <div>TWO DAYS AFTER FEVER 2</div> <div>THREE OR MORE DAYS AFTER FEVER 3</div> <div>DON'T KNOW 8</div> </div>
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	<p>CHECK 615(a) AND 615(b), ALL COLUMNS:</p> <p align="center"> NO CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID </p> <p align="center"> <input type="checkbox"/> ↓ </p>	<p align="center"> ANY CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID </p> <p align="center"> <input type="checkbox"/> → 649 </p>	
648	<p>Have you ever heard of a special product called ORS you can get for the treatment of diarrhea?</p>	<p>YES 1</p> <p>NO 2</p>	
649	<p>CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2017-2019 LIVING WITH THE RESPONDENT</p> <p align="center"> ONE OR MORE <input type="checkbox"/> ↓ </p> <p align="center"> NONE <input type="checkbox"/> → 701 </p> <hr/> <p align="center">(NAME OF YOUNGEST CHILD LIVING WITH HER)</p> <p align="center">↓</p>		

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 had the item I mention even if it was combined with other foods. Did (NAME FROM 649) drink or eat:</p>				
	a) Plain water?	a) 1	2	8	
	b) Juice or juice drinks?	b) 1	2	8	
	c) Clear broth?	c) 1	2	8	
	d) Milk such as tinned, powdered, or fresh animal milk? IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	d) 1	2	8	
		NUMBER OF TIMES DRANK	<input type="text"/>		
	e) Infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	e) 1	2	8	
		NUMBER OF TIMES DRANK	<input type="text"/>		
	f) Any other liquids?	f) 1	2	8	
	g) Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	g) 1	2	8	
		NUMBER OF TIMES ATE	<input type="text"/>		
	h) Sosoma, Nutrutoto, CSB+, Cerelac, phosphatin?	h) 1	2	8	
	i) Bread, rice, noodles, porridge, or other foods made from grains?	i) 1	2	8	
	j) Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	j) 1	2	8	
	k) White potatoes, white yams, manioc, cassava, or any other foods made from roots?	k) 1	2	8	
	l) Any dark green, leafy vegetables?	l) 1	2	8	
	m) Ripe mangoes, avocados, papayas, banana or other fruit with A vitamin ?	m) 1	2	8	
	n) Any other fruits or vegetables?	n) 1	2	8	
	o) Liver, kidney, heart, or other organ meats?	o) 1	2	8	
	p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	p) 1	2	8	
	q) Eggs?	q) 1	2	8	
	r) Fresh or dried fish or shellfish?	r) 1	2	8	
	s) Any foods made from beans, peas, lentils, or nuts?	s) 1	2	8	
	t) Cheese or other food made from milk?	t) 1	2	8	
	u) Any other solid, semi-solid, or soft food?	u) 1	2	8	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
651	CHECK 650 (CATEGORIES 'g' THROUGH 'u'): NOT A SINGLE 'YES' <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/>		→ 653
652	Did (NAME FROM 649) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES 1 (GO BACK TO 650 TO RECORD FOOD EATEN YESTERDAY) (THEN CONTINUE TO 653) NO 2	→ 653A
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	
653A	In the last month, did you participate in the monthly growth monitoring and nutrition promotion sessions conducted by the community health workers?	YES 1 NO 2	→ 654
653B	What is the main reason you did not participate in this growth monitoring and nutrition promotion session last month?	NOT AWARE ABOUT THESE SESSIONS 1 DO NOT HAVE TIME TO ATTEND 2 DO NOT FIND IT RELEVANT TO ATTEND 3 SITE IS TOO FAR FOR ME TO ATTEND 4 NO MEANS TO CONTRIBUTE TO THE COOKING DEMONSTRATION 5 MY CHILD WAS SICK 6 FAMILY EMERGENCY 7 OTHER 8 SPECIFY SPECIFY	
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)	

NO.	QUESTIONS AND FILTERS	CODINGS CATEGORIES	SKIP																																			
655	CHECK 217 AND 218: ANY CHILD 0-4 YEARS OLD LIVING WITH HIS/HER MOTHER? YES <input type="checkbox"/> NO <input type="checkbox"/>		→701																																			
656	CHECK 217 AND 218: SELECT THE YOUNGEST CHILD AGED 0-4 LIVING WITH HIS/HER MOTHER AND RECORD NAME AND LINE NUMBER NAME OF THE YOUNGEST CHILD FROM Q.212 _____ LINE NUMBER OF THE YOUNGEST CHILD (Q.219) <input type="text"/> <input type="text"/>																																					
657	Now I would like to ask you about (NAME); your youngest child that is 0-4 years old																																					
657A	In the past 3 days, did you or any household member over 15 years of age engage in any of the following activities with (NAME)? IF YES, ASK: Who engaged in this activity with (NAME)? a) Read books to or looked at picture with (NAME)? b) Told stories to (NAME)? c) Sang songs to (NAME) or with (NAME), including lullabies? d) Took (NAME) outside the home, compound, yard or enclosure? e) Played with (NAME) f) Named, counted, or drew things to or with (NAME)?	<table border="1"> <thead> <tr> <th></th> <th>MOTHER</th> <th>FATHER</th> <th>OTHER</th> <th>NO ONE</th> </tr> </thead> <tbody> <tr> <td>a) READ BOOKS</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>b) TOLD STORIES</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>c) SANG SONGS</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>d) TOOK OUTSIDE</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>e) PLAYED WITH</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>f) NAMED OR COUNTED</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		MOTHER	FATHER	OTHER	NO ONE	a) READ BOOKS	A	B	X	Y	b) TOLD STORIES	A	B	X	Y	c) SANG SONGS	A	B	X	Y	d) TOOK OUTSIDE	A	B	X	Y	e) PLAYED WITH	A	B	X	Y	f) NAMED OR COUNTED	A	B	X	Y	
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e) PLAYED WITH	A	B	X	Y																																		
f) NAMED OR COUNTED	A	B	X	Y																																		
658	How many children's books or picture books do you have for (NAME)?	NONE 00 NUMBER OF CHILDREN'S BOOKS ... <input type="text"/> <input type="text"/> TEN OR MORE BOOKS 10																																				
659	I am interested in learning about the things that (name) plays with when he/she is at home. Does he/she play with: a) Homemade toys (such as dolls, cars, or other toys made at home)? b) Toys from a shop or manufactured toys? c) Household objects (such as bowls or pots) or objects found outside (such as sticks, rocks, animal shells or leaves)? IF THE RESPONDENT SAYS "YES" TO THE CATEGORIES ABOVE, THEN PROBE TO LEARN SPECIFICALLY WHAT THE CHILD PLAYS WITH TO ASCERTAIN THE RESPONSE.	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>HOMEMADE TOYS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TOYS FROM SHOP</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OR OUTSIDE OBJECTS</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	HOMEMADE TOYS	1	2	8	TOYS FROM SHOP	1	2	8	OR OUTSIDE OBJECTS	1	2	8																				
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660	Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons and have to leave young children. On how many days in the past week was (name): a) Left alone for more than an hour? b) Left in the care of another child, that is, someone less than 10 years old, for more than an hour? IF 'NONE' ENTER '0'. IF 'DON'T KNOW' ENTER '8'	NUMBER OF DAYS LEFT ALONE MORE THAN AN HOUR <input type="text"/> NUMBER OF DAYS LEFT WITH ANOTHER CHILD FOR MORE THAN AN HOUR <input type="text"/>																																				
660C	Do you attend any of the following forms of Parenting Education program in the last month? d) Umugoroba w'ababyeyi? e) Inshuti z'umuryango? f) Community Parenting Session in ecd facility? g) Parenting Programmes religious sessions? h) Parenting Programmes from women's groups? i) Community Theatre?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>UMUGOROBA W'ABABYEYI</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>INSHUTI Z'UMURYANGO</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>COMMUNITY PARENTING SESSION IN ECD FACILITY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PARENTING PROGRAMMES RELIGIOUS SESSIONS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PARENTING PROGRAMMES FROM WOMEN'S GROUPS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>COMMUNITY THEATRE</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	UMUGOROBA W'ABABYEYI	1	2	8	INSHUTI Z'UMURYANGO	1	2	8	COMMUNITY PARENTING SESSION IN ECD FACILITY	1	2	8	PARENTING PROGRAMMES RELIGIOUS SESSIONS	1	2	8	PARENTING PROGRAMMES FROM WOMEN'S GROUPS	1	2	8	COMMUNITY THEATRE	1	2	8								
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661	VERIFY 217: AGE OF THE CHILD CHILD 0 OR 1 <input type="text"/> CHILD 2 OR 3 OR 4 YEARS <input type="text"/> YEAR ↓		664
662	VERIFY 217 AND 218: ANY CHILD AGE 2-4 LIVING WITH HIS/HER MOTHER? YES <input type="text"/> NO <input type="text"/>		701
663	CHECK 217 AND 218: SELECT THE YOUNGEST CHILD AGE 2 OR 3 OR 4 LIVING WITH HIS/HER MOTHER AND RECORD NAME AND LINE NUMBER NAME OF YOUNGEST CHILD AGE 2 OR 3 OR 4 FROM Q.212 _____ LINE NUMBER OF YOUNGEST CHILD AGE 2 OR 3 OR 4 FROM Q.219 <input type="text"/> <input type="text"/>		
664	Does (NAME) attend any organized learning or early childhood education programme, such as a private or government facility, including kindergarten or community child care?	YES 1 NO 2 DON'T KNOW 8	
665	In the past 7 days, about how many hours did (NAME) go to that place:	NUMBER OF HOURS <input type="text"/> <input type="text"/>	
667	I would like to ask you some questions about the health and development of (NAME). Children do not all develop and learn at the same rate. For example, some walk earlier than others. These questions are related to several aspects of (NAME)'s development. Can (NAME) identify or name at least ten letters of the alphabet?	YES 1 NO 2 DK 8	
668	Can (NAME) read at least four simple, popular words?	YES 1 NO 2 DK 8	
669	Does (NAME) know the name and recognize the symbol of all numbers from 1 to 10?	YES 1 NO 2 DK 8	
670	Can (NAME) pick up a small object with two fingers, like a stick or a rock from the ground?	YES 1 NO 2 DK 8	
671	Is (NAME) sometimes too sick to play?	YES 1 NO 2 DK 8	
672	Does (NAME) follow simple directions on how to do something correctly?	YES 1 NO 2 DK 8	
673	When given something to do, is (NAME) able to do it independently?	YES 1 NO 2 DK 8	
674	Does (NAME) get along well with other children?	YES 1 NO 2 DK 8	
675	Does (NAME) kick, bite, or hit other children or adults?	YES 1 NO 2 DK 8	
676	Does (NAME) get distracted easily?	YES 1 NO 2 DK 8	

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.	
706	Does your (husband/partner) have other wives or does he live with other women as if married?	YES 1 NO 2 DON'T KNOW 8	→ 709
707	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS DON'T KNOW 98	
708	Are you the first, second, ... wife?	RANK	
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-between;"> <div style="width: 45%;"> MARRIED/ LIVED WITH A MAN ONLY ONCE ↓ </div> <div style="width: 45%;"> MARRIED/ LIVED WITH A MAN MORE THAN ONCE ↓ </div> </div> <p>a) In what month and year did you start living with your (husband/partner)?</p> <p>b) Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?</p>	MONTH DON'T KNOW MONTH 98 YEAR DON'T KNOW YEAR 9998	→ 712
711	How old were you when you first started living with him?	AGE	
712	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE		
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	→ 731
714	I would like to ask you about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. 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	→ 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"/>
720A	How many times during the last month did you have sexual intercourse with this person?	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
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
723A	In total, with how many different people have you had sexual intercourse in the last month? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST MONTH .. <input type="text"/> <input type="text"/> DON'T KNOW 98

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	CHECK 106: AGE 15-24 <input type="checkbox"/> ↓ AGE 25-49 <input type="checkbox"/> → 727		
725	CHECK 701: NOT <input type="checkbox"/> IN A UNION ↓ CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> → 727		
726	In the past 12 months have you had sex or been sexually involved with anyone because he gave you or told you he would give you gifts, cash, or anything else?	YES 1 NO 2	
727	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> DON'T KNOW 98	
728	CHECK 716, MOST RECENT PARTNER (FIRST COLUMN): YES, <input type="checkbox"/> CONDOM USED ↓ NO, <input type="checkbox"/> CONDOM NOT USED NOT <input type="checkbox"/> ASKED → 730A → 730A		
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.	PRUDENCE 01 PLAISIR 02 LOVE 03 GENERIC CONDOM 04 OTHER 96 (SPECIFY) DON'T KNOW 98	
730	From where did you obtain the condom the last time? PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR REFERRAL HOSPITAL 11 PROVINCIAL/DISTRICT HOSPITAL 12 HEALTH CENTER 13 HEALTH POST 14 COMMUNITY HEALTH WORKER 15 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC 21 CLINIC 22 DISPENSARY 23 PHARMACY 24 FAMILY PLANING CLINIC 25 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) OTHER SOURCE SHOP/BAR/ KIOSK CONDOM 31 CHURCH 32 FRIEND/RELATIVE 33 YOUTH CENTER 34 OTHER 96 (SPECIFY) DON'T KNOW 98	
730A	If you wanted to, could you get a male condom by yourself ?	YES 1 NO 2 DON'T KNOW MALE CONDOM 3 DON'T KNOW/UNSURE 8	
731	PRESENCE OF OTHERS DURING THIS SECTION.	YES NO CHILDREN <10 1 2 MALE ADULTS 1 2 FEMALE ADULTS 1 2	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 304: NEITHER <input type="checkbox"/> STERILIZED ↓	HE OR SHE <input type="checkbox"/> STERILIZED →	813
802	CHECK 226: PREGNANT <input type="checkbox"/> ↓	NOT PREGNANT <input type="checkbox"/> OR UNSURE →	804
803	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/ DON'T KNOW 8	→ 805 → 812
804	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8	→ 807 → 813 → 811
805	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓ a) How long would you like to wait from now before the birth of (a/another) child?	PREGNANT <input type="checkbox"/> ↓ 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 →
809	CHECK 714: DAYS, WEEKS OR <input type="checkbox"/> MONTHS AGO ↓	YEARS <input type="checkbox"/> AGO →	→ 811 NOT <input type="checkbox"/> ASKED →

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	<p>CHECK 804:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>WANTS TO HAVE ANOTHER CHILD <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>Any other reason? _____</p> </div> <div style="width: 45%;"> <p>WANTS NO MORE/ NONE <input type="checkbox"/></p> <p>b) You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason? _____</p> </div> </div> <p align="center">RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>SIDE EFFECTS/HEALTH CONCERNS O</p> <p>LACK OF ACCESS/TOO FAR P</p> <p>COSTS TOO MUCH Q</p> <p>PREFERRED METHOD NOT AVAILABLE R</p> <p>NO METHOD AVAILABLE S</p> <p>INCONVENIENT TO USE T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES U</p> <p>OTHER _____ (SPECIFY) X</p> <p>DON'T KNOW Z</p>	
811	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <div style="display: flex; justify-content: space-around;"> <p>NOT ASKED <input type="checkbox"/></p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>YES, CURRENTLY USING <input type="checkbox"/></p> </div>		→ 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> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HAS 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> </div> <div style="width: 45%;"> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> </div> <p align="center">PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>NUMBER <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p> <p>OTHER _____ (SPECIFY) 96</p>	<p>→ 815</p> <p>→ 815</p>
814	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?</p>	<div style="display: flex; justify-content: space-around;"> <p>BOYS</p> <p>GIRLS</p> <p>EITHER</p> </div> <p>NUMBER .. <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p> <p>OTHER _____ (SPECIFY) 96</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?	YES NO a) RADIO 1 2 b) TELEVISION 1 2 c) NEWSPAPER OR MAGAZINE 1 2 d) MOBILE PHONE 1 2	
817	CHECK 701: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>YES, <input type="checkbox"/> CURRENTLY MARRIED</div> <div>YES, <input type="checkbox"/> LIVING WITH A MAN</div> <div>NO, <input type="checkbox"/> NOT IN A UNION</div> </div>		→ 901
818	CHECK 303: USING A CONTRACEPTIVE METHOD? <div style="display: flex; justify-content: space-around; align-items: center;"> <div>CURRENTLY <input type="checkbox"/> USING</div> <div>NOT <input type="checkbox"/> CURRENTLY USING</div> <div>NOT <input type="checkbox"/> ASKED</div> </div>		→ 820 → 822
819	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	<div>MAINLY RESPONDENT 1</div> <div>MAINLY HUSBAND/PARTNER 2</div> <div>JOINT DECISION 3</div> <div>OTHER 6</div> <div align="center">(SPECIFY)</div>	→ 821
820	Would you say that not using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	<div>MAINLY RESPONDENT 1</div> <div>MAINLY HUSBAND/PARTNER 2</div> <div>JOINT DECISION 3</div> <div>OTHER 6</div> <div align="center">(SPECIFY)</div>	
821	CHECK 304: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>NEITHER ARE <input type="checkbox"/> STERILIZED</div> <div>HE OR SHE ARE <input type="checkbox"/> STERILIZED</div> </div>		→ 901
822	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	<div>SAME NUMBER 1</div> <div>MORE CHILDREN 2</div> <div>FEWER CHILDREN 3</div> <div>DON'T KNOW 8</div>	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 701: CURRENTLY MARRIED/ <input type="checkbox"/> LIVING WITH A MAN	NOT IN <input type="checkbox"/> UNION	→ 909
902	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
903	Did your (husband/partner) ever attend school?	YES 1 NO 2	→ 906
904	What was the highest level of school he attended: primary, secondary, or higher?	PRE-PRIMARY 1 PRIMARY 2 POST-PRIMARY/VOCATIONAL 3 SECONDARY 4 HIGHER 5 DON'T KNOW 8	→ 906
905	How many years have you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	YEAR <input type="text"/> <input type="text"/> DON'T KNOW 98	
906	Has your (husband/partner) done any work in the last 7 days for at least one hour?	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 for at least one hour?	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 for at least one hour?	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"/> <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 <input type="checkbox"/> MARRIED/LIVING WITH A MAN ↓ NOT IN UNION <input type="checkbox"/> → 925		
918	CHECK 916: CODE '1' OR '2' <input type="checkbox"/> CIRCLED ↓ OTHER <input type="checkbox"/> → 921		
919	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 OTHER _____ 6 (SPECIFY)	
920	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER HAS NO EARNINGS 4 DON'T KNOW 8	→ 922
921	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 HUSBAND/PARTNER HAS NO EARNINGS 4 OTHER _____ 6 (SPECIFY)	
922	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
923	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
924	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6																																	
925	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	→ 928																																
926	Do you have a title deed for any house you own?	YES 1 NO 2 DON'T KNOW 8	→ 928																																
927	Is your name on the title deed?	YES 1 NO 2 DON'T KNOW 8																																	
928	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	→ 931																																
929	Do you have a title deed for any land you own?	YES 1 NO 2 DON'T KNOW 8	→ 931																																
930	Is your name on the title deed?	YES 1 NO 2 DON'T KNOW 8																																	
931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table> <tr> <th></th><th>PRES./ LISTEN.</th><th>PRES./ NOT LISTEN.</th><th>NOT PRES.</th></tr> <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> </table>		PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.	CHILDREN < 10	1	2	3	HUSBAND	1	2	3	OTHER MALES	1	2	3	OTHER FEMALES	1	2	3													
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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? f) If she has sex with someone else? g) If she looks in his telephone?	<table> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> <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> <tr> <td>f) SEX WITH SOMEONE ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>g) LOOKS IN TELEPHONE ..</td><td>1</td><td>2</td><td>8</td></tr> </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	f) SEX WITH SOMEONE ..	1	2	8	g) LOOKS IN TELEPHONE ..	1	2	8	
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932H	In your opinion, is a parent justified in hitting or beating his children for the following reasons: i) If he/she disobeys? j) If he/she is impolite? k) If he/she has embarrassed the family?	<table> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> <tr> <td>DISOBEY</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>IMPOLITE</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>EMBARR. FAMILY</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	DISOBEY	1	2	8	IMPOLITE	1	2	8	EMBARR. FAMILY	1	2	8																	
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SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Now I would like to talk about something else. Have you ever heard of HIV or AIDS?	YES 1 NO 2	→ 1042
1002	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8	
1003	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
1004	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
1005	Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DON'T KNOW 8	
1006	Can people get HIV because of witchcraft or other supernatural means?	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	
1007A	Can men reduce their chance of getting the AIDS virus by getting circumcised?	YES 1 NO 2 DON'T KNOW 8	
1008	Can HIV be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	<div style="text-align: right; margin-bottom: 5px;">YES NO DK</div> a) DURING PREGNANCY .. 1 2 8 b) DURING DELIVERY 1 2 8 c) BREASTFEEDING 1 2 8	
1009	CHECK 1008: <div style="text-align: center;"> AT LEAST <input type="checkbox"/> ONE 'YES' ↓ </div> <div style="text-align: center; margin-top: 10px;"> OTHER <input type="checkbox"/> → 1011 </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	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1010A	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
1010B	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus for pre-nuptial purposes?	YES 1 NO 2																	
1010C	CHECK 701, 702, and 703: CURRENTLY MARRIED OR LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED OR LIVING WITH A MAN <input type="checkbox"/> NEVER MARRIED OR NEVER LIVED WITH A MAN <input type="checkbox"/>		→ 1011																
1010D	I don't want to know the results, but have you ever been tested as couple with your husband/partner to see if you and/or him have the AIDS virus?	YES 1 NO 2	→ 1011																
1010E	I don't want to know the results, but have you and your husband told each other the results of your tests?	YES 1 NO 2																	
1011	CHECK 208 AND 215: <div style="display: flex; justify-content: space-around;"> <div> LAST BIRTH IN 2017-2019 <input type="checkbox"/> </div> <div> NO BIRTHS <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-around;"> <div> LAST BIRTH IN 2016 OR EARLIER <input type="checkbox"/> </div> <div></div> </div>		→ 1027 → 1027																
1012	CHECK 408 FOR LAST BIRTH: <div style="display: flex; justify-content: space-around;"> <div> HAD ANTENATAL CARE <input type="checkbox"/> </div> <div> NO ANTENATAL CARE <input type="checkbox"/> </div> </div>		→ 1020																
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"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <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> </tbody> </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																
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																

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1017	<p>Where was the test done?</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>REFERRAL HOSPITAL 11</p> <p>PROVINCIAL/DISTRICT HOSPITAL 12</p> <p>HEALTH CENTER 13</p> <p>HEALTH POST 14</p> <p>COMMUNITY HEALTH WORKER 15</p> <p>OTHER PUBLIC SECTOR 16</p> <p align="center">_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC 21</p> <p>CLINIC 22</p> <p>DISPENSARY 23</p> <p>PHARMACY 24</p> <p>FAMILY PLANING CLINIC 25</p> <p>OTHER PRIVATE MEDICAL SECTOR 26</p> <p align="center">_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>HOME 31</p> <p>PLACE OF WORK 32</p> <p>CORRECTIONAL FACILITY 33</p> <p>YOUTH CENTER 34</p> <p>OTHER 96</p> <p align="center">_____ (SPECIFY)</p>	
1018	I don't want to know the results, but did you get the results of the test?	<p>YES 1</p> <p>NO 2</p>	→ 1020
1019	All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1020	<p>CHECK 430 FOR LAST BIRTH:</p> <p align="center"> ANY CODE <input type="checkbox"/> '21-36' CIRCLED ↓ </p> <p align="center">OTHER <input type="checkbox"/> _____</p>		→ 1024
1021	Between the time you went for delivery but before the baby was born, were you offered an HIV test?	<p>YES 1</p> <p>NO 2</p>	
1022	I don't want to know the results, but were you tested for HIV at that time?	<p>YES 1</p> <p>NO 2</p>	→ 1024
1023	I don't want to know the results, but did you get the results of the test?	<p>YES 1</p> <p>NO 2</p>	→ 1025

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1024	CHECK 1016: <div style="display: flex; justify-content: space-around; align-items: center;"> YES <input type="checkbox"/> NO OR <input type="checkbox"/> NOT ASKED </div>		→ 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
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 REFERRAL HOSPITAL 11 PROVINCIAL/DISTRICT HOSPITAL 12 HEALTH CENTER 13 HEALTH POST 14 COMMUNITY HEALTH WORKER 15 OTHER PUBLIC SECTOR 16 _____ (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC 21 CLINIC 22 DISPENSARY 23 PHARMACY 24 FAMILY PLANNING CLINIC 25 OTHER PRIVATE MEDICAL SECTOR 26 _____ (SPECIFY) OTHER SOURCE HOME 31 PLACE OF WORK 32 CORRECTIONAL FACILITY 33 YOUTH CENTER 34 OTHER 96 _____ (SPECIFY)	→ 1033

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 REFERRAL HOSPITAL A PROVINCIAL/DISTRICT HOSPITAL B HEALTH CENTER C HEALTH POST D COMMUNITY HEALTH WC E OTHER PUBLIC SECTOR F _____ (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC G CLINIC H DISPENSARY I PHARMACY J FAMILY PLANNING CLINIC K OTHER PRIVATE MEDICAL SECTOR L _____ (SPECIFY) OTHER X _____ (SPECIFY)	
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	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 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? </div> <div style="width: 45%;"> NOT HEARD ABOUT HIV OR AIDS <input type="checkbox"/> ↓ b) Have you heard about infections that can be transmitted through sexual contact? </div> </div>	YES 1 NO 2	
1043	CHECK 713: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/> </div> </div>		→ 1051
1044	CHECK 1042: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> YES <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO <input type="checkbox"/> </div> </div>		→ 1046
1045	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
1046	Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?	YES 1 NO 2 DON'T KNOW 8	
1047	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DON'T KNOW 8	
1048	CHECK 1045, 1046, AND 1047: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/> </div> </div>		→ 1051

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 REFERRAL HOSPITAL A PROVINCIAL/DISTRICT HOSPITAL B HEALTH CENTER C HEALTH POST D OUTREACH E COMMUNITY HEALTH WORKER F OTHER PUBLIC SECTOR _____ (SPECIFY) G PRIVATE MEDICAL SECTOR POLYCLINIC H CLINIC I DISPENSARY J PHARMACY K FAMILY PLANNING CLINIC L OTHER PRIVATE MEDICAL SECTOR _____ (SPECIFY) M OTHER SOURCE KIOSK/SHOP N TRADITIONAL HEALER O FRIEND/RELATIVE P YOUTH CENTER Q 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	
1053	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 1101
1054	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?	YES 1 NO 2 DEPENDS/NOT SURE 8	
1055	Could you ask your (husband/partner) to use a condom if you wanted him to?	YES 1 NO 2 DEPENDS/NOT SURE 8	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
1101	<p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 1104															
1102	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 1104															
1103	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																
1104	Do you currently smoke cigarettes every day, some days, or not at all?	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p>	→ 1106															
1105	On average, how many cigarettes do you currently smoke each day?	NUMBER OF CIGARETTES <input type="text"/> <input type="text"/>																
1106	Do you currently smoke or use any other type of tobacco every day, some days, or not at all?	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p>	→ 1108															
1107	<p>What other type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED.</p>	<p>KRETEKS A</p> <p>PIPES FULL OF TOBACCO B</p> <p>CIGARS, CHEROOTS, OR CIGARILLOS C</p> <p>WATER PIPE/SHISHA D</p> <p>SNUFF BY MOUTH E</p> <p>SNUFF BY NOSE F</p> <p>CHEWING TOBACCO G</p> <p>BETEL QUID WITH TOBACCO H</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p>																
1108	<p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not a big problem:</p> <p>a) Getting permission to go to the doctor?</p> <p>b) Getting money needed for advice or treatment?</p> <p>c) The distance to the health facility?</p> <p>d) Not wanting to go alone?</p>	<table border="0"> <thead> <tr> <th></th><th align="center">BIG PROBLEM</th><th align="center">NOT A BIG PROBLEM</th></tr> </thead> <tbody> <tr> <td>a) PERMISSION TO GO</td><td align="center">1</td><td align="center">2</td></tr> <tr> <td>b) GETTING MONEY</td><td align="center">1</td><td align="center">2</td></tr> <tr> <td>c) DISTANCE</td><td align="center">1</td><td align="center">2</td></tr> <tr> <td>d) GO ALONE</td><td align="center">1</td><td align="center">2</td></tr> </tbody> </table>		BIG PROBLEM	NOT A BIG PROBLEM	a) PERMISSION TO GO	1	2	b) GETTING MONEY	1	2	c) DISTANCE	1	2	d) GO ALONE	1	2	
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a) PERMISSION TO GO	1	2																
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d) GO ALONE	1	2																
1108E	<p>How does tuberculosis spread from one person to another?</p> <p>PROBE: Any other ways?</p> <p>RECORD ALL MENTIONED.</p>	<p>THROUGH THE AIR, WHEN SOMEONE WITH TB COUGH, SNEEZ OR SPEAK A</p> <p>THROUGH SHARING UTENSILS B</p> <p>THROUGH TOUCHING A PERSON WITH TB C</p> <p>THROUGH SHARING FOOD OR DRINK WITH A PERSON WITH TB D</p> <p>THROUGH SEXUAL CONTACT E</p> <p>THROUGH MOSQUITO BITES F</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW Z</p>																

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1108F	What are the main ways to avoid TB bacilli spread?	SEEK FOR CARE WHEN HAVING SYMPTOMS SUGGESTIVE OF TB A COVER THE MOUTH WHEN SNEEZING B OPEN WINDOWS C OTHER _____ X SPECIFY DON'T KNOW Z	
1108G	Who is most at risk of getting Tuberculosis disease ?	EVERY BODY 1 POOREST PEOPLE 2 HEAVY MANUAL LABOR 3 CHILDREN 4 PEOPLE LIVING WITH HIV 5 HEAVY SMOKERS 6 ELDERLY PEOPLE 7 PEOPLE LIVING WITH A TB CASE 8 OTHER (SPECIFY) _____ 9 SPECIFY DON'T KNOW 96	
1108H	What are the main symptoms of Tuberculosis diseases ?	COUGH OF MORE THAN 2 WEEKS A FEVER B DRENCHING NIGHT SWEATS C UNEXPECTED LOSS OF WEIGHT D GENERAL FATIGUE/MALAISE E CHEST PAIN F DON'T KNOW X	
1108I	Do you currently have the following symptoms? PROBE FOR TIME j) Cough k) Fever l) Drenching night sweats m) Unexpected weight lost n) General fatigue or malaise o) Chest pain	 YES, TWO WEEKS OR LONGER 1 YES, LESS THAN TWO WEEKS 2 NO 3 YES, TWO WEEKS OR LONGER 1 YES, LESS THAN TWO WEEKS 2 NO 3 YES, TWO WEEKS OR LONGER 1 YES, LESS THAN TWO WEEKS 2 NO 3 YES, TWO WEEKS OR LONGER 1 YES, LESS THAN TWO WEEKS 2 NO 3 YES, TWO WEEKS OR LONGER 1 YES, LESS THAN TWO WEEKS 2 NO 3 YES, TWO WEEKS OR LONGER 1 YES, LESS THAN TWO WEEKS 2 NO 3	
1108P	CHECK 1108I: IF AT LEAST ONE SYMPTOM "YES" CODE "1" OR "2" CIRCLED <input type="checkbox"/> IF "NO" TO ALL SYMPTOMS <input type="checkbox"/>		1109
1108Q	Have you ever sought care or help?	YES 1 NO 2	1109

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
1108R	(IF "YES") Where did you seek care or help?	PUBLIC SECTOR REFERRAL HOSPITAL A PROVINCIAL/DISTRICT HOSPITAL B HEALTH CENTER C HEALTH POST D OUTREACH E COMMUNITY HEALTH WORKER F OTHER PUBLIC SECTOR G (SPECIFY) _____ PRIVATE MEDICAL SECTOR POLYCLINIC H CLINIC I DISPENSARY J PHARMACY K OTHER PRIVATE MEDICAL SECTOR L (SPECIFY) _____ OTHER SOURCE SHOP M TRADITIONAL HEALER N FRIEND/RELATIVE O YOUTH CENTER P OTHER X (SPECIFY) _____																			
1109	Are you covered by any health insurance?	YES 1 NO 2	→ 1110A																		
1110	What type of health insurance are you covered by? RECORD ALL MENTIONED.	MUTELLE/COMMUNITY HEALTH INSURANCE A RAMA/RSSB B MMI C PRIVATE INSURANCE COMPANY D EMPLOYER E DON'T KNOW Z																			
1110A	CHECK Q106 15 YEARS OLD <input type="checkbox"/> 16 - 49 YEARS OLD <input type="checkbox"/>		→ MM01																		
1110B	Do you currently have a card where HPV vaccinations against cervical cancer are written down? A Human papilloma virus (HPV) vaccine is an injection given on the thigh or upper part of arm when you are at age 12 while attending school or between the ages of 9 – 14 years when you are not enrolled in school, as a protection against cervical cancer.	YES 1 NO 2 DON'T KNOW 8	→ 1110D																		
1110C	May I see the HPV vaccination card? RECORD ALL THE DATES ON THE CARD WRITE "44" IN "DAY" COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED	CARD SEEN 1 1ST DOSE a) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <th>DD</th><th>MM</th><th>YY</th></tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table> 2ND DOSE b) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <th>DD</th><th>MM</th><th>YY</th></tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table> CARD NOT SEEN 3	DD	MM	YY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DD	MM	YY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	→ 1110I → 1110D
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1110D	Did you ever have a card for HPV vaccine?	YES 1 NO 2 DON'T KNOW 8	→ 1110F																		
1110E	Did you receive HPV vaccine in the previous 5 years?	YES 1 NO 2 DON'T KNOW 8	→ 1110I → MM01																		

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1110F	Did you receive one or two doses of the HPV vaccine?	ONE DOSE 1 TWO DOSES 2 DON'T KNOW 8	
1110I	<p>Sometimes a woman can have a problem of constant leakage of urine or stool from her vagina during the day and night. This problem usually occurs after a difficult childbirth, but may also occur after a sexual assault or after pelvic surgery.</p> <p>Have you ever experienced a constant leakage of urine or stool from your vagina during the day and night called fistula?</p>	YES 1 NO 2	→ MM01
1110J	Have you sought treatment and got cured?	SOUGHT TREATMENT AND GOT CURED 1 SOUGHT TREATMENT, NOT CURED 2 NO TREATMENT SOUGHT 3	

SECTION MM. ADULT AND MATERNAL MORTALITY MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																												
MM01	<p>Now I would like to ask you some questions about your brothers and sisters born to your natural mother, including those who are living with you, those living elsewhere and those who have died. From our experience in prior surveys, we know it may sometimes be difficult to establish a complete list of all the children born to your natural mother. We will work together to draw the most complete list and work to recall all your siblings. Could you please now give me the names of all of your brothers and sisters born to your natural mother. DO NOT FILL IN THE ORDER NUMBER YET.</p> <table border="0"> <thead> <tr> <th>NAME</th><th>ORDER NUMBER</th><th>NAME</th><th>ORDER NUMBER</th></tr> </thead> <tbody> <tr> <td>a _____</td><td><input type="text"/><input type="text"/></td><td>k _____</td><td><input type="text"/><input type="text"/></td></tr> <tr> <td>b _____</td><td><input type="text"/><input type="text"/></td><td>l _____</td><td><input type="text"/><input type="text"/></td></tr> <tr> <td>c _____</td><td><input type="text"/><input type="text"/></td><td>m _____</td><td><input type="text"/><input type="text"/></td></tr> <tr> <td>d _____</td><td><input type="text"/><input type="text"/></td><td>n _____</td><td><input type="text"/><input type="text"/></td></tr> <tr> <td>e _____</td><td><input type="text"/><input type="text"/></td><td>o _____</td><td><input type="text"/><input type="text"/></td></tr> <tr> <td>f _____</td><td><input type="text"/><input type="text"/></td><td>p _____</td><td><input type="text"/><input type="text"/></td></tr> <tr> <td>g _____</td><td><input type="text"/><input type="text"/></td><td>q _____</td><td><input type="text"/><input type="text"/></td></tr> <tr> <td>h _____</td><td><input type="text"/><input type="text"/></td><td>r _____</td><td><input type="text"/><input type="text"/></td></tr> <tr> <td>i _____</td><td><input type="text"/><input type="text"/></td><td>s _____</td><td><input type="text"/><input type="text"/></td></tr> <tr> <td>j _____</td><td><input type="text"/><input type="text"/></td><td>t _____</td><td><input type="text"/><input type="text"/></td></tr> </tbody> </table>	NAME	ORDER NUMBER	NAME	ORDER NUMBER	a _____	<input type="text"/> <input type="text"/>	k _____	<input type="text"/> <input type="text"/>	b _____	<input type="text"/> <input type="text"/>	l _____	<input type="text"/> <input type="text"/>	c _____	<input type="text"/> <input type="text"/>	m _____	<input type="text"/> <input type="text"/>	d _____	<input type="text"/> <input type="text"/>	n _____	<input type="text"/> <input type="text"/>	e _____	<input type="text"/> <input type="text"/>	o _____	<input type="text"/> <input type="text"/>	f _____	<input type="text"/> <input type="text"/>	p _____	<input type="text"/> <input type="text"/>	g _____	<input type="text"/> <input type="text"/>	q _____	<input type="text"/> <input type="text"/>	h _____	<input type="text"/> <input type="text"/>	r _____	<input type="text"/> <input type="text"/>	i _____	<input type="text"/> <input type="text"/>	s _____	<input type="text"/> <input type="text"/>	j _____	<input type="text"/> <input type="text"/>	t _____	<input type="text"/> <input type="text"/>		
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MM02	<p>CHECK MM01:</p> <p>ONE OR MORE BROTHERS <input type="checkbox"/> OR SISTERS LISTED NO BROTHERS <input type="checkbox"/> OR SISTERS LISTED</p> <p>→ MM04</p>																																														
MM03	<p>READ THE NAMES OF THE BROTHERS AND SISTERS TO THE RESPONDENT AND AFTER THE LAST ONE ASK: Are there any other brothers and sisters from the same mother that you have not mentioned?</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/> → LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.</p>																																														
MM04	<p>Sometimes people forget to mention children born to their natural mother because they do not live with them or they do not see them very often. Are there any brothers or sisters who do not live with you that you have not mentioned?</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/> → LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.</p>																																														
MM05	<p>Sometimes people forget to mention children born to their natural mother because they have died. Are there any brothers or sisters who died that you have not mentioned?</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/> → LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.</p>																																														
MM06	<p>Some people have brothers or sisters from the same mother but a different father. Are there any brothers or sisters born to your natural mother, but who have a different natural father, that you have not mentioned?</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/> → LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.</p>																																														
MM07	<p>COUNT THE NUMBER OF BROTHERS AND SISTERS RECORDED IN MM01.</p> <p>TOTAL BROTHERS AND SISTERS ... <input type="text"/><input type="text"/></p>																																														
MM08	<p>CHECK MM07:</p> <p>Just to make make sure that I have this right: Your mother had in TOTAL _____ births, excluding you, during her lifetime. Is that correct?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT MM01 AND/OR MM07.</p>																																														
MM09	<p>CHECK MM07:</p> <p>ONE OR MORE BROTHERS/SISTERS <input type="checkbox"/> NO <input type="checkbox"/> BROTHER OR SISTER</p> <p>→ NEXT SECT.</p>																																														
MM10	<p>Please tell me, which brother or sister was born first? And which was born next? RECORD '01' FOR THE ORDER NUMBER IN MM01 FOR THE FIRST BROTHER OR SISTER, '02' FOR THE SECOND, AND SO ON UNTIL YOU HAVE RECORDED THE ORDER NUMBER FOR ALL BROTHERS AND SISTERS.</p>																																														
MM11	<p>How many births did your mother have before you were born?</p> <p>NUMBER OF PRECEDING BIRTHS ... <input type="text"/><input type="text"/></p>																																														

SECTION MM. ADULT AND MATERNAL MORTALITY MODULE

MM12	LIST THE BROTHERS AND SISTERS ACCORDING TO THE ORDER NUMBER IN MM01. ASK MM13 TO MM24 FOR ONE BROTHER OR SISTER BEFORE ASKING ABOUT THE NEXT BROTHER OR SISTER. IF THERE ARE MORE THAN 12 BROTHERS AND SISTERS, USE AN ADDITIONAL QUESTIONNAIRE.						
MM13	NAME OF BROTHER OR SISTER.	(01) _____	(02) _____	(03) _____	(04) _____	(05) _____	(06) _____
MM14	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
MM15	Is (NAME) still alive?	YES 1 NO 2 GO TO MM17 ← DK 8 GO TO (02) ←	YES 1 NO 2 GO TO MM17 ← DK 8 GO TO (03) ←	YES 1 NO 2 GO TO MM17 ← DK 8 GO TO (04) ←	YES 1 NO 2 GO TO MM17 ← DK 8 GO TO (05) ←	YES 1 NO 2 GO TO MM17 ← DK 8 GO TO (06) ←	YES 1 NO 2 GO TO MM17 ← DK 8 GO TO (07) ←
MM16	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (02)	<input type="text"/> <input type="text"/> GO TO (03)	<input type="text"/> <input type="text"/> GO TO (04)	<input type="text"/> <input type="text"/> GO TO (05)	<input type="text"/> <input type="text"/> GO TO (06)	<input type="text"/> <input type="text"/> GO TO (07)
MM17	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
MM18	How old was (NAME) when (he/she) died? IF DON'T KNOW, PROBE AND ASK ADDITIONAL QUESTIONS TO GET AN ESTIMATE.	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23
MM19	Was (NAME) pregnant when she died?	YES 1 GO TO MM23 ← NO 2	YES 1 GO TO MM23 ← NO 2	YES 1 GO TO MM23 ← NO 2	YES 1 GO TO MM23 ← NO 2	YES 1 GO TO MM23 ← NO 2	YES 1 GO TO MM23 ← NO 2
MM20	Did (NAME) die during childbirth?	YES 1 GO TO (02) ← NO 2	YES 1 GO TO (03) ← NO 2	YES 1 GO TO (04) ← NO 2	YES 1 GO TO (05) ← NO 2	YES 1 GO TO (06) ← NO 2	YES 1 GO TO (07) ← NO 2
MM21	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2 GO TO MM22A ←	YES 1 NO 2 GO TO MM22A ←	YES 1 NO 2 GO TO MM22A ←	YES 1 NO 2 GO TO MM22A ←	YES 1 NO 2 GO TO MM22A ←	YES 1 NO 2 GO TO MM22A ←
MM22	How many days after the end of the pregnancy did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
MM22A	How many live born children did (NAME) give birth to during her lifetime	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
MM23	Was (NAME)'s death due to an act of violence?	YES 1 GO TO (02) ← NO 2	YES 1 GO TO (03) ← NO 2	YES 1 GO TO (04) ← NO 2	YES 1 GO TO (05) ← NO 2	YES 1 GO TO (06) ← NO 2	YES 1 GO TO (07) ← NO 2
MM24	Was (NAME)'s death due to an accident?	YES 1 NO 2 GO TO (02)	YES 1 NO 2 GO TO (03)	YES 1 NO 2 GO TO (04)	YES 1 NO 2 GO TO (05)	YES 1 NO 2 GO TO (06)	YES 1 NO 2 GO TO (07)
IF NO MORE BROTHERS OR SISTERS, GO TO NEXT SECTION.							

SECTION MM. ADULT AND MATERNAL MORTALITY MODULE

MM12	LIST THE BROTHERS AND SISTERS ACCORDING TO THE ORDER NUMBER IN MM01. ASK MM13 TO MM24 FOR ONE BROTHER OR SISTER BEFORE ASKING ABOUT THE NEXT BROTHER OR SISTER. IF THERE ARE MORE THAN 12 BROTHERS AND SISTERS, USE AN ADDITIONAL QUESTIONNAIRE.						
MM13	NAME OF BROTHER OR SISTER.	(07) _____	(08) _____	(09) _____	(10) _____	(11) _____	(12) _____
MM14	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
MM15	Is (NAME) still alive?	YES 1 NO 2 GO TO MM17 DK 8 GO TO (08)	YES 1 NO 2 GO TO MM17 DK 8 GO TO (09)	YES 1 NO 2 GO TO MM17 DK 8 GO TO (10)	YES 1 NO 2 GO TO MM17 DK 8 GO TO (11)	YES 1 NO 2 GO TO MM17 DK 8 GO TO (12)	YES 1 NO 2 GO TO MM17 DK 8 GO TO (13)
MM16	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (08)	<input type="text"/> <input type="text"/> GO TO (09)	<input type="text"/> <input type="text"/> GO TO (10)	<input type="text"/> <input type="text"/> GO TO (11)	<input type="text"/> <input type="text"/> GO TO (12)	<input type="text"/> <input type="text"/> GO TO (13)
MM17	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
MM18	How old was (NAME) when (he/she) died? IF DON'T KNOW, PROBE AND ASK ADDITIONAL QUESTIONS TO GET AN ESTIMATE.	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23
MM19	Was (NAME) pregnant when she died?	YES 1 GO TO MM23 NO 2	YES 1 GO TO MM23 NO 2	YES 1 GO TO MM23 NO 2	YES 1 GO TO MM23 NO 2	YES 1 GO TO MM23 NO 2	YES 1 GO TO MM23 NO 2
MM20	Did (NAME) die during childbirth?	YES 1 GO TO (08) NO 2	YES 1 GO TO (09) NO 2	YES 1 GO TO (10) NO 2	YES 1 GO TO (11) NO 2	YES 1 GO TO (12) NO 2	YES 1 GO TO (13) NO 2
MM21	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2 GO TO MM22A	YES 1 NO 2 GO TO MM22A	YES 1 NO 2 GO TO MM22A	YES 1 NO 2 GO TO MM22A	YES 1 NO 2 GO TO MM22A	YES 1 NO 2 GO TO MM22A
MM22	How many days after the end of the pregnancy did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
MM22A	How many live born children did (NAME) give birth to during her lifetime	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
MM23	Was (NAME)'s death due to an act of violence?	YES 1 GO TO (08) NO 2	YES 1 GO TO (09) NO 2	YES 1 GO TO (10) NO 2	YES 1 GO TO (11) NO 2	YES 1 GO TO (12) NO 2	YES 1 GO TO (13) NO 2
MM24	Was (NAME)'s death due to an accident?	YES 1 NO 2 GO TO (08)	YES 1 NO 2 GO TO (09)	YES 1 NO 2 GO TO (10)	YES 1 NO 2 GO TO (11)	YES 1 NO 2 GO TO (12)	YES 1 NO 2 GO TO (13)
IF NO MORE BROTHERS OR SISTERS, GO TO NEXT SECTION.							

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
DV00	<p>CHECK COVER PAGE: WOMAN SELECTED FOR DV MODULE?</p> <p>WOMAN SELECTED <input type="checkbox"/> FOR THIS SECTION ↓</p> <p>WOMAN <input type="checkbox"/> NOT SELECTED →</p>		CLOSE INTERVIEW																								
DV01	<p>CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.</p> <p>PRIVACY OBTAINED 1 ↓</p> <p>PRIVACY NOT POSSIBLE 2 →</p>		DV32																								
DV01A	<p>READ TO THE RESPONDENT:</p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in [COUNTRY]. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.</p>																										
DV02	<p>CHECK 701 AND 702:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> ↓</p> <p>FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/PARTNER') <input type="checkbox"/> ↓</p> <p>NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/> →</p>		DV16																								
DV03	<p>First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) (husband/partner)?</p> <p>a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times?</p>	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>JEALOUS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>ACCUSES</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NOT MEET FRIENDS ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NO FAMILY</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>WHERE YOU ARE</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	JEALOUS	1	2	8	ACCUSES	1	2	8	NOT MEET FRIENDS ..	1	2	8	NO FAMILY	1	2	8	WHERE YOU ARE	1	2	8	
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WHERE YOU ARE	1	2	8																								
DV04	<p>Now I need to ask some more questions about your relationship with your (last) (husband/partner).</p> <p>A. Did your (last) (husband/partner) ever:</p> <p>a) say or do something to humiliate you in front of others? b) threaten to hurt or harm you or someone you care about? c) insult you or make you feel bad about yourself?</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table> <thead> <tr> <th>EVER</th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT IN LAST 12 MONTHS</th></tr> </thead> <tbody> <tr> <td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> </tbody> </table>	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3									
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DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																		
DV05	<p>A. Did your (last) (husband/partner) ever do any of the following things to you:</p> <table border="1"> <thead> <tr> <th></th><th>EVER</th><th></th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT IN LAST 12 MONTHS</th></tr> </thead> <tbody> <tr> <td>a) push you, shake you, or throw something at you?</td><td>YES 1 NO 2 ↓</td><td>→</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>b) slap you?</td><td>YES 1 NO 2 ↓</td><td>→</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>c) twist your arm or pull your hair?</td><td>YES 1 NO 2 ↓</td><td>→</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>d) punch you with his fist or with something that could hurt you?</td><td>YES 1 NO 2 ↓</td><td>→</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>e) kick you, drag you, or beat you up?</td><td>YES 1 NO 2 ↓</td><td>→</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>f) try to choke you or burn you on purpose?</td><td>YES 1 NO 2 ↓</td><td>→</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>g) threaten or attack you with a knife, gun, or other weapon?</td><td>YES 1 NO 2 ↓</td><td>→</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>h) physically force you to have sexual intercourse with him when you did not want to?</td><td>YES 1 NO 2 ↓</td><td>→</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>i) physically force you to perform any other sexual acts you did not want to?</td><td>YES 1 NO 2 ↓</td><td>→</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>j) force you with threats or in any other way to perform sexual acts you did not want to?</td><td>YES 1 NO 2 ↓</td><td>→</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) push you, shake you, or throw something at you?	YES 1 NO 2 ↓	→	1	2	3	b) slap you?	YES 1 NO 2 ↓	→	1	2	3	c) twist your arm or pull your hair?	YES 1 NO 2 ↓	→	1	2	3	d) punch you with his fist or with something that could hurt you?	YES 1 NO 2 ↓	→	1	2	3	e) kick you, drag you, or beat you up?	YES 1 NO 2 ↓	→	1	2	3	f) try to choke you or burn you on purpose?	YES 1 NO 2 ↓	→	1	2	3	g) threaten or attack you with a knife, gun, or other weapon?	YES 1 NO 2 ↓	→	1	2	3	h) physically force you to have sexual intercourse with him when you did not want to?	YES 1 NO 2 ↓	→	1	2	3	i) physically force you to perform any other sexual acts you did not want to?	YES 1 NO 2 ↓	→	1	2	3	j) force you with threats or in any other way to perform sexual acts you did not want to?	YES 1 NO 2 ↓	→	1	2	3	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>	
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DV06	<p>CHECK DV05A (a-j):</p> <p align="center">AT LEAST ONE 'YES' <input type="checkbox"/></p> <p align="center">NOT A SINGLE 'YES' <input type="checkbox"/></p>		→ DV09																																																																		
DV07	<p>How long after you first (got married/started living together) with your (last) (husband/partner) did (this/any of these things) first happen?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>NUMBER OF YEARS <input type="text"/> <input type="text"/></p> <p>BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95</p>																																																																			
DV08	<p>Did the following ever happen as a result of what your (last) (husband/partner) did to you:</p> <p>a) You had cuts, bruises, or aches?</p> <p>b) You had eye injuries, sprains, dislocations, or burns?</p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</p>	<p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p>																																																																			
DV09	<p>Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/partner) at times when he was not already beating or physically hurting you?</p>	<p>YES 1 NO 2</p>	→ DV11																																																																		
DV10	<p>In the last 12 months, how often have you done this to your (last) (husband/partner): often, only sometimes, or not at all?</p>	<p>OFTEN 1 SOMETIMES 2 NOT AT ALL 3</p>																																																																			

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
DV11	Does (did) your (last) (husband/partner) drink alcohol?	YES 1 NO 2	→ DV13																								
DV12	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3																									
DV13	Are (Were) you afraid of your (last) (husband/partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3																									
DV14	CHECK 709: MARRIED MORE <input type="checkbox"/> THAN ONCE ↓ MARRIED ONLY <input type="checkbox"/> ONCE		→ DV16																								
DV15	<p>A. So far we have been talking about the behavior of your (current/last) (husband/partner). Now I want to ask you about the behavior of any previous (husband/partner).</p> <table border="1"> <thead> <tr> <th></th><th>EVER</th><th></th><th>0 - 11 MONTHS AGO</th><th>12+ MONTHS AGO</th><th>DON'T REMEMBER</th></tr> </thead> <tbody> <tr> <td>a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically?</td><td>YES 1 NO 2 ↓</td><td>→</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?</td><td>YES 1 NO 2 ↓</td><td>→</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>c) Did any previous (husband/partner) humiliate you in front of others, threaten to hurt you or someone you care about, or insult you or make you feel bad about yourself?</td><td>YES 1 NO 2 ↓</td><td>→</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		EVER		0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically?	YES 1 NO 2 ↓	→	1	2	3	b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?	YES 1 NO 2 ↓	→	1	2	3	c) Did any previous (husband/partner) humiliate you in front of others, threaten to hurt you or someone you care about, or insult you or make you feel bad about yourself?	YES 1 NO 2 ↓	→	1	2	3	B. How long ago did this last happen?	
	EVER		0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER																						
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DV16	<p>CHECK 701 AND 702:</p> <p>EVER MARRIED/EVER <input type="checkbox"/> LIVED WITH A MAN ↓ NEVER MARRIED/NEVER <input type="checkbox"/> LIVED WITH A MAN ↓</p> <p>a) From the time you were 15 years old has anyone other than (your/any) (husband/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically?</p> <p>b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?</p>	<p>YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3</p>	→ DV19																								
DV17	<p>Who has hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER/FATHER A STEP-MOTHER/STEP-FATHER B SISTER/BROTHER C DAUGHTER/SON D OTHER RELATIVE E CURRENT BOYFRIEND F FORMER BOYFRIEND G MOTHER-IN-LAW H FATHER-IN-LAW I OTHER IN-LAW J TEACHER K EMPLOYER/SOMEONE AT WORK L POLICE/SOLDIER M</p> <p>OTHER _____ X (SPECIFY)</p>																									

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV18	In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
DV18A	CHECK DV17 <div style="display: flex; justify-content: space-around;"> <div> MORE THAN ONE RESPONSE SELECTED <input type="checkbox"/> </div> <div> ONLY ONE RESPONSE SELECTED <input type="checkbox"/> </div> </div>		→ DV22B
DV18B	Who is the main person that has hurt you in this way in the last 12 months?	MOTHER/STEP-MOTHER 1 FATHER/STEP-FATHER 2 SISTER/BROTHER 3 DAUGHTER/SON 4 OTHER RELATIVE 5 CURRENT BOYFRIEND 6 FORMER BOYFRIEND 7 MOTHER-IN-LAW 8 FATHER-IN-LAW 9 OTHER IN-LAW 10 TEACHER 11 EMPLOYER/SOMEONE AT WORK .. 12 POLICE/SOLDIER 13 OTHER 96 (SPECIFY)	
DV19	CHECK 201, 226, AND 230: <div style="display: flex; justify-content: space-around;"> <div> EVER BEEN PREGNANT <input type="checkbox"/> ('YES' ON 201 OR 226 OR 230) ↓ </div> <div> NEVER BEEN PREGNANT <input type="checkbox"/> </div> </div>		→ DV22
DV20	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	→ DV22
DV21	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER A MOTHER/STEP-MOTHER B FATHER/STEP-FATHER C SISTER/BROTHER D DAUGHTER/SON E OTHER RELATIVE F FORMER HUSBAND/PARTNER G CURRENT BOYFRIEND H FORMER BOYFRIEND I MOTHER-IN-LAW J FATHER-IN-LAW K OTHER IN-LAW L TEACHER M EMPLOYER/SOMEONE AT WORK .. N POLICE/SOLDIER O OTHER X (SPECIFY)	
DV22	CHECK 701 AND 702: <div style="display: flex; justify-content: space-around;"> <div> EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/> </div> <div> NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> </div> </div>		→ DV22B
DV22A	Now I want to ask you about things that may have been done to you by someone other than (your/any) (husband/partner). At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ DV23 → DV24A

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV22B	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	<input type="checkbox"/> → DV26
DV23	Who was the person who was forcing you the very first time this happened?	CURRENT/FORMER BOYFRIEND .. 01 FATHER/STEP-FATHER 02 BROTHER/STEP-BROTHER 03 OTHER RELATIVE 04 IN-LAW 05 OWN FRIEND/ACQUAINTANCE 06 FAMILY FRIEND 07 TEACHER 08 EMPLOYER/SOMEONE AT WORK .. 09 POLICE/SOLDIER 10 PRIEST/RELIGIOUS LEADER 11 STRANGER 12 OTHER 96 (SPECIFY)	
DV24	CHECK 701 AND 702: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/> a) In the last 12 months, has anyone other than (your/any) (husband/partner) physically forced you to have sexual intercourse when you did not want to? </div> <div style="width: 45%;"> NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> b) In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to? </div> </div>	YES 1 NO 2	<input type="checkbox"/> → DV25
DV24A	CHECK DV05A (h-j) and DV15A(b) <div style="display: flex; justify-content: space-around;"> <div> AT LEAST ONE 'YES' <input type="checkbox"/> </div> <div> NOT A SINGLE 'YES' <input type="checkbox"/> </div> </div>		<input type="checkbox"/> → DV26
DV25	CHECK 701 AND 702: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/> a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) husband/partner? </div> <div style="width: 45%;"> NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts? </div> </div>	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
DV26	CHECK DV05A (a-j), DV15A (a,c), DV16, DV20, DV22A, AND DV22B: AT LEAST ONE <input type="checkbox"/> NOT A SINGLE <input type="checkbox"/> 'YES' ↓ 'YES'		→ DV30								
DV27	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES 1 NO 2	→ DV29								
DV28	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY A HUSBAND'S/PARTNER'S FAMILY .. B CURRENT/FORMER HUSBAND/PARTNER C CURRENT/FORMER BOYFRIEND .. D FRIEND E NEIGHBOR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION .. K OTHER _____ X (SPECIFY)	→ DV30								
DV29	Have you ever told any one about this?	YES 1 NO 2									
DV30	As far as you know, did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8									
THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE											
DV31	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<div style="display: flex; justify-content: space-around;"> YES, ONCE YES, MORE THAN ONCE NO </div> <div style="display: flex; justify-content: space-between;"> <div>HUSBAND</div> <div>1</div> <div>2</div> <div>3</div> </div> <div style="display: flex; justify-content: space-between;"> <div>OTHER MALE ADULT ..</div> <div>1</div> <div>2</div> <div>3</div> </div> <div style="display: flex; justify-content: space-between;"> <div>FEMALE ADULT</div> <div>1</div> <div>2</div> <div>3</div> </div>									
DV32	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE. _____ _____ _____										
DV33	RECORD THE TIME.	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr> <tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr> </table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr> <tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr> </table>									

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 (2)

- B BIRTHS
P PREGNANCIES
T TERMINATIONS
- 0 NO METHOD
- 1 FEMALE STERILIZATION
2 MALE STERILIZATION
3 IUD
4 INJECTABLES
5 IMPLANTS
6 PILL
7 CONDOM
8 FEMALE CONDOM
9 EMERGENCY CONTRACEPTION
J STANDARD DAYS METHOD
K LACTATIONAL AMENORRHEA METHOD
L RHYTHM METHOD
- M WITHDRAWAL
X OTHER MODERN METHOD
Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
1 BECAME PREGNANT WHILE USING
2 WANTED TO BECOME PREGNANT
3 HUSBAND/PARTNER DISAPPROVED
4 WANTED MORE EFFECTIVE METHOD
5 SIDE EFFECTS/HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
7 COSTS TOO MUCH
8 INCONVENIENT TO USE
F UP TO GOD/FATALISTIC
A DIFFICULT TO GET PREGNANT/MENOPAUSAL
D MARITAL DISSOLUTION/SEPARATION
X OTHER

(SPECIFY)

Z DON'T KNOW

(1) Year of fieldwork is assumed to be 2019. For fieldwork beginning in 2020, all references to calendar years should be increased by one; for example, 2013 should be changed to 2014, 2014 should be changed to 2015, 2015 should be changed to 2016, and similarly for all years throughout the questionnaire.

(2) Response categories may be added for other methods, including fertility awareness methods.

				COL. 1	COL. 2
2	04	APR	01		2
0	03	MAR	02		0
2	02	FEB	03		2
0	01	JAN	04		0
<hr/>					
	12	DEC	05		
	11	NOV	06		
	10	OCT	07		
2	09	SEP	08		2
0	08	AUG	09		0
	07	JUL	10		
1	06	JUN	11		1
9	05	MAY	12		9
(1)	04	APR	13		
	03	MAR	14		
	02	FEB	15		
	01	JAN	16		
<hr/>					
	12	DEC	17		
	11	NOV	18		
	10	OCT	19		
2	09	SEP	20		2
0	08	AUG	21		0
	07	JUL	22		
1	06	JUN	23		1
8	05	MAY	24		8
	04	APR	25		
	03	MAR	26		
	02	FEB	27		
	01	JAN	28		
<hr/>					
	12	DEC	29		
	11	NOV	30		
	10	OCT	31		
2	09	SEP	32		2
0	08	AUG	33		0
	07	JUL	34		
1	06	JUN	35		1
7	05	MAY	36		7
	04	APR	37		
	03	MAR	38		
	02	FEB	39		
	01	JAN	40		
<hr/>					
	12	DEC	41		
	11	NOV	42		
	10	OCT	43		
2	09	SEP	44		2
0	08	AUG	45		0
	07	JUL	46		
1	06	JUN	47		1
6	05	MAY	48		6
	04	APR	49		
	03	MAR	50		
	02	FEB	51		
	01	JAN	52		
<hr/>					
	12	DEC	53		
	11	NOV	54		
	10	OCT	55		
2	09	SEP	56		2
0	08	AUG	57		0
	07	JUL	58		
1	06	JUN	59		1
5	05	MAY	60		5
	04	APR	61		
	03	MAR	62		
	02	FEB	63		
	01	JAN	64		
<hr/>					
	12	DEC	65		
	11	NOV	66		
	10	OCT	67		
2	09	SEP	68		2
0	08	AUG	69		0
	07	JUL	70		
1	06	JUN	71		1
4	05	MAY	72		4
	04	APR	73		
	03	MAR	74		
	02	FEB	75		
	01	JAN	76		