

DEMOGRAPHIC AND HEALTH SURVEYS  
 MODEL WOMAN'S QUESTIONNAIRE

KINGDOM OF CAMBODIA  
 THE NATIONAL INSTITUTE OF STATISTICS

IDENTIFICATION												
PLACE NAME _____												
NAME OF HOUSEHOLD HEAD _____												
CLUSTER NUMBER .....				<table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>								
HOUSEHOLD NUMBER .....				<table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>								
NAME AND LINE NUMBER OF WOMAN _____				<table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>								
CHECK COVER PAGE OF HOUSEHOLD QUESTIONNAIRE: HOUSEHOLD SELECTED FOR DV MODULE? (1=YES, 2=NO) .....				<table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>								
CHECK HOUSEHOLD QUESTIONNAIRE DVH01: WOMAN SELECTED FOR DV MODULE? (1=YES, 2=NO) .....				<table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>								
INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>								
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>								
RESULT*	_____	_____	_____	YEAR <table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>								
NEXT VISIT: DATE	_____	_____		INT. NO. <table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>								
TIME	_____	_____		RESULT* <table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>								
TOTAL NUMBER OF VISITS <table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>												
*RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____ 2 NOT AT HOME 5 PARTLY COMPLETED SPECIFY 3 POSTPONED 6 INCAPACITATED												
LANGUAGE OF QUESTIONNAIRE** <table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr><td>0</td><td>1</td></tr> </table> LANGUAGE OF INTERVIEW** <table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr><td></td><td></td></tr> </table> NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr><td></td><td></td></tr> </table> TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr><td></td><td></td></tr> </table>					0	1						
0	1											
LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b> **LANGUAGE CODES: 01 ENGLISH                   03 LANGUAGE 3                   05 LANGUAGE 5 02 KHMER                   04 LANGUAGE 4                   06 LANGUAGE 6												
TEAM <table border="1" style="width: 60px; height: 20px; margin: 0 auto;"> <tr><td></td><td></td></tr> </table> NUMBER			TEAM SUPERVISOR NAME _____ <table border="1" style="width: 60px; height: 20px; margin: 0 auto;"> <tr><td></td><td></td><td></td><td></td></tr> </table> NUMBER									

## INTRODUCTION AND CONSENT

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

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

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

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

RESPONDENT AGREES  
TO BE INTERVIEWED .. 1

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

### SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	<div style="display: flex; justify-content: space-between;"> <div>HOURS .....</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 5px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div>MINUTES .....</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 5px;"></div> </div>	
102	What province were you born in?	<div style="display: flex; justify-content: space-between;"> <div> BANTEAY MEANCHEY .....  BATTAMBANG .....  KAMPONG CHAM .....  KAMPONG CHHNANG .....  KAMPONG SPEU .....  KAMPONG THOM .....  KAMPOT .....  KANDAL .....  KOH KONG .....  KRATIÉ .....  MONDULKIRI .....  PHNOM PENH .....  PREAH VIHEAR .....  PREY VENG .....  PURSAT .....  RATANAK KIRI .....  SIEM REAP .....  PREAH SIHANOUK .....  STUNG TRENG .....  SVAY RIENG .....  TAKÉO .....  ODDAR MEANCHEY .....  KEP .....  PAILIN .....  TBOUNG KHMUM .....  OUTSIDE OF [COUNTRY] ..... </div> <div style="text-align: right;"> 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 96 </div> </div>	→ 104
103	What country were you born in?	<div style="display: flex; justify-content: space-between;"> <div>COUNTRY _____</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 5px;"></div> </div>	
104	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)?  IF LESS THAN ONE YEAR, RECORD '00' YEARS.	<div style="display: flex; justify-content: space-between;"> <div>YEARS .....</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 5px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div>ALWAYS .....</div> <div>95</div> </div> <div style="display: flex; justify-content: space-between;"> <div>VISITOR .....</div> <div>96</div> </div>	→ 110
105	CHECK 104:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div>00 - 04 YEARS <input style="width: 30px; height: 15px;" type="checkbox"/></div> <div>05 YEARS <input style="width: 30px; height: 15px;" type="checkbox"/> OR MORE</div> </div>		→ 107

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	In what month and year did you move here?	<div> MONTH ..... <input type="text"/> <input type="text"/> </div> <div> DON'T KNOW MONTH ..... 98 </div> <div> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div> DON'T KNOW YEAR ..... 9998 </div>	
107	Just before you moved here, which province did you live in?	<div> BANTEAY MEANCHEY ..... 01 </div> <div> BATTAMBANG ..... 02 </div> <div> KAMPONG CHAM ..... 03 </div> <div> KAMPONG CHHNANG ..... 04 </div> <div> KAMPONG SPEU ..... 05 </div> <div> KAMPONG THOM ..... 06 </div> <div> KAMPOT ..... 07 </div> <div> KANDAL ..... 08 </div> <div> KOH KONG ..... 09 </div> <div> KRATIÉ ..... 10 </div> <div> MONDULKIRI ..... 11 </div> <div> PHNOM PENH ..... 12 </div> <div> PREAH VIHEAR ..... 13 </div> <div> PREY VENG ..... 14 </div> <div> PURSAT ..... 15 </div> <div> RATANAK KIRI ..... 16 </div> <div> SIEM REAP ..... 17 </div> <div> PREAH SIHANOUK ..... 18 </div> <div> STUNG TRENG ..... 19 </div> <div> SVAY RIENG ..... 20 </div> <div> TAKÉO ..... 21 </div> <div> ODDAR MEANCHEY ..... 22 </div> <div> KEP ..... 23 </div> <div> PAILIN ..... 24 </div> <div> TBOUNG KHMUM ..... 25 </div> <div> OUTSIDE OF [COUNTRY] ..... 96 </div>	
108	Just before you moved here, did you live in a city, in a town, or in a rural area?	<div> CITY ..... 1 </div> <div> TOWN ..... 2 </div> <div> RURAL AREA ..... 3 </div>	

## SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	Why did you move to this place?	EMPLOYMENT ..... 01 EDUCATION/TRAINING..... 02 MARRIAGE FORMATION ..... 03 MIGRATION ..... 04 FAMILY REUNIFICATION/OTHER FAMILY-RELATED REASON ..... 05 FORCED DISPLACEMENT ..... 06 OTHER ..... 96 <div>(SPECIFY)</div>	
110	In what month and year were you born?	MONTH ..... <div><div></div><div></div></div> DON'T KNOW MONTH ..... 98  YEAR ..... <div><div></div><div></div><div></div><div></div></div> DON'T KNOW YEAR ..... 9998	
111	How old were you at your last birthday?  COMPARE AND CORRECT 110 AND/OR 111 IF INCONSISTENT.	AGE IN COMPLETED YEARS ..... <div><div></div><div></div></div>	
112	In general, would you say your health is very good, good, moderate, bad, or very bad?	VERY GOOD ..... 1 GOOD ..... 2 MODERATE ..... 3 BAD ..... 4 VERY BAD ..... 5	
113	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 117
114	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY ..... 1 SECONDARY ..... 2 HIGHER ..... 3	
115	What is the highest grade you completed at that level?  IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE ..... <div><div></div><div></div></div>	
116	CHECK 114:  PRIMARY OR <div><div></div></div> SECONDARY ↓  HIGHER <div><div></div></div> →		→ 119
117	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 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED ..... 5	
118	CHECK 117:  CODE '2', '3' OR '4' <div><div></div></div> ↓ CIRCLED  CODE '1' OR '5' <div><div></div></div> → CIRCLED		→ 120
119	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	
120	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	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
121	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	
122	Do you own a mobile phone?	YES ..... 1 NO ..... 2	→ 124
123	Is your mobile phone a smart phone?	YES ..... 1 NO ..... 2	
124	In the last 12 months, have you used a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES ..... 1 NO ..... 2	
125	Do you have an account in a bank or other financial institution that you yourself use?	YES ..... 1 NO ..... 2	→ 127
126	Did you yourself put money in or take money out of this account in the last 12 months?	YES ..... 1 NO ..... 2	
127	Have you ever used the Internet from any location on any device?	YES ..... 1 NO ..... 2	→ 130
128	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	→ 130
129	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	
130	What is your religion?	BUDDHIST ..... 01 MOSLEM ..... 02 CHRISTIAN ..... 03 NO RELIGION ..... 95  OTHER ..... 96 (SPECIFY)	

**SECTION 2. REPRODUCTION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES ..... 1 NO ..... 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES ..... 1 NO ..... 2	→ 204								
203	a) How many sons live with you? b) And how many daughters live with you?  IF NONE, RECORD '00'.	a) SONS AT HOME ..... <table border="1" 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>									
205A	Do you have children age less than 18 who do not live with you? If yes, where do they live?	YES EXTENDED FAMILY ..... A NON-RELATIVES ..... B RESIDENTIAL CARE ..... C PAGODA/WAT ..... D BOARDING SCHOOL ..... E REHAB CENTER ..... F OTHER ..... G SPECIFY NO ..... X									
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 LIVE 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	Women sometimes have a pregnancy that does not result in a live birth. For example, a pregnancy can end in a miscarriage, an abortion, or the child can be born dead. Have you ever had a pregnancy that did not end in a live birth?	YES ..... 1 NO ..... 2	→ 212								
211	How many miscarriages, abortions, and stillbirths have you had?	PREGNANCY LOSSES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
212	SUM ANSWERS TO 208 AND 211 AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL PREGNANCY OUTCOMES .. <input type="text"/> <input type="text"/>	
213	CHECK 212: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             ONE OR MORE PAST PREGNANCIES <input type="checkbox"/> </div> <div style="text-align: center;">             NO PAST PREGNANCIES <input type="checkbox"/> </div> </div>	<div style="display: flex; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; right: -10px; top: -5px;">→ 232</div> </div> </div>	

**SECTION 2. REPRODUCTION**

<p>214 Now I would like to record all your pregnancies including live births, stillbirths, miscarriages, and abortions, starting with your first pregnancy.  RECORD ALL PREGNANCIES IN 215-228. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. IF THERE ARE MORE THAN 3 PREGNANCIES, USE AN ADDITIONAL QUESTIONNAIRE.</p>							
215	216	217	218	219	220	221	222
<p>Think back to your (first/next) pregnancy. Was that a single pregnancy, twins, or triplets? IF MULTIPLE PREGNANCY, COPY VALUE FOR 215 IN THE NEXT PREGNANCY HISTORY LINE NUMBER</p>	<p>IF 215=1 ASK: Was the baby born alive, born dead, or did you have a miscarriage or abortion? IF 215&gt;1 ASK: Was the (first/next) baby in this pregnancy born alive or born dead?</p>	<p>Did the baby cry, move, or breathe?</p>	<p>What name was given to the baby?</p> <p>RECORD NAME.</p>	<p>Is (NAME) a boy or a girl?</p>	<p>CHECK 216 AND 217: TYPE OF PREGNANCY OUTCOME.</p> <p>NOTE: IF 217=1, THEN PREGNANCY OUTCOME= BORN ALIVE.</p> <p>IF BORN ALIVE, ASK: On what day, month, and year was (NAME) born?</p> <p>IF BORN DEAD, A MISCARRIAGE, OR AN ABORTION, ASK: On what day, month, and year did this pregnancy end?</p>	<p>How long did this pregnancy last in weeks or months?</p> <p>RECORD IN COMPLETED WEEKS OR MONTHS.</p>	<p>FOR ROW 1 ASK: Were there any other pregnancies before this pregnancy? AFTER ROW 1: IF 215=1 OR THIS IS THE FIRST BIRTH OF MULTIPLE PREGNANCY ASK: Were there any other pregnancies between previous pregnancy and this pregnancy?</p>
<p>01 SING 1 MULT 2 TRIPLE 3 NUMBER OF OUTCOME <input type="checkbox"/></p>	<p>BORN ALIVE 1 (SKIP TO 218) ↙ BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 220) ↙ ABORTION 4</p>	<p>YES 1 NO 2 (SKIP TO 220)</p>	<p>NAME</p>	<p>BOY 1 GIRL 2</p>	<p>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"/></p>	<p>WEEKS 1 <input type="text"/><input type="text"/> MONTHS 2 <input type="text"/><input type="text"/></p>	
<p>02 SING 1 MULT 2 TRIPLE 3 NUMBER OF OUTCOME <input type="checkbox"/></p>	<p>BORN ALIVE 1 (SKIP TO 218) ↙ BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 220) ↙ ABORTION 4</p>	<p>YES 1 NO 2 (SKIP TO 220)</p>	<p>NAME</p>	<p>BOY 1 GIRL 2</p>	<p>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"/></p>	<p>WEEKS 1 <input type="text"/><input type="text"/> MONTHS 2 <input type="text"/><input type="text"/></p>	<p>YES 1 (ADD PREGNANCY) ↙ NO 2 (NEXT PREGNANCY) ↙</p>
<p>03 SING 1 MULT 2 TRIPLE 3 NUMBER OF OUTCOME <input type="checkbox"/></p>	<p>BORN ALIVE 1 (SKIP TO 218) ↙ BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 220) ↙ ABORTION 4</p>	<p>YES 1 NO 2 (SKIP TO 220)</p>	<p>NAME</p>	<p>BOY 1 GIRL 2</p>	<p>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"/></p>	<p>WEEKS 1 <input type="text"/><input type="text"/> MONTHS 2 <input type="text"/><input type="text"/></p>	<p>YES 1 (ADD PREGNANCY) ↙ NO 2 (NEXT PREGNANCY) ↙</p>
222A	<p>Have you had any pregnancies that ended since the last pregnancy mentioned?</p> <p>YES <input type="checkbox"/> → ADD TO TABLE NO <input type="checkbox"/> → GO TO 223, ROW 1</p>						



SECTION 2. REPRODUCTION

	223	224	IF BORN ALIVE AND STILL LIVING:		227	228
			225	226		IF BORN ALIVE AND NOW DEAD:
	CHECK 216, 217 AND 221:  IF 216=1 OR 217=1, THEN PREGNANCY OUTCOME = BORN ALIVE.  IF 216=2 OR 3, THEN CHECK 221. IF 221 ≥ 7 MONTHS OR 28 WEEKS, THEN PREGNANCY OUTCOME = BORN DEAD. IF 221 < 7 MONTHS OR 28 WEEKS, FINAL PREGNANCY OUTCOME = MISCARRIAGE.  IF 216=4, THEN	Is (NAME) still alive?	How old was (NAME) at (his/her) last birthday?          RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	How old was (NAME) when (he/she) died?  IF '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.
01	BORN ALIVE 1  BORN DEAD 2 MISCARRIAGE 3 ABORTION 4	YES 1  NO 2 ↓ (SKIP TO 228)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1  NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 223 IN NEXT ROW)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> (SKIP TO 223 IN NEXT ROW)
02	BORN ALIVE 1  BORN DEAD 2 MISCARRIAGE 3 ABORTION 4	YES 1  NO 2 ↓ (SKIP TO 228)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1  NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 223 IN NEXT ROW)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> (SKIP TO 223 IN NEXT ROW)
03	BORN ALIVE 1  BORN DEAD 2 MISCARRIAGE 3 ABORTION 4	YES 1  NO 2 ↓ (SKIP TO 228)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1  NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 223 IN NEXT ROW)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> (SKIP TO 223 IN NEXT ROW)

**SECTION 2. REPRODUCTION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
230	<p>COMPARE 212 WITH NUMBER OF PREGNANCY OUTCOMES IN PREGNANCY HISTORY</p> <p>NUMBER IN PREGNANCY HISTORY IS GREATER THAN OR EQUAL TO 212 <input type="checkbox"/></p> <p>NUMBER IN PREGNANCY HISTORY IS LESS THAN 212 <input type="checkbox"/></p> <p>(PROBE AND RECONCILE) ←</p>		
231	<p><b>C</b> FOR EACH LIVE BIRTH IN 2016-2021, 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 LIVE BIRTH, RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)</p> <p>FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2016-2021, 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 DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS.</p>		
232	Are you pregnant now?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>UNSURE ..... 8</p>	→ 236
233	<p>How many weeks or months pregnant are you?</p> <p>RECORD NUMBER OF COMPLETED WEEKS OR MONTHS.</p> <p><b>C</b> ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS. IF DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS.</p>	<p>WEEKS ..... 1 <input type="text"/> <input type="text"/></p> <p>MONTHS ..... 2 <input type="text"/> <input type="text"/></p>	
234	When you got pregnant, did you want to get pregnant at that time?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 236
235	<p>CHECK 208: TOTAL NUMBER OF LIVE BIRTHS</p> <p>ONE OR MORE <input type="checkbox"/>   NONE <input type="checkbox"/></p> <p>a) Did you want to have a baby later on or did you not want any more children?   b) Did you want to have a baby later on or did you not want any children?</p>	<p>LATER ..... 1</p> <p>NO MORE/NONE ..... 2</p>	

**SECTION 2. REPRODUCTION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
236	<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>	<p align="center"> <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> </p> <p>→ 240</p> <p>→ 241</p>								
237	<p>CHECK 236: WAS THE LAST MENSTRUAL PERIOD WITHIN THE LAST YEAR?</p> <p align="center"> YES, <input type="checkbox"/>   WITHIN  LAST YEAR ↓ </p> <p align="center"> NO, <input type="checkbox"/>   ONE YEAR  OR MORE </p>		→ 240								
238	<p>During your last menstrual period, what did you use to collect or absorb your menstrual blood?</p> <p>Anything else?</p>	<p>REUSABLE SANITARY PADS ..... A</p> <p>DISPOSABLE SANITARY PADS ..... B</p> <p>TAMPONS ..... C</p> <p>MENSTRUAL CUP ..... D</p> <p>CLOTH ..... E</p> <p>TOILET PAPER ..... F</p> <p>COTTON WOOL ..... G</p> <p>UNDERWEAR ONLY ..... H</p> <p>OTHER ..... X</p> <p align="center">(SPECIFY)</p> <p>NOTHING .. . Y</p>									
239	<p>During your last menstrual period, were you able to wash and change in privacy while at home?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>AWAY FROM HOME DURING LAST MENSTRUAL PERIOD ..... 3</p>									
240	<p>How old were you when you had your first menstrual period?</p>	<p>AGE ..... <table border="1"><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW ..... 98</p>									
241	<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>	→ 243								
242	<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>									
243	<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 3 years or 5 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 3 days (72 hours) 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 calendar or 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 6 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 232:  <div> <div>NOT PREGNANT OR UNSURE</div> <div> <input type="checkbox"/>  ↓ </div> </div> <div> <div>PREGNANT</div> <div> <input type="checkbox"/> </div> </div>		→ 317
303	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 307
304	Are you or your partner sterilized?  IF YES: Who is sterilized, you or your partner?	YES, RESPONDENT STERILIZED ONLY ..... 1 YES, PARTNER STERILIZED ONLY ..... 2 YES, BOTH STERILIZED ..... 3 NO, NEITHER STERILIZED ..... 4	→ 306
305	CHECK 304:  <div> <div>RESPONDENT STERILIZED ONLY</div> <div> <input type="checkbox"/>  ↓ </div> </div> <div> <div>PARTNER STERILIZED ONLY</div> <div> <input type="checkbox"/>  ↓ </div> </div> <div> <div>BOTH STERILIZED</div> <div> <input type="checkbox"/>  ↓ </div> </div> <div> PROCEED TO 307. CIRCLE CODE 'A' AND FOLLOW THE SKIP INSTRUCTION. </div> <div> PROCEED TO 307. CIRCLE CODE 'B' AND FOLLOW THE SKIP INSTRUCTION. </div> <div> PROCEED TO 307. CIRCLE CODE 'A' AND CODE 'B' AND FOLLOW THE SKIP INSTRUCTION. </div>		
306	Just to check, are you or your partner doing any of the following to avoid pregnancy: deliberately avoiding sex on certain days, using a condom, using withdrawal or using emergency contraception?	YES ..... 1 NO ..... 2	→ 317
307	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	→ 312 → 314 → 314 → 310 → 311 → 314
308	Now I'm going to show you two pictures. Please point to the picture that best matches what was used the last time you received your injectable.  SHOW IMAGES OF SAYANA PRESS AND REGULAR SYRINGE.	DMPA-SC/SAYANA PRESS ..... 1 NEEDLE AND SYRINGE ..... 2 DON'T KNOW ..... 8	→ 314
309	The last time you received your injectable, did you inject DMPA-SC/Sayana Press yourself or did a health care provider do it for you?	SELF-INJECTION ..... 1 INJECTION GIVEN BY HEALTH CARE PROVIDER ..... 2 DON'T KNOW ..... 8	→ 314
310	What is the brand name of the pills you are using?  IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	SREY PICH ..... 01 OK ..... 02 PILL WITH SINGLE HORMONI ..... 03  OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	→ 314

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	<p>What is the brand name of the condoms you are using?</p> <p>IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.</p>	<p>NAK KAPEAR ..... 01</p> <p>NUMBER ONE ..... 02</p> <p>OK ..... 03</p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	<p>→ 314</p>
312	<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, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p><b>PUBLIC SECTOR</b></p> <p>NATIONAL HOSPITAL ..... 11</p> <p>PROVINCIAL HOSPITAL ..... 12</p> <p>REFERENCE HOSPITAL ..... 13</p> <p>HEALTH CENTER ..... 14</p> <p>HEALTH POST ..... 15</p> <p>FAMILY CLINIC ..... 16</p> <p>PUBLIC MOBILE CLINIC ..... 17</p> <p>OTHER PUBLIC SECTOR ..... 18</p> <p align="center">..... (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... 21</p> <p>PRIVATE CLINIC ..... 22</p> <p>CONSULTATION AND TREATMENT ..... 23</p> <p>GENERAL CARE ROOM ..... 24</p> <p>CONSULTATION PRENATAL ..... 25</p> <p>MOBILE CLINIC ..... 26</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p align="center">..... 27</p> <p align="center">(SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL ..... 31</p> <p>NGO CLINIC ..... 32</p> <p>OTHER NGO MEDICAL SECTOR</p> <p align="center">..... 36</p> <p align="center">(SPECIFY)</p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	
313	<p>In what month and year was the sterilization performed?</p>	<p>MONTH ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>→ 315</p>
314	<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 ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
315	<p>CHECK 313 AND 314, AND 220: ANY LIVE BIRTH, STILLBIRTH, MISSCARRIAGE OR ABORTION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 313 OR 314?</p> <p>NO <input type="checkbox"/></p> <p align="right">YES <input type="checkbox"/></p> <p align="center">GO BACK TO 313 OR 314, 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)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	<p>CHECK 313 AND 314:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p align="center">YEAR IS 2016-2021 <input type="checkbox"/></p> <p><b>C</b> ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p align="center">THEN CONTINUE ↓</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p align="center">YEAR IS 2015 OR EARLIER <input type="checkbox"/></p> <p><b>C</b> ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2016 .</p> <p align="center">THEN ↓ (SKIP TO 329) ←</p> </div> </div>		
317	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p><b>C</b> USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2016. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p>		
317A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	<p>MONTH ..... <input type="text"/> <input type="text"/></p> <p>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
317B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your partner use any method of contraception?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 317I
317C	Which method was that?	METHOD CODE ..... <input type="text"/>	
317D	How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)?	<p>IMMEDIATELY ..... 00</p> <p>MONTHS ..... <input type="text"/> <input type="text"/></p> <p>DATE GIVEN ..... 95</p>	→ 317F
317E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	<p>MONTH ..... <input type="text"/> <input type="text"/></p> <p>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
317F	For how many months did you use (METHOD)?	<p>MONTHS ..... <input type="text"/> <input type="text"/></p> <p>DATE GIVEN ..... 95</p>	→ 317H
317G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	<p>MONTH ..... <input type="text"/> <input type="text"/></p> <p>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
317H	Why did you stop using (METHOD)?	REASON STOPPED ..... <input type="text"/>	
317I	GO BACK TO 317A FOR NEXT GAP; OR, IF NO MORE GAPS, GO TO 318.		

### SECTION 3. CONTRACEPTION

[illegible]



SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
322	<p>You first started using (CURRENT METHOD) in (DATE FROM 314). Where did you get it at that time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p><b>PUBLIC SECTOR</b></p> <p>NATIONAL HOSPITAL ..... 11</p> <p>PROVINCIAL HOSPITAL ..... 12</p> <p>REFERENCE HOSPITAL ..... 13</p> <p>HEALTH CENTER ..... 14</p> <p>HEALTH POST ..... 15</p> <p>FAMILY CLINIC ..... 16</p> <p>PUBLIC MOBILE CLINIC ..... 17</p> <p>OTHER PUBLIC SECTOR ..... 18</p> <p>_____ (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... 21</p> <p>PRIVATE CLINIC ..... 22</p> <p>CONSULTATION AND TREATMENT ..... 23</p> <p>GENERAL CARE ROOM ..... 24</p> <p>CONSULTATION PRENATAL ..... 25</p> <p>MOBILE CLINIC ..... 26</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 27</p> <p>(SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL ..... 31</p> <p>NGO CLINIC ..... 32</p> <p>OTHER NGO MEDICAL SECTOR</p> <p>_____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	
323	At that time, were you told about side effects or problems you might have with the method?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 325
324	When you got sterilized, were you told about side effects or problems you might have with the method?	<p>YES ..... 1</p> <p>NO ..... 2</p>	
325	Were you told what to do if you experienced side effects or problems?	<p>YES ..... 1</p> <p>NO ..... 2</p>	
326	At that time, were you told about other methods of family planning that you could use?	<p>YES ..... 1</p> <p>NO ..... 2</p>	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
327	CHECK 307:  CIRCLE METHOD CODE:  IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION ..... 01 IUD ..... 03 INJECTABLES ..... 04 IMPLANTS ..... 05 PILL ..... 06 CONDOM ..... 07 FEMALE CONDOM ..... 08 EMERGENCY CONTRACEPTION ..... 09 STANDARD DAYS METHOD ..... 10 OTHER MODERN METHOD ..... 95	→ 332
328	At that time, were you told that you could switch to another method if you wanted to or needed to?	YES ..... 1 NO ..... 2	→ 330
329	CHECK 307:  CIRCLE METHOD CODE:  IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	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	→ 332           → 332 → 332

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	<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, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p><b>PUBLIC SECTOR</b></p> <p>NATIONAL HOSPITAL ..... 11</p> <p>PROVINCIAL HOSPITAL ..... 12</p> <p>REFERENCE HOSPITAL ..... 13</p> <p>HEALTH CENTER ..... 14</p> <p>HEALTH POST ..... 15</p> <p>FAMILY CLINIC ..... 16</p> <p>PUBLIC MOBILE CLINIC ..... 17</p> <p>OTHER PUBLIC SECTOR ..... 18</p> <p>_____</p> <p align="center">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... 21</p> <p>PRIVATE CLINIC ..... 22</p> <p>CONSULTATION AND TREATMENT ..... 23</p> <p>GENERAL CARE ROOM ..... 24</p> <p>CONSULTATION PRENATAL ..... 25</p> <p>MOBILE CLINIC ..... 26</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 27</p> <p align="center">(SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL ..... 31</p> <p>NGO CLINIC ..... 32</p> <p>OTHER NGO MEDICAL SECTOR</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	<p>→ 332</p>
331	Do you know of a place where you can obtain a method of family planning?	<p>YES ..... 1</p> <p>NO ..... 2</p>	
332	In the last 12 months, were you visited by a fieldworker?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 334
333	Did the fieldworker talk to you about family planning?	<p>YES ..... 1</p> <p>NO ..... 2</p>	
334	<p>CHECK 202: CHILDREN LIVING WITH</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
335	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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 220 AND 225:  ONE OR MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	NO PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	→ 601
402	CHECK 220. LIST THE PREGNANCY HISTORY NUMBER IN 215 FOR EACH PREGNANCY OUTCOME 0-35 MONTHS BEFORE THE SURVEY, STARTING FROM THE LAST ONE. CLASSIFY EACH PREGNANCY OUTCOME BY TYPE USING 223 AND THE ORDER OF OUTCOMES IN THE PREGNANCY HISTORY.  <b>PREGNANCY OUTCOME TYPE</b> MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4 ABORTION OR MISCARRIAGE 5  PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE ..... <input type="text"/> PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE ..... <input type="text"/> PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE ..... <input type="text"/> PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE ..... <input type="text"/> PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE ..... <input type="text"/> PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE ..... <input type="text"/>		
403	Now I would like to ask some questions about your pregnancies in the last 3 years. (We will talk about each separately, starting with the last one you had.)		
404	PREGNANCY HISTORY NUMBER FROM 402.	PREGNANCY HISTORY NUMBER ..... <input type="text"/> <input type="text"/>	
405	PREGNANCY OUTCOME TYPE FROM 402.	MOST RECENT LIVE BIRTH ..... 1 PRIOR LIVE BIRTH ..... 2 MOST RECENT STILLBIRTH ..... 3 PRIOR STILLBIRTH ..... 4 MISCARRIAGE/ABORTION ..... 5	→ 407
406	RECORD DATE PREGNANCY ENDED FROM 220.	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"/>	→ 408
407	RECORD NAME FROM 218.  NAME .....		
408	CHECK 405:  PREGNANCY TYPE <input type="checkbox"/> 1 OR 2 PREGNANCY TYPE <input type="checkbox"/> 3, 4, OR 5  a) When you got pregnant with (NAME), did you want to get pregnant at that time? b) When you got pregnant with the pregnancy that ended in (DATE FROM 406), did you want to get pregnant at that time?	YES ..... 1 NO ..... 2	→ 411

**SECTION 4. PREGNANCY AND POSTNATAL CARE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					
409	<p>CHECK 208:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>ONLY ONE LIVE 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 LIVE 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>	→ 411				
410	How much longer did you want to wait?	<p>MONTHS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table></p> <p>YEARS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table></p> <p>DON'T KNOW ..... 998</p>					
411	CHECK 405: PREGNANCY OUTCOME TYPE	<p>MOST RECENT LIVE BIRTH ..... 1</p> <p>PRIOR LIVE BIRTH ..... 2</p> <p>MOST RECENT STILLBIRTH ..... 3</p> <p>PRIOR STILLBIRTH ..... 4</p> <p>ABORTION/MISCARRIAGE ..... 5</p>	<p>→ 434</p> <p>→ 434</p> <p>→ 475</p>				
412	Did you see anyone for antenatal care for this pregnancy?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 414				
413	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>MOST RECENT LIVE BIRTH <input type="checkbox"/></p> <p>(SKIP TO 420) ←</p> </div> <div style="text-align: center;"> <p>MOST RECENT <input type="checkbox"/></p> <p>STILLBIRTH</p> </div> </div>		→ 426				
414	<p>Whom did you see?</p> <p>Anyone else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... A</p> <p>NURSE/MIDWIFE ..... B</p> <p>AUXILIARY MIDWIFE ..... C</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... D</p> <p>COMMUNITY HEALTH WORKER/ FIELD WORKER ..... E</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>					

**SECTION 4. PREGNANCY AND POSTNATAL CARE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																
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415	<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, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p><b>HOME</b></p> <p>HER HOME ..... A</p> <p>OTHER HOME ..... B</p> <p><b>PUBLIC SECTOR</b></p> <p>NATIONAL HOSPITAL ..... C</p> <p>PROVINCIAL HOSPITAL ..... D</p> <p>REFERENCE HOSPITAL ..... E</p> <p>HEALTH CENTER ..... F</p> <p>HEALTH POST ..... G</p> <p>FAMILY CLINIC ..... H</p> <p>PUBLIC MOBILE CLINIC ..... I</p> <p>OTHER PUBLIC SECTOR ..... J</p> <p>_____ (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... K</p> <p>PRIVATE CLINIC ..... L</p> <p>CONSULTATION AND TREATMENT ..... M</p> <p>GENERAL CARE ROOM ..... N</p> <p>CONSULTATION PRENATAL ..... O</p> <p>MOBILE CLINIC ..... P</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... Q</p> <p>_____ (SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL ..... R</p> <p>NGO CLINIC ..... S</p> <p>OTHER NGO MEDICAL SECTOR ..... T</p> <p>_____ (SPECIFY)</p> <p>OTHER ..... Y</p> <p>_____ (SPECIFY)</p> <p>DON'T KNOW ..... X</p>																																																	
416	How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?	<p>WEEKS ..... 1 <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table></p> <p>MONTHS ..... 2 <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table></p> <p>DON'T KNOW ..... 998</p>																																																	
417	How many times did you receive antenatal care during this pregnancy?	<p>NUMBER OF TIMES ..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table></p> <p>DON'T KNOW ..... 98</p>																																																	
418	As part of your antenatal care during this pregnancy, did a healthcare provider do any of the following at least once:	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr><td>a) Measure your blood pressure?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>b) Take a urine sample?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>c) Take a blood sample?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>d) Listen to the baby's heartbeat?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>e) Talk with you about which foods you should eat?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>f) Talk with you about breastfeeding?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>g) Ask you if you had vaginal bleeding?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>h) Talk with you about stop smoking, drinking or using drugs?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>i) Weigh you?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>j) Talk with you about when the baby is due or will be born?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>k) Tell you to pay attention to the baby movement?</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) Measure your blood pressure?	1	2	8	b) Take a urine sample?	1	2	8	c) Take a blood sample?	1	2	8	d) Listen to the baby's heartbeat?	1	2	8	e) Talk with you about which foods you should eat?	1	2	8	f) Talk with you about breastfeeding?	1	2	8	g) Ask you if you had vaginal bleeding?	1	2	8	h) Talk with you about stop smoking, drinking or using drugs?	1	2	8	i) Weigh you?	1	2	8	j) Talk with you about when the baby is due or will be born?	1	2	8	k) Tell you to pay attention to the baby movement?	1	2	8	
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k) Tell you to pay attention to the baby movement?	1	2	8																																																
418A	As part of your antenatal care during this pregnancy, were you told by the healthcare provider about danger signs that might indicate problems with the pregnancy?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																																																	

**SECTION 4. PREGNANCY AND POSTNATAL CARE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER ... <input type="text"/> <input type="text"/>																					
418B	As part of your antenatal care during this pregnancy, did a healthcare provider discuss with you any of the following preparations for giving birth: a) Place you planned to deliver your b) Wanting someone with you during labor or delivery? c) Transportation to where the baby would be born? d) Fund or finance you would use for the delivery?	<table> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) PLACE OF DELIVERY .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) HELP .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) TRANSPORTATION.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) FUND .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) PLACE OF DELIVERY .....	1	2	8	b) HELP .....	1	2	8	c) TRANSPORTATION.....	1	2	8	d) FUND .....	1	2	8	
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419	<b>CHECK 405: PREGNANCY OUTCOME TYPE</b>  <div> MOST RECENT <input type="checkbox"/>  LIVE BIRTH </div> <div> MOST RECENT <input type="checkbox"/>  STILLBIRTH </div>	→ 426																					
420	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus after birth?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 423																				
421	During this pregnancy, how many times did you get a tetanus injection?	TIMES ..... <input type="text"/> DON'T KNOW ..... 8																					
422	<b>CHECK 421:</b>  <div> ONE TIME <input type="checkbox"/>  OR DK </div> <div> TWO OR MORE TIMES <input type="checkbox"/> </div>	→ 426																					
423	At any time before this pregnancy, did you receive any tetanus injections?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 426																				
424	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																					
425	<b>CHECK 424:</b>  <div> ONLY <input type="checkbox"/>  ONE </div> <div> MORE <input type="checkbox"/>  THAN ONE </div> a) How many years ago did you receive that tetanus injection? b) How many years ago did you receive the last tetanus injection prior to this pregnancy?	YEARS AGO ..... <input type="text"/> <input type="text"/>																					
426	During this pregnancy, were you given or did you buy any iron tablets or iron syrup?  SHOW TABLETS/SYRUP/MULTIPLE MICRONUTRIENT SUPPLEMENT.	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 429																				

**SECTION 4. PREGNANCY AND POSTNATAL CARE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER ... <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	
427	<p>Where did you get the iron tablets or syrup?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p><b>PUBLIC SECTOR</b></p> <p>NATIONAL HOSPITAL ..... A</p> <p>PROVINCIAL HOSPITAL ..... B</p> <p>REFERENCE HOSPITAL ..... C</p> <p>HEALTH CENTER ..... D</p> <p>HEALTH POST ..... E</p> <p>FAMILY CLINIC ..... F</p> <p>PUBLIC MOBILE CLINIC ..... G</p> <p>OTHER PUBLIC SECTOR ..... H</p> <p>_____ (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... I</p> <p>PRIVATE CLINIC ..... J</p> <p>CONSULTATION AND TREATMENT ..... K</p> <p>GENERAL CARE ROOM ..... L</p> <p>CONSULTATION PRENATAL ..... M</p> <p>MOBILE CLINIC ..... N</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... O</p> <p>_____ (SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL ..... P</p> <p>NGO CLINIC ..... Q</p> <p>OTHER NGO MEDICAL SECTOR ..... R</p> <p>_____ (SPECIFY)</p> <p>OTHER ..... Y</p> <p>_____ (SPECIFY)</p> <p>DON'T KNOW ..... X</p>	
428	<p>During the whole pregnancy, for how many days did you take the iron tablets or syrup?</p> <p>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.</p>	<p>DAYS ..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table></p> <p>DON'T KNOW ..... 998</p>	
429	During this pregnancy, did you take any medicine for intestinal worms?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
430	During this pregnancy, did you receive food or cash assistance through any programs?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	



**SECTION 4. PREGNANCY AND POSTNATAL CARE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER ... <span style="border: 1px solid black; padding: 2px 10px;">  </span>	
434	<p>CHECK 405:</p> <p>PREGNANCY TYPE <span style="border: 1px solid black; padding: 2px 10px;">  </span> 1 OR 2 ↓</p> <p>a) Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PREGNANCY TYPE <span style="border: 1px solid black; padding: 2px 10px;">  </span> 3 OR 4 ↓</p> <p>b) Who assisted with the delivery of the stillbirth you had in (DATE FROM 406)?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... A</p> <p>NURSE/MIDWIFE ..... B</p> <p>AUXILIARY MIDWIFE ..... C</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... D</p> <p>RELATIVE/FRIEND ..... E</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p> <p>NO ONE ASSISTED ..... Y</p>	
435	<p>CHECK 405:</p> <p>PREGNANCY TYPE <span style="border: 1px solid black; padding: 2px 10px;">  </span> 1 OR 2 ↓</p> <p>a) Where did you give birth to (NAME)?</p> <p>PREGNANCY TYPE <span style="border: 1px solid black; padding: 2px 10px;">  </span> 3 OR 4 ↓</p> <p>b) Where did you deliver this stillbirth?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p><b>HOME</b></p> <p>HER HOME ..... 11</p> <p>OTHER HOME ..... 12</p> <p><b>PUBLIC SECTOR</b></p> <p>NATIONAL HOSPITAL ..... 21</p> <p>PROVINCIAL HOSPITAL ..... 22</p> <p>REFERENCE HOSPITAL ..... 23</p> <p>HEALTH CENTER ..... 24</p> <p>HEALTH POST ..... 25</p> <p>FAMILY CLINIC ..... 26</p> <p>PUBLIC MOBILE CLINIC ..... 27</p> <p>OTHER PUBLIC SECTOR ..... 28</p> <p>_____ (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... 31</p> <p>PRIVATE CLINIC ..... 32</p> <p>CONSULTATION AND TREATMENT ..... 33</p> <p>GENERAL CARE ROOM ..... 34</p> <p>CONSULTATION PRENATAL ..... 35</p> <p>MOBILE CLINIC ..... 36</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... 37</p> <p>_____ (SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL ..... 41</p> <p>NGO CLINIC ..... 42</p> <p>OTHER NGO MEDICAL SECTOR ..... 46</p> <p>_____ (SPECIFY)</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	<p>→ 437</p> <p>→ 437</p>
435A	During delivery (NAME) in addition to health staff, did you have someone stay with you?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER ... <input type="text"/> <input type="text"/>	
436	CHECK 405: PREGNANCY TYPE <input type="checkbox"/> 1 OR 2 a) Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out? PREGNANCY TYPE <input type="checkbox"/> 3 OR 4 b) Was this stillbirth delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES ..... 1 NO ..... 2	
437	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH ..... 1 PRIOR LIVE BIRTH ..... 2 MOST RECENT STILLBIRTH ..... 3 PRIOR STILLBIRTH ..... 4	→ 440A → 445 → 488
438	After the birth, was (NAME) put on your chest?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 440A
439	Was (NAME)'s bare skin touching your bare skin?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 440A
440	How long after birth was (NAME) put on the bare skin of your chest?  IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY ..... 000  HOURS ..... 1 <input type="text"/> <input type="text"/> DAYS ..... 2 <input type="text"/> <input type="text"/>	
440A	How long after the birth was (NAME) bathed for the first time?  IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY ..... 000  HOURS ..... 1 <input type="text"/> <input type="text"/> DAYS ..... 2 <input type="text"/> <input type="text"/>	
441	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	
442	Was (NAME) weighed at birth?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 444
443	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	
444	CHECK 405: PREGNANCY OUTCOME TYPE  MOST RECENT LIVE BIRTH <input type="checkbox"/>	PRIOR LIVE BIRTH <input type="checkbox"/>	→ 480

**SECTION 4. PREGNANCY AND POSTNATAL CARE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER ... <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	
445	CHECK 435: PLACE OF DELIVERY  FACILITY BIRTH: ANY CODE <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> 21 THROUGH 46 CIRCLED ↓	CODE 11, 12, OR 96 <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> CIRCLED →	464
446	Did the doctors, nurses, or other staff at the facility treat you with respect all of the time, some of the time, or not at all?	ALL OF THE TIME ..... 1 SOME OF THE TIME ..... 2 NOT AT ALL ..... 3	
447	CHECK 405: PREGNANCY TYPE <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> 1 ↓  a) How long after (NAME) was delivered did you stay in (FACILITY IN 435)?  IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	PREGNANCY TYPE <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> 3 ↓  b) For the stillbirth you had in (DATE FROM 406), how long after the baby was born did you stay in (FACILITY IN 435)?  HOURS ..... 1 <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> DAYS ..... 2 <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> WEEKS ..... 3 <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> DON'T KNOW ..... 998	
448	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.  Before you left the facility, did anyone check on your health?	YES ..... 1 NO ..... 2	451
449	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" style="display: inline-table; width: 40px; height: 20px;"></table> DAYS ..... 2 <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> WEEKS ..... 3 <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> DON'T KNOW ..... 998	
450	Who checked on your health at that time?  PROBE FOR MOST QUALIFIED PERSON.	<b>HEALTH PERSONNEL</b> DOCTOR ..... 11 NURSE/MIDWIFE ..... 12 AUXILIARY MIDWIFE ..... 13 <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT ..... 21 COMMUNITY HEALTH WORKER/ FIELD WORKER ..... 22 OTHER _____ 96 (SPECIFY)	
451	CHECK 405: PREGNANCY OUTCOME TYPE  MOST RECENT <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> LIVE BIRTH ↓	MOST RECENT <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> STILLBIRTH →	455
452	Now I would like to talk to you about checks on (NAME'S) health -- for example, someone examining (NAME), checking the cord, or talking to you about how to care for (NAME).  Before (NAME) left the facility, did anyone check on (NAME'S) health?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	455

SECTION 4.1 PREGNANT AND POSTNATAL CARE			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

→ 459

**SECTION 4. PREGNANCY AND POSTNATAL CARE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
459	CHECK 405: PREGNANCY OUTCOME TYPE  MOST RECENT <input type="checkbox"/> LIVE BIRTH MOST RECENT <input type="checkbox"/> STILLBIRTH	<div style="text-align: right;">→ 474</div>							
460	After (NAME) left (FACILITY IN 435) did any health care provider or a traditional birth attendant check on (NAME)'s health?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 473						
461	How long after the birth of (NAME) did that check take place?  IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAYS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> WEEKS ..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW ..... 998							
462	Who checked on (NAME)'s health at that time?  PROBE FOR MOST QUALIFIED PERSON.	<b>HEALTH PERSONNEL</b> DOCTOR ..... 11 NURSE/MIDWIFE ..... 12 AUXILIARY MIDWIFE ..... 13 <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT ..... 21 COMMUNITY HEALTH WORKER/ FIELD WORKER ..... 22 OTHER ..... 96 (SPECIFY) _____							
463	Where did this check of (NAME) take place?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	<b>HOME</b> HER HOME ..... 11 OTHER HOME ..... 12 <b>PUBLIC SECTOR</b> PUBLIC HOSPITAL ..... 21 HEALTH CENTER ..... 22 HEALTH POST ..... 23 OTHER PUBLIC SECTOR ..... 26 (SPECIFY) _____ <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL ..... 31 PRIVATE CLINIC ..... 32 OTHER PRIVATE MEDICAL SECTOR ..... 36 (SPECIFY) _____ <b>NGO MEDICAL SECTOR</b> NGO HOSPITAL ..... 41 NGO CLINIC ..... 42 OTHER NGO MEDICAL SECTOR ..... 46 (SPECIFY) _____ OTHER ..... 96 (SPECIFY) _____	→ 473						

**SECTION 4. PREGNANCY AND POSTNATAL CARE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
464	<p>CHECK 405:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>PREGNANCY TYPE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>1 ↓</p> <p>a) 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> </div> <div style="width: 45%;"> <p>PREGNANCY TYPE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>3 ↓</p> <p>b) 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 delivered the stillbirth you had in (DATE FROM 406)?</p> </div> </div>			<div style="display: flex; justify-content: space-between;"> <div> <p>YES ..... 1</p> <p>NO ..... 2</p> </div> <div style="width: 100px;"></div> <div> <p>→ 468</p> </div> </div>					
465	<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>	<div style="display: flex; justify-content: space-between;"> <div> <p>HOURS ..... 1</p> <p>DAYS ..... 2</p> <p>WEEKS ..... 3</p> <p>DON'T KNOW ..... 998</p> </div> <div style="width: 100px;"></div> <div> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> </div> </div>							
466	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... 11</p> <p>NURSE/MIDWIFE ..... 12</p> <p>AUXILIARY MIDWIFE ..... 13</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... 21</p> <p>COMMUNITY HEALTH WORKER/ FIELD WORKER ..... 22</p> <p>OTHER _____ 96 (SPECIFY)</p>							
467	<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, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p><b>HOME</b></p> <p>HER HOME ..... 11</p> <p>OTHER HOME ..... 12</p> <p><b>PUBLIC SECTOR</b></p> <p>PUBLIC HOSPITAL ..... 21</p> <p>HEALTH CENTER ..... 22</p> <p>HEALTH POST ..... 23</p> <p>OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... 31</p> <p>PRIVATE CLINIC ..... 32</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL ..... 41</p> <p>NGO CLINIC ..... 42</p> <p>OTHER NGO MEDICAL SECTOR _____ 46 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>							

**SECTION 4. PREGNANCY AND POSTNATAL CARE**

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468	CHECK 405: PREGNANCY OUTCOME TYPE  MOST RECENT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> LIVE BIRTH  MOST RECENT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> STILLBIRTH				→ 474				
469	I would like to talk to you about checks on (NAME's) health -- for example, someone examining (NAME), checking the cord, or talking to you about how to care for (NAME).  After (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME's) health?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 473						
470	How long after the birth of (NAME) did that check take place?  IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><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></table> WEEKS ..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW ..... 998							
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472	Where did this first check of (NAME) take place?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	<b>HOME</b> HER HOME ..... 11 OTHER HOME ..... 12 <b>PUBLIC SECTOR</b> PUBLIC HOSPITAL ..... 21 HEALTH CENTER ..... 22 HEALTH POST ..... 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL ..... 31 PRIVATE CLINIC ..... 32 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) <b>NGO MEDICAL SECTOR</b> NGO HOSPITAL ..... 41 NGO CLINIC ..... 42 OTHER NGO MEDICAL SECTOR _____ 46 (SPECIFY) OTHER _____ 96 (SPECIFY)							

**SECTION 4. PREGNANCY AND POSTNATAL CARE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>																									
473	During the first 2 days after (NAME)'s birth, did any health care provider do the following: a) Examine the cord? b) Measure (NAME)'s temperature? c) Tell you how to recognize if your baby needs immediate medical attention? d) Talk with you about breastfeeding? e) Observe (NAME) breastfeeding?	<table> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> <tr> <td>a) CORD .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) TEMPERATURE .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) MEDICAL ATTENTION .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) TALK ABOUT BREASTFEEDING ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) OBSERVE BREASTFEEDING ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) CORD .....	1	2	8	b) TEMPERATURE .....	1	2	8	c) MEDICAL ATTENTION .....	1	2	8	d) TALK ABOUT BREASTFEEDING ..	1	2	8	e) OBSERVE BREASTFEEDING ..	1	2	8	
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e) OBSERVE BREASTFEEDING ..	1	2	8																								
474	During the first 2 days after the birth, did any healthcare provider do the following to you: a) Measure your blood pressure? b) Discuss your vaginal bleeding with you? c) Discuss family planning with you? d) Ask if you are not being able to urinate or to control your urination? e) Ask if you have any pain?	<table> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> <tr> <td>a) BLOOD PRESSURE .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) BLEEDING .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) FAMILY PLANNING .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) UTINATION .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) PAIN .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) BLOOD PRESSURE .....	1	2	8	b) BLEEDING .....	1	2	8	c) FAMILY PLANNING .....	1	2	8	d) UTINATION .....	1	2	8	e) PAIN .....	1	2	8	
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475	CHECK 215: IS THIS PREGNANCY THE WOMAN'S LAST PREGNANCY? <div style="display: flex; justify-content: space-around;"> <span>YES <input type="checkbox"/></span> <span>NO <input type="checkbox"/> → 479</span> </div>																										
476	CHECK 405: <div style="display: flex; justify-content: space-around;"> <div>             PREGNANCY TYPE 1 <input type="checkbox"/>              a) Has your menstrual period returned since the birth of (NAME)?           </div> <div>             PREGNANCY TYPE 3 OR 5 <input type="checkbox"/>              b) Has your menstrual period returned since the pregnancy that ended in (DATE FROM 406)?           </div> </div>	YES ..... 1 NO ..... 2																									
477	CHECK 232: IS RESPONDENT PREGNANT? <div style="display: flex; justify-content: space-around;"> <span>NOT PREGNANT <input type="checkbox"/></span> <span>PREGNANT OR UNSURE <input type="checkbox"/> → 479</span> </div>																										
478	CHECK 405: <div style="display: flex; justify-content: space-around;"> <div>             PREGNANCY TYPE 1 <input type="checkbox"/>              a) Have you had sexual intercourse since the birth of (NAME)?           </div> <div>             PREGNANCY TYPE 3 OR 5 <input type="checkbox"/>              b) Have you had sexual intercourse since the pregnancy that ended in (DATE FROM 406)?           </div> </div>	YES ..... 1 NO ..... 2																									
479	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH ..... 1 MOST RECENT STILLBIRTH ..... 3 MISCARRIAGE/ABORTION ..... 5	<input type="checkbox"/> → 488																								
480	Did you ever breastfeed (NAME)?	YES ..... 1 NO ..... 2	→ 482																								
481	CHECK 405: PREGNANCY OUTCOME TYPE	<div style="display: flex; justify-content: space-around;"> <span>PRIOR LIVE BIRTH <input type="checkbox"/></span> <span>MOST RECENT LIVE BIRTH <input type="checkbox"/></span> </div>	→ 483																								
482	CHECK 224 FOR CHILD:	<div style="display: flex; justify-content: space-around;"> <span>LIVING <input type="checkbox"/></span> <span>DEAD <input type="checkbox"/></span> </div>	→ 487 → 488																								



SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>					
483	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></table> DAYS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>					
484	In the first 2 days after delivery, was (NAME) given anything other than breast milk to eat or drink – anything at all like water, infant formula?	YES ..... 1 NO ..... 2					
485	CHECK 224 FOR CHILD:  LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> → 488						
486	Are you still breastfeeding (NAME)?	YES ..... 1 NO ..... 2					
487	Did (NAME) drink anything from a bottle with a nipple yesterday during the day or at night?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8					
488	CHECK 402: ANY MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY?  MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> (GO TO 404 FOR THE NEXT PREGNANCY OUTCOME) ←  NO MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE <input type="checkbox"/> → 501						

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 220, 224 AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY?  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">                     ONE OR MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY                     <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div> </div> <div style="text-align: center;">                     NO SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY                     <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div> </div> </div>	<div style="display: flex; justify-content: space-between;"> <span></span> <span>→ 601</span> </div>	
502	Now I would like to ask some questions about vaccinations received by your children born in the last 3 years. (We will talk about each separately, starting with the youngest.)		
503	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 215 AND 218 OF THE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE.  NAME OF CHILD _____ PREGNANCY HISTORY NUMBER .. <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>		
504	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A YELLOW CARD ..... 1 YES, HAS ONLY ANOTHER DOCUMENT ..... 2 YES, HAS YELLOW CARD AND OTHER DOCUMENT ..... 3 NO, NO YELLOW CARD AND NO OTHER DOCUMENT ..... 4	→ 507 → 507
505	Did you ever have a vaccination card (yellow card) for (NAME)?	YES ..... 1 NO ..... 2	
506	CHECK 504:  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> CODE '2' CIRCLED <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div> </div> <div style="text-align: center;"> CODE '4' CIRCLED <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div> </div> </div>	<div style="display: flex; justify-content: space-between;"> <span></span> <span>→ 513</span> </div>	
507	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	→ 513
508	RECORD (NAME'S) DATE OF BIRTH FROM THE VACCINATION CARD OR OTHER DOCUMENT.	<div style="display: flex; justify-content: space-between;"> <div> DAY .....  MONTH .....  YEAR ..... </div> <div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> </div> </div> DATE OF BIRTH NOT ON CARD ..... 95	

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																
	NAME OF LIVE BIRTH _____ PREGNANCY HISTORY NUMBER . . . . .	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>																																																																	
509	<p>COPY VACCINATION DATES FROM THE CARD FOR (NAME).  RECORD '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.  RECORD '00' IN 'DAY' COLUMN IF CARD IS BLANK FOR THE DOSE.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">DAY</th> <th style="text-align: center;">MONTH</th> <th style="text-align: center;">YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>HEPATITIS B AT BIRTH</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 1</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 2</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 3</td><td></td><td></td><td></td></tr> <tr><td>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>MEASLES-RUBELLA 1</td><td></td><td></td><td></td></tr> <tr><td>MEASLES-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				HEPATITIS B AT BIRTH				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				MEASLES-RUBELLA 1				MEASLES-RUBELLA 2				VITAMIN A (MOST RECENT)					
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510	<p>ASK THE RESPONDENT FOR PERMISSION TO PHOTOGRAPH VACCINATION CARD OR OTHER DOCUMENT WHERE VACCINATIONS ARE WRITTEN. IF PERMISSION IS GRANTED, PHOTOGRAPH CARD.</p>	<p>PHOTOGRAPH TAKEN . . . . . 1  PHOTOGRAPH NOT TAKEN,  PERMISSION NOT RECEIVED . . . . . 2  PHOTOGRAPH NOT TAKEN,  OTHER REASON _____ 6  (SPECIFY)</p>																																																																	
511	<p>CHECK 509: 'BCG' TO '[MEASLES CONTAINING VACCINE] 2' ALL HAVE A DATE RECORDED OR '44' RECORDED IN THE 'DAY' COLUMN?  NO <input type="checkbox"/></p>	<p>YES <input type="checkbox"/> → 529</p>																																																																	

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER . . . . . <input type="text"/> <input type="text"/>	
512	<p>In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 509 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN</p>	<p>YES . . . . . 1 (USE THE LIST SHOWN IN CAPI TO SELECT THE OTHER VACCINATIONS GIVEN. NOTE THAT CAPI WILL CHANGE THE ANSWER IN 509 IN THE 'DAY' COLUMN FROM '00' TO '66' FOR THE SELECTED VACCINATIONS.) (THEN SKIP TO 529)</p> <p>NO . . . . . 2</p> <p>DON'T KNOW . . . . . 8</p>	
512A	<p>CHECK 509: ANY VACCINATIONS RECORDED ON THE CARD?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>SKIP TO 529 ←</p>		→ 530
513	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns?	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p> <p>DON'T KNOW . . . . . 8</p>	→ 530
514	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p> <p>DON'T KNOW . . . . . 8</p>	
515	At or soon after birth, did (NAME) receive a Hepatitis B vaccination, that is, an injection in the thigh to prevent Hepatitis B?	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p> <p>DON'T KNOW . . . . . 8</p>	→ 517
516	Did (NAME) receive it within 24 hours of birth?	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p> <p>DON'T KNOW . . . . . 8</p>	
517	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p> <p>DON'T KNOW . . . . . 8</p>	→ 521
518	Did (NAME) receive the first oral polio vaccine at around 6 weeks after birth or later?	<p>6 WEEK AFTER BIRTH . . . . . 1</p> <p>LATER . . . . . 2</p>	
519	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES . . . . . <input type="text"/>	
520	The last time (NAME) received the polio drops, did (NAME) also get an IPV(In injection in the arm to protect against polio?	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p> <p>DON'T KNOW . . . . . 8</p>	
521	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p> <p>DON'T KNOW . . . . . 8</p>	→ 523
522	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES . . . . . <input type="text"/>	
523	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia?	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p> <p>DON'T KNOW . . . . . 8</p>	→ 527

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER ..... <input type="text"/> <input type="text"/>	
524	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
527	Has (NAME) ever received a measles-rubella (MR) vaccination, that is, an injection in the arm to prevent measles-rubella?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 529
528	How many times did (NAME) receive the measles-rubella (MR) vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
529	Where did (NAME) receive most of his/her vaccinations?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	<b>PUBLIC SECTOR</b> NATIONAL HOSPITAL ..... 11 PROVINCIAL HOSPITAL ..... 12 REFERENCE HOSPITAL ..... 13 HEALTH CENTER ..... 14 HEALTH POST ..... 15 FAMILY CLINIC ..... 16 PUBLIC MOBILE CLINIC ..... 17 OTHER PUBLIC SECTOR ..... 18 _____ (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL ..... 21 PRIVATE CLINIC ..... 22 CONSULTATION AND TREATMENT ..... 23 GENERAL CARE ROOM ..... 24 CONSULTATION PRENATAL ..... 25 MOBILE CLINIC ..... 26 OTHER PRIVATE MEDICAL SECTOR ..... 27 _____ (SPECIFY)  <b>NGO MEDICAL SECTOR</b> NGO HOSPITAL ..... 31 NGO CLINIC ..... 32 OTHER NGO MEDICAL SECTOR ..... 36 _____ (SPECIFY)  OTHER ..... 96 _____ (SPECIFY)  DON'T KNOW ..... 98	
530	CHECK 220 AND 224 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY?  MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> (GO TO 503 FOR THE NEXT SURVIVING CHILD) ←	NO MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	<input type="checkbox"/> → 601

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
601	CHECK 220, 224, AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY?  ONE OR MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE <input type="checkbox"/>	NO SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/> → 643																	
602	Now I would like to ask some questions about the health of your children born in the last 5 years. (We will talk about each separately, starting with the youngest.)																		
603	RECORD THE NAME FROM 218 AND PREGNANCY HISTORY NUMBER FROM 215 OF THE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE.  NAME OF CHILD _____ PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>																		
604	In the last 12 months, was (NAME) given any of the following: a) Iron tablets or syrup? b) REMAQS  SHOW COMMON TYPES OF TABLETS/SYRUPS/MULTIPLE MICRONUTRIENT POWDERS.	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) TABLETS/SYRUP .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) REMAQS POWDER] .....</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) TABLETS/SYRUP .....	1	2	8	b) REMAQS POWDER] .....	1	2	8					
	YES	NO	DK																
a) TABLETS/SYRUP .....	1	2	8																
b) REMAQS POWDER] .....	1	2	8																
605	In the last 6 months, was (NAME) given a vitamin A dose like [this/any of these]?  SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	<table> <tbody> <tr> <td>YES .....</td> <td>1</td> </tr> <tr> <td>NO .....</td> <td>2</td> </tr> <tr> <td>DON'T KNOW .....</td> <td>8</td> </tr> </tbody> </table>	YES .....	1	NO .....	2	DON'T KNOW .....	8											
YES .....	1																		
NO .....	2																		
DON'T KNOW .....	8																		
606	In the last 6 months, was (NAME) given any medicine for intestinal worms?	<table> <tbody> <tr> <td>YES .....</td> <td>1</td> </tr> <tr> <td>NO .....</td> <td>2</td> </tr> <tr> <td>DON'T KNOW .....</td> <td>8</td> </tr> </tbody> </table>	YES .....	1	NO .....	2	DON'T KNOW .....	8											
YES .....	1																		
NO .....	2																		
DON'T KNOW .....	8																		
607	In the last 3 months, has any healthcare provider measured: a) (NAME)'s weight? b) (NAME)'s length or height? c) Around (NAME)'s upper arm?	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) WEIGHT .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) LENGTH/HEIGHT .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) UPPER ARM .....</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) WEIGHT .....	1	2	8	b) LENGTH/HEIGHT .....	1	2	8	c) UPPER ARM .....	1	2	8	
	YES	NO	DK																
a) WEIGHT .....	1	2	8																
b) LENGTH/HEIGHT .....	1	2	8																
c) UPPER ARM .....	1	2	8																
608	Has (NAME) had diarrhea in the last 2 weeks?	<table> <tbody> <tr> <td>YES .....</td> <td>1</td> </tr> <tr> <td>NO .....</td> <td>2</td> </tr> <tr> <td>DON'T KNOW .....</td> <td>8</td> </tr> </tbody> </table>	YES .....	1	NO .....	2	DON'T KNOW .....	8	<input type="checkbox"/> → 618										
YES .....	1																		
NO .....	2																		
DON'T KNOW .....	8																		

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER . . . . . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
609	<p>CHECK 486: CURRENTLY BREASTFEEDING?</p> <p>YES <input type="checkbox"/>      NO/NOT <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</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>	<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>			
611	<p>Did you seek advice or treatment for the diarrhea from any source?</p>	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p>	→ 615		

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER.....																						
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, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p><b>PUBLIC SECTOR</b></p> <p>NATIONAL HOSPITAL ..... A</p> <p>PROVINCIAL HOSPITAL ..... B</p> <p>REFERENCE HOSPITAL ..... C</p> <p>HEALTH CENTER ..... D</p> <p>HEALTH POST ..... E</p> <p>FAMILY CLINIC ..... F</p> <p>PUBLIC MOBILE CLINIC ..... G</p> <p>OTHER PUBLIC SECTOR ..... H</p> <p>_____ (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... I</p> <p>PRIVATE CLINIC ..... J</p> <p>CONSULTATION AND TREATMENT ..... K</p> <p>GENERAL CARE ROOM ..... L</p> <p>CONSULTATION PRENATAL ..... M</p> <p>MOBILE CLINIC ..... N</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... O</p> <p>_____ (SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL ..... P</p> <p>NGO CLINIC ..... Q</p> <p>OTHER NGO MEDICAL SECTOR ..... R</p> <p>_____ (SPECIFY)</p> <p>OTHER ..... Y</p> <p>_____ (SPECIFY)</p> <p>DON'T KNOW ..... X</p>																						
613	<p>CHECK 612:</p> <p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/> → 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>																						
615	<p>Was (NAME) given any of the following at any time since (NAME) started having the diarrhea:</p> <p>a) A fluid made from a special packet called ORALITE</p> <p>b) ORALITE or other pre-packaged ORS liquid?</p> <p>c) Zinc tablets or syrup?</p> <p>d) Homemade fluid</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) FLUID FROM ORS PACKET ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) ORS LIQUID .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) ZINC .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) HOMEMADE FLUID .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) FLUID FROM ORS PACKET ..	1	2	8	b) ORS LIQUID .....	1	2	8	c) ZINC .....	1	2	8	d) HOMEMADE FLUID .....	1	2	8		
	YES	NO	DK																					
a) FLUID FROM ORS PACKET ..	1	2	8																					
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d) HOMEMADE FLUID .....	1	2	8																					



SECTION 6. CHILD HEALTH AND NUTRITION

NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER ..... <span style="border: 1px solid black; padding: 2px 10px;">  </span> <span style="border: 1px solid black; padding: 2px 10px;">  </span>	
616	CHECK 615: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">             ANY 'YES' <input type="checkbox"/>              a) Was anything else given to treat the diarrhea?           </div> <div style="width: 45%;">             ALL 'NO' OR 'DK' <input type="checkbox"/>              b) Was anything given to treat the diarrhea?           </div> </div>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 618
617	CHECK 615: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">             ANY 'YES' <input type="checkbox"/>              a) What else was given to treat the diarrhea?           </div> <div style="width: 45%;">             ALL 'NO' OR 'DK' <input type="checkbox"/>              b) What was given to treat the diarrhea?           </div> </div> RECORD ALL TREATMENTS GIVEN.	<b>PILL OR SYRUP</b> ANTIBIOTIC ..... A ANTIMOTILITY ..... B OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) ..... C UNKNOWN PILL OR SYRUP ..... D  <b>INJECTION</b> ANTIBIOTIC ..... E NON-ANTIBIOTIC ..... F UNKNOWN INJECTION ..... G  (IV) INTRAVENOUS ..... H HOME REMEDY/HERBAL MEDICINE ..... I OTHER _____ X <div style="text-align: center;">(SPECIFY)</div>	
618	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 621
619	At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
620	Were you told by a healthcare provider that (NAME) had malaria?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
621	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
622	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 624
623	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 <div style="text-align: center;">(SPECIFY)</div> DON'T KNOW ..... 8	→ 625
624	CHECK 618: HAD FEVER? <div style="display: flex; justify-content: space-around;">             YES <input type="checkbox"/>             NO OR DON'T KNOW <input type="checkbox"/> </div>		→ 634
625	Did you seek advice or treatment for the illness from any source?	YES ..... 1 NO ..... 2	→ 630

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER . . . . . <input type="text"/> <input type="text"/>	
626	<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, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p><b>PUBLIC SECTOR</b></p> <p>NATIONAL HOSPITAL . . . . . A</p> <p>PROVINCIAL HOSPITAL . . . . . B</p> <p>REFERENCE HOSPITAL . . . . . C</p> <p>HEALTH CENTER . . . . . D</p> <p>HEALTH POST . . . . . E</p> <p>FAMILY CLINIC . . . . . F</p> <p>PUBLIC MOBILE CLINIC . . . . . G</p> <p>OTHER PUBLIC SECTOR . . . . . H</p> <p>_____ (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL . . . . . I</p> <p>PRIVATE CLINIC . . . . . J</p> <p>CONSULTATION AND TREATMEI . . . . . K</p> <p>GENERAL CARE ROOM . . . . . L</p> <p>CONSULTATION PRENATAL . . . . . M</p> <p>MOBILE CLINIC . . . . . N</p> <p>OTHER PRIVATE MEDICAL SECTOR . . . . . O</p> <p>_____ (SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL . . . . . P</p> <p>NGO CLINIC . . . . . Q</p> <p>OTHER NGO MEDICAL SECTOR . . . . . R</p> <p>_____ (SPECIFY)</p> <p>OTHER _____ Y</p> <p>_____ (SPECIFY)</p> <p>DON'T KNOW . . . . . X</p>	
627	<p>CHECK 626:</p> <p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/> → 629</p>		
628	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 626.</p>	<p>FIRST PLACE . . . . . <input type="text"/></p>	
629	<p>How many days after the illness began did you first seek advice or treatment for (NAME)?</p> <p>IF THE SAME DAY RECORD '00'.</p>	<p>DAYS . . . . . <input type="text"/> <input type="text"/></p>	
630	<p>At any time during the illness, did (NAME) take any medicine for the illness?</p>	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p> <p>DON'T KNOW . . . . . 8</p>	<p>→ 634</p>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER . . . . . <input type="text"/> <input type="text"/>	
631	<p>What medicine did (NAME) take?</p> <p>Any other medicine?</p> <p>RECORD ALL MENTIONED.</p> <p>IF MEDICINE NOT KNOWN, ASK TO SEE THE PACKAGE OR PRESCRIPTION.</p>	<p><b>ANTIMALARIAL MEDICINE</b></p> <p>ARTEMISININ COMBINATION THERAPY (ACT) . . . . . A</p> <p>SP/FANSIDAR . . . . . B</p> <p>CHLOROQUINE . . . . . C</p> <p>AMODIAQUINE . . . . . D</p> <p>QUININE PILLS . . . . . E</p> <p>INJECTION/IV . . . . . F</p> <p>ARTESUNATE RECTAL . . . . . G</p> <p>INJECTION/IV . . . . . H</p> <p>OTHER ANTIMALARIAL _____ I</p> <p align="center">(SPECIFY)</p> <p><b>ANTIBIOTIC MEDICINE</b></p> <p>AMOXICILLIN . . . . . J</p> <p>COTRIMOXAZOLE . . . . . K</p> <p>OTHER PILL/SYRUP . . . . . L</p> <p>OTHER INJECTION/IV . . . . . M</p> <p><b>OTHER MEDICINE</b></p> <p>ASPIRIN . . . . . N</p> <p>PARACETAMOL/PANADOL/ACETAMINOPHEN . . . . . O</p> <p>IBUPROFEN . . . . . P</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW . . . . . Z</p>	
634	<p>CHECK 220 AND 224 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY?</p> <p>MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p> <p>(GO TO 603 FOR THE NEXT SURVIVING CHILD) ←</p>	<p>NO MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p> <p>→ 635</p>	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
635	<p>CHECK 220 AND 226, ALL ROWS: NUMBER OF CHILDREN BORN 0-23 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT</p> <p align="center">ONE OR MORE <input type="checkbox"/>      NONE <input type="checkbox"/></p> <p align="center">↓</p> <p>_____</p> <p align="center">(NAME OF YOUNGEST CHILD LIVING WITH HER)</p> <p align="center">↓</p>		→ 643
636	<p>Now I would like to ask you about liquids that (NAME FROM 635) had yesterday during the day or at night. Please tell me about all drinks, whether (NAME) had them at home, or somewhere else. Yesterday during the day or at night, did (NAME) drink:</p>		
	<p>a) Plain water?</p>	<p align="center">YES      NO      DK</p> <p>a) ..... 1      2      8</p>	
	<p>b) Infant formula or powdered milks such as France Bebe, Dumex, Similax, or Nutrilatt?</p> <p>IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>b) ..... 1      2      8</p> <p>NUMBER OF TIMES DRANK FORMULA <input type="text"/> 8</p>	
	<p>c) Milk such as tinned, powdered, or fresh animal milk?</p> <p>IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.</p> <p>IF YES: Was the milk a sweet or flavored type of milk?</p>	<p>c) ..... 1      2      8</p> <p>NUMBER OF TIMES DRANK MILK <input type="text"/> 8</p> <p>SWEET/ FLAVORED .... 1      2      8</p>	
	<p>d) Yogurt drinks?</p> <p>IF YES: How many times did (NAME) drink yogurt? IF 7 OR MORE TIMES, RECORD '7'.</p> <p>IF YES: Was the yogurt drink a sweet or flavored type of yogurt drink?</p>	<p>c) ..... 1      2      8</p> <p>NUMBER OF TIMES DRANK YOGURT <input type="text"/> 8</p> <p>SWEET/ FLAVORED .... 1      2      8</p>	
	<p>e) Soymilk, Lactasoy, or green bean milk?</p> <p>IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.</p> <p>IF YES: Was the milk a sweet or flavored type of milk?</p>	<p>d) ..... 1      2      8</p> <p>NUMBER OF TIMES DRANK MILK <input type="text"/> 8</p> <p>SWEET/ FLAVORED .... 1      2      8</p>	
	f) Condensed milk?	e) ..... 1      2      8	
	g) Fruit juice, fruit drink, sugarcane juice (tuk ampov),	f) ..... 1      2      8	
	h) Soft drinks like Coca Cola, Fanta, Sprite, Pepsi, Bacchus, or M-150?	g) ..... 1      2      8	
	i) Tea?	h) ..... 1      2      8	
	IF YES: Was the drink sweetened?	SWEETENED . . 1      2      8	
	j) Clear broth or clear soup?	i) ..... 1      2      8	
	k) Any other liquids?	j) ..... 1      2      8	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
	<p>IF YES: What was the drink?</p> <p>Was the drink sweetened?</p>	<p>OTHER DRINK(S) _____ (SPECIFY)</p> <p>SWEETENED . . 1                      2                      8</p>			
637	<p>Now I would like to ask you about foods that (NAME) had yesterday during the day or at night. I am interested in foods your child ate whether at home or somewhere else.</p> <p>I will ask you about different types of foods, and I would like to know whether your child ate the food even if it was combined with other foods.</p> <p>Please do not answer 'yes' for any food or ingredient used in a small amount to add flavor to a dish.</p> <p>Yesterday during the day or at night, did (NAME) eat:</p> <p>a) Yogurt, other than yogurt drinks?</p> <p>IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.</p>	<p align="center">YES                      NO                      DK</p> <p>a) ..... 1                      2                      8</p> <p>NUMBER OF TIMES <input type="text"/> ATE YOGURT 8</p>			
	b) Bobor krub kroeng or other porridge, rice, Khmer rice pancake (num banh chhev), glass noodles (kuy teav), bread, Khmer noodle (num banhchok), or corn?	b) ..... 1	2	8	
	c) Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	c) ..... 1	2	8	
	d) Potato (damlong barain), cassava (damlong cheu), white or purple sweet potato (damlong chvea), cassava noodle (damlong mi), taro, local potato (damlong daikla), or green banana?	d) ..... 1	2	8	
	e) Ivy gourd leaves (slek bas), moringa leaves (slek m'rom), green amaranth (slek pty), morning glory, bok choy (speytteu), mustard greens, or pumpkin	e) ..... 1	2	8	
	f) Sweet leaf bush (slek ngob), cassava leaves, spinach, tree spinach (chaya), kale, or wild greens (slek prech)?	c) ..... 1	2	8	
	g) Any other vegetables, such as tomato, eggplant, cauliflower (pakakhatna), winter melon (tra lach),	f) ..... 1	2	8	
	h) Ripe mango, ripe papaya, or passion fruit?	g) ..... 1	2	8	
	i) Any other fruits, such as banana, orange, watermelon, rambutan, durian, or other fruit?	h) ..... 1	2	8	
	j) Liver, kidney, heart, lung, or blood?	i) ..... 1	2	8	
	k) Sausage or ham?	j) ..... 1	2	8	

**SECTION 6. CHILD HEALTH AND NUTRITION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	l) Any other meat, such as beef, buffalo, pork, frog, wild animal, chicken, or duck?	k) ..... 1                      2                      8	
	m) Duck eggs or chicken eggs?	l) ..... 1                      2                      8	
	n) Fish (trey), seafood, eel, small shrimp (kompers),	m) ..... 1                      2                      8	
	o) Sandek, sunflower seed, pumpkin seed, or watermelon seed?	n) ..... 1                      2                      8	
	p) Western cheese	o) ..... 1                      2                      8	
	q) Cricket, bug bacon, cockroach, snail, spider, termite, or grasshopper?	o) ..... 1                      2                      8	
	r) Any sweets (bang em) such as cake, dessert soup, cookies, sweet popcorn, candy (skar krop), chocolate, or ice cream?	p) ..... 1                      2                      8	
	s) Chips, French fries, or noodles such as Mama?	q) ..... 1                      2                      8	
	t) Any other solid, semi-solid, or soft food?  IF YES: What was the food?  MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'.  IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL FOOD BELONGS TO, RECORD THE NAME OF THE FOOD.	r) ..... 1                      2                      8  OTHER FOOD(S) _____ (SPECIFY)	
638	CHECK 637 (CATEGORIES 'a' THROUGH 'r'):  NOT A SINGLE 'YES' <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/>		→ 640
639	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night?  IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES ..... 1 (GO BACK TO 637 TO RECORD FOOD EATEN YESTERDAY) (THEN CONTINUE TO 640)  NO ..... 2	→ 641
640	How many times did (NAME) 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	
641	In the last 6 months, did any healthcare provider or community health worker talk with you about how or what to feed your child?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

**SECTION 6. CHILD HEALTH AND NUTRITION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
642	The last time (NAME) 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)									
643	<p>Now I'd like to ask you about foods and drinks that you ate or drank yesterday during the day or night, whether you ate it at home or somewhere else. I am interested in whether you had the food items I will mention even if they were combined with other foods. Please include snacks or small meals as well as main meals.</p> <p>Please do not answer 'yes' for any food or ingredient used in a small amount to add flavor to a dish.</p> <p>Yesterday during the day or at night, did you eat or drink:</p>										
	a) Rice, Khmer rice pancake (num banh chhev), glass noodles (kuy teav), bread, Khmer noodle (num banhchok), porridge, or corn?	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr> <td>a) .....</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	a) .....	1	2	8	
	YES	NO	DK								
a) .....	1	2	8								
	b) Carrot, pumpkin, or sweet potato that is yellow or orange inside?	<table border="0"> <tr> <td>b) .....</td><td>1</td><td>2</td><td>8</td></tr> </table>	b) .....	1	2	8					
b) .....	1	2	8								
	c) Potato (damlong barain), cassava (damlong cheu), white or purple sweet potato (damlong chvea), cassava noodle (damlong mi), taro, local potato (damlong daikla), or green banana?	<table border="0"> <tr> <td>c) .....</td><td>1</td><td>2</td><td>8</td></tr> </table>	c) .....	1	2	8					
c) .....	1	2	8								
	d) Ivy gourd leaves (slek bas), moringa leaves (slek m'rom), green amaranth (slek pty), morning glory, bok choy (speytteu), mustard greens, or pumpkin	<table border="0"> <tr> <td>d) .....</td><td>1</td><td>2</td><td>8</td></tr> </table>	d) .....	1	2	8					
d) .....	1	2	8								
	e) Sweet leaf bush (slek ngob), cassava leaves, spinach, tree spinach (chaya), kale, or wild greens (slek prech)?	<table border="0"> <tr> <td>e) .....</td><td>1</td><td>2</td><td>8</td></tr> </table>	e) .....	1	2	8					
e) .....	1	2	8								
	f) Any other vegetables, such as tomato, eggplant, cauliflower (pakakhatna), winter melon (tra lach),	<table border="0"> <tr> <td>f) .....</td><td>1</td><td>2</td><td>8</td></tr> </table>	f) .....	1	2	8					
f) .....	1	2	8								
	g) Ripe mango, ripe papaya, or passion fruit?	<table border="0"> <tr> <td>g) .....</td><td>1</td><td>2</td><td>8</td></tr> </table>	g) .....	1	2	8					
g) .....	1	2	8								
	h) Any other fruits, such as banana, orange, watermelon, rambutan, durian, or other fruit?	<table border="0"> <tr> <td>h) .....</td><td>1</td><td>2</td><td>8</td></tr> </table>	h) .....	1	2	8					
h) .....	1	2	8								
	i) Liver, kidney, heart, lung, or blood?	<table border="0"> <tr> <td>i) .....</td><td>1</td><td>2</td><td>8</td></tr> </table>	i) .....	1	2	8					
i) .....	1	2	8								
	j) Sausage or ham?	<table border="0"> <tr> <td>j) .....</td><td>1</td><td>2</td><td>8</td></tr> </table>	j) .....	1	2	8					
j) .....	1	2	8								
	k) Any other meat, such as beef, buffalo, pork, frog,	<table border="0"> <tr> <td>k) .....</td><td>1</td><td>2</td><td>8</td></tr> </table>	k) .....	1	2	8					
k) .....	1	2	8								

**SECTION 6. CHILD HEALTH AND NUTRITION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
	l) Duck eggs or chicken eggs?	l) .....	1	2	8
	m) Fish (trey), seafood, eel, small shrimp (kompers), canned fish, or fermented fish (pa'ork)?	m) .....	1	2	8
	n) Soybean, mung bean (sandek bay), pigeon pea (angkoy bean), red mung bean (sandek krohom), or soymilk?	n) .....	1	2	8
	o) Peanuts, sunflower seed, pumpkin seed, or watermelon seed?	o) .....	1	2	8
	p) Milk, milk coffee, milk tea, or yogurt?	p) .....	1	2	8
	q) Cricket, bug bacon, cockroach, snail, spider, termite, or grasshopper?	q) .....	1	2	8
	r) Any sweets (bang em) such as cake, dessert soup, cookies, sweet popcorn, candy (skar krop), chocolate, or ice cream?	r) .....	1	2	8
	s) Chips, French fries, or noodles such as Mama?	s) .....	1	2	8
	t) Fruit juice, fruit drink, sugarcane juice (tuk ampov), or fruit shake?	t) .....	1	2	8
	u) Soft drinks like Coca Cola, Fanta, Sprite, Pepsi, Bacchus, or M-150?	u) .....	1	2	8
	v) Sweetened tea, sweetened coffee, coffee frappe, chocolate frappe, or green tea frappe?	v) .....	1	2	8
	w) Any other foods?	w) .....	1	2	8
	wa) Any other food or drink?	wa) .....	1	2	8
	x) Any other food or drink?	x) .....	1	2	8
	<p>MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL DRINK OR FOOD, IF THE GROUP IS NOT YET CODED 'YES'.</p> <p>IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL DRINK OR FOOD BELONGS TO, RECORD THE NAME OF THE DRINK OR</p>				



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	→ 706 → 709
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	→ 721
703	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	
704	CHECK 702:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">                         YES, <input type="checkbox"/>                          FORMERLY MARRIED                          ↓                     </div> <div style="text-align: center;">                         YES, <input type="checkbox"/>                          LIVED WITH A MAN                          →                     </div> </div>		→ 714
705	Did you have a marriage certificate for your last marriage?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 714 → 707
706	Do you have a marriage certificate for this marriage?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 709
707	Was this marriage ever registered with the civil authority?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
708	CHECK 701:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">                         YES, <input type="checkbox"/>                          CURRENTLY MARRIED                          ↓                     </div> <div style="text-align: center;">                         NO, <input type="checkbox"/>                          NOT IN A UNION                          →                     </div> </div>		→ 714
709	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER ..... 1 STAYING ELSEWHERE ..... 2	
710	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	
714	Have you been married or lived with a man only once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	<p>CHECK 714:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> <p>a) In what month and year did you start living with your (husband/partner)?</p> </div> <div style="width: 45%;"> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>b) Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?</p> </div> </div>	<p>MONTH ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH ..... 98</p> <p>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR ..... 9998</p>	<p>→ 717</p>
716	How old were you when you first started living with him?	<p>AGE ..... <input type="text"/> <input type="text"/></p>	
717	<p>CHECK 714:</p> <div style="display: flex; justify-content: space-around;"> <p>MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> </div>		→ 721
718	<p>CHECK 701:</p> <div style="display: flex; justify-content: space-around;"> <p>YES, CURRENTLY MARRIED <input type="checkbox"/></p> <p>YES, LIVING WITH A MAN <input type="checkbox"/></p> <p>NO, <input type="checkbox"/></p> </div> <p>NOT IN A UNION</p>		→ 721
719	Now I'd like to ask you about your current (husband/partner). In what month and year did you start living with him?	<p>MONTH ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH ..... 98</p> <p>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR ..... 9998</p>	<p>→ 721</p>
720	How old were you when you first started living with your current (husband/partner)?	<p>AGE ..... <input type="text"/> <input type="text"/></p>	
721	<b>CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</b>		
722	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?	<p>NEVER HAD SEXUAL INTERCOURSE ..... 00</p> <p>AGE IN YEARS ..... <input type="text"/> <input type="text"/></p>	→ 738
723	<p>I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO ..... 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO ..... 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO ..... 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO ..... 4 <input type="text"/> <input type="text"/></p>	→ 737

## SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	CHECK 232:  <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"/> → 727 </div> </div>		
725	The last time you had sexual intercourse, did you or your partner do something or use any method to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 727
726	Which method did you use?  RECORD ALL MENTIONED.  IF CODES 'G' OR 'H' ARE CIRCLED, SKIP TO 728 EVEN IF ANOTHER METHOD WAS ALSO USED.	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	→ 728
727	The last time you had sexual intercourse, was a condom used?	YES ..... 1 NO ..... 2	→ 730
728	What is the brand name of the condom used?  IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	NAK KAPEAR ..... 01 NUMBER ONE ..... 02 OK ..... 03  OTHER ..... 96 <div style="text-align: center;">(SPECIFY)</div> DONT KNOW ..... 98	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
729	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p><b>PUBLIC SECTOR</b></p> <p>NATIONAL HOSPITAL ..... 11</p> <p>PROVINCIAL HOSPITAL ..... 12</p> <p>REFERENCE HOSPITAL ..... 13</p> <p>HEALTH CENTER ..... 14</p> <p>HEALTH POST ..... 15</p> <p>FAMILY CLINIC ..... 16</p> <p>PUBLIC MOBILE CLINIC ..... 17</p> <p>OTHER PUBLIC SECTOR ..... 18</p> <p>_____</p> <p align="center">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... 21</p> <p>PRIVATE CLINIC ..... 22</p> <p>CONSULTATION AND TREATMENT ..... 23</p> <p>GENERAL CARE ROOM ..... 24</p> <p>CONSULTATION PRENATAL ..... 25</p> <p>MOBILE CLINIC ..... 26</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 27</p> <p align="center">(SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL ..... 31</p> <p>NGO CLINIC ..... 32</p> <p>OTHER NGO MEDICAL SECTOR</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	
730	<p>What was your relationship to this person with whom you had sexual intercourse?</p> <p>IF BOYFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'.</p> <p>IF NO, RECORD '3'.</p>	<p>HUSBAND ..... 1</p> <p>LIVE-IN PARTNER ..... 2</p> <p>BOYFRIEND NOT LIVING WITH RESPONDENT ..... 3</p> <p>CASUAL ACQUAINTANCE ..... 4</p> <p>CLIENT/SEX WORKER ..... 5</p> <p>OTHER _____ 6</p> <p align="center">(SPECIFY)</p>	
731	<p>Apart from this person, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 737
732	<p>The last time you had sexual intercourse with this second person, was a condom used?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
733	<p>What was your relationship to this second person with whom you had sexual intercourse?</p> <p>IF BOYFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'. IF NO, RECORD '3'.</p>	<p>HUSBAND ..... 1</p> <p>LIVE-IN PARTNER ..... 2</p> <p>BOYFRIEND NOT LIVING WITH RESPONDENT ..... 3</p> <p>CASUAL ACQUAINTANCE ..... 4</p> <p>CLIENT/SEX WORKER ..... 5</p> <p>OTHER ..... 6 (SPECIFY)</p>													
734	<p>Apart from these two people, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 737												
735	<p>The last time you had sexual intercourse with this third person, was a condom used?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>													
736	<p>What was your relationship to this third person with whom you had sexual intercourse?</p> <p>IF BOYFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'. IF NO, RECORD '3'.</p>	<p>HUSBAND ..... 1</p> <p>LIVE-IN PARTNER ..... 2</p> <p>BOYFRIEND NOT LIVING WITH RESPONDENT ..... 3</p> <p>CASUAL ACQUAINTANCE ..... 4</p> <p>CLIENT/SEX WORKER ..... 5</p> <p>OTHER ..... 6 (SPECIFY)</p>													
737	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.</p>	<p>NUMBER OF PARTNERS IN LIFETIME ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>													
738	<p>PRESENCE OF OTHERS DURING THIS SECTION.</p>	<table> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>CHILDREN &lt;10</td><td>1</td><td>2</td></tr> <tr> <td>MALE ADULTS</td><td>1</td><td>2</td></tr> <tr> <td>FEMALE ADULTS</td><td>1</td><td>2</td></tr> </table>		YES	NO	CHILDREN <10	1	2	MALE ADULTS	1	2	FEMALE ADULTS	1	2	
	YES	NO													
CHILDREN <10	1	2													
MALE ADULTS	1	2													
FEMALE ADULTS	1	2													

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 307: <div> NOT ASKED <input type="checkbox"/> NEITHER ARE STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/> </div>		→ 813
802	CHECK 232: <div> PREGNANT <input type="checkbox"/> NOT PREGNANT OR UNSURE <input type="checkbox"/> </div>		→ 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 232: <div> NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> </div> <div> a) How long would you like to wait from now before the birth of (a/another) child?  b) After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? </div>	MONTHS ..... 1 YEARS ..... 2 SOON/NOW ..... 993 SAYS SHE CAN'T GET PREGNANT ..... 994 AFTER MARRIAGE ..... 995 OTHER ..... 996 DON'T KNOW ..... 998	→ 811 → 813 → 811
806	CHECK 232: <div> NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> </div>		→ 812
807	CHECK 307: USING A CONTRACEPTIVE METHOD? <div> NOT ASKED <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/> </div>		→ 813
808	CHECK 805: <div> '24' OR MORE MONTHS OR '02' OR MORE YEARS <input type="checkbox"/> NOT ASKED <input type="checkbox"/> '00-23' MONTHS OR '00-01' YEAR <input type="checkbox"/> </div>		→ 812
809	CHECK 723: <div> DAYS, WEEKS OR MONTHS AGO <input type="checkbox"/> YEARS AGO <input type="checkbox"/> NOT ASKED <input type="checkbox"/> </div>		→ 811 → 811

**SECTION 8. FERTILITY PREFERENCES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	<p>CHECK 804:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>WANTS TO HAVE <input type="checkbox"/> A/ANOTHER CHILD</p> <p>a) You have said that you do not want (a/another) child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> </div> <div style="width: 45%;"> <p>WANTS NO MORE/ <input type="checkbox"/> NONE</p> <p>b) You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> </div> </div> <p align="center">RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED ..... A</p> <p><b>FERTILITY-RELATED REASONS</b></p> <p>NOT HAVING SEX ..... B</p> <p>INFREQUENT SEX ..... C</p> <p>MENOPAUSAL/HYSTERECTOMY ..... D</p> <p>CAN'T GET PREGNANT ..... E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH ..... F</p> <p>BREASTFEEDING ..... G</p> <p>UP TO GOD/FATALISTIC ..... H</p> <p><b>OPPOSITION TO USE</b></p> <p>RESPONDENT OPPOSED ..... I</p> <p>HUSBAND/PARTNER OPPOSED ..... J</p> <p>OTHERS OPPOSED ..... K</p> <p>RELIGIOUS PROHIBITION ..... L</p> <p><b>LACK OF KNOWLEDGE</b></p> <p>KNOWS NO METHOD ..... M</p> <p>KNOWS NO SOURCE ..... N</p> <p><b>METHOD-RELATED REASONS</b></p> <p>INCONVENIENT TO USE ..... O</p> <p>CHANGES IN MENSTRUAL BLEEDING ..... P</p> <p>METHODS COULD CAUSE INFERTILITY ..... Q</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES ..... R</p> <p>OTHER SIDE EFFECTS ..... S</p> <p><b>COST/ACCESS/AVAILABILITY</b></p> <p>LACK OF ACCESS/TOO FAR ..... T</p> <p>COSTS TOO MUCH ..... U</p> <p>PREFERRED METHOD NOT AVAILABLE ..... V</p> <p>NO METHOD AVAILABLE ..... W</p> <p>OTHER ..... X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
811	<p>CHECK 307: USING A CONTRACEPTIVE METHOD?</p> <div style="display: flex; justify-content: space-between; align-items: center;"> <p>NOT <input type="checkbox"/> ASKED</p> <p>YES, <input type="checkbox"/> CURRENTLY USING</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 224:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HAS LIVING <input type="checkbox"/> CHILDREN</p> <p>a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p align="center">PROBE FOR A NUMERIC RESPONSE.</p> </div> <div style="width: 45%;"> <p>NO LIVING <input type="checkbox"/> CHILDREN</p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> </div>	<p>NONE ..... 00</p> <p>NUMBER ..... <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p>	<p>815</p> <p>815</p>
814	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?</p>	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <span>BOYS</span> <span>GIRLS</span> <span>EITHER</span> </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 ..... 96</p> <p align="center">(SPECIFY)</p>	

## SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
815	In the last 12 months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Received a voice or text message about family planning on a mobile phone? e) Seen anything about family planning on social media such as Facebook, Twitter, or Instagram? f) Seen anything about family planning on a poster, leaflet or brochure? g) Seen anything about family planning on an outdoor sign or billboard? h) Heard anything about family planning at community meetings or events?	<div style="text-align: right;">YES NO</div> a) RADIO ..... 1 2 b) TELEVISION ..... 1 2 c) NEWSPAPER OR MAGAZINE ..... 1 2 d) MOBILE PHONE ..... 1 2 e) FACEBOOK/TWITTER/ INSTAGRAM ..... 1 2 f) POSTER/LEAFLET/BROCHURE ..... 1 2 g) OUTDOOR SIGN/BILLBOARD ..... 1 2 h) COMMUNITY MEETINGS/EVENTS .. 1 2	
816	OPTIONAL COUNTRY-SPECIFIC QUESTIONS ON MEDIA MESSAGES ABOUT FAMILY PLANNING.		
817	CHECK 701:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             YES, <input type="checkbox"/>              CURRENTLY              MARRIED           </div> <div style="text-align: center;">             YES, <input type="checkbox"/>              LIVING              WITH A MAN           </div> <div style="text-align: center;">             NO, <input type="checkbox"/>              NOT IN A UNION           </div> </div>		→ 901
818	Who usually makes the decision on whether or not you should use contraception, 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 <div style="text-align: center;">(SPECIFY)</div>	<div style="display: flex; align-items: center;"> <input type="checkbox"/> → 820   <input type="checkbox"/> → 820         </div>
819	When making this decision with your (husband/partner), would you say that your opinion is more important, equally important, or less important than your (husband's/partner's) opinion?	MORE IMPORTANT ..... 1 EQUALLY IMPORTANT ..... 2 LESS IMPORTANT ..... 3	
820	Has your husband/partner or any other family member ever tried to pressure you to become pregnant when you did not want to become pregnant?	YES ..... 1 NO ..... 2	
821	CHECK 307:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             NOT ASKED <input type="checkbox"/>              ↓           </div> <div style="text-align: center;">             NEITHER ARE              STERILIZED <input type="checkbox"/>              ↓           </div> <div style="text-align: center;">             HE OR SHE ARE <input type="checkbox"/>              STERILIZED           </div> </div>		→ 901
822	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER ..... 1 MORE CHILDREN ..... 2 FEWER CHILDREN ..... 3 DON'T KNOW ..... 8	



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

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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
915	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR ..... 1 SEASONALLY/PART OF THE YEAR ..... 2 ONCE IN A WHILE ..... 3	
916	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY ..... 1 CASH AND KIND ..... 2 IN KIND ONLY ..... 3 NOT PAID ..... 4	
917	CHECK 701:  CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/> → 925		
918	CHECK 916:  CODE '1' OR '2' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/> → 921		
919	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ..... 3  OTHER _____ 6 (SPECIFY)	
920	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM ..... 1 LESS THAN HIM ..... 2 ABOUT THE SAME ..... 3 HUSBAND/PARTNER HAS NO EARNINGS ..... 4 DON'T KNOW ..... 8	→ 922
921	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ..... 3 HUSBAND/PARTNER HAS NO EARNINGS ..... 4  OTHER _____ 6 (SPECIFY)	
922	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ..... 3 SOMEONE ELSE ..... 4 OTHER ..... 6	
923	Who usually makes decisions about making major household purchases?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ..... 3 SOMEONE ELSE ..... 4 OTHER ..... 6	
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	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																												
925	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY ..... 01 JOINTLY WITH HUSBAND/PARTNER ONLY ..... 02 JOINTLY WITH SOMEONE ELSE ONLY ..... 03 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE ..... 04 BOTH ALONE AND JOINTLY ..... 05 DOES NOT OWN ..... 06	→ 928																																												
926	Do you have a title deed or other government recognized document for any house you own?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 928																																												
927	Is your name on this document?	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 ..... 01 JOINTLY WITH HUSBAND/PARTNER ONLY ..... 02 JOINTLY WITH SOMEONE ELSE ONLY ..... 03 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE ..... 04 BOTH ALONE AND JOINTLY ..... 05 DOES NOT OWN ..... 06	→ 931																																												
929	Do you have a title deed or other government recognized document for any land you own?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 931																																												
930	Is your name on this document?	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 &lt; 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																									
	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																																												
932	In your opinion, is a husband justified in hitting or beating his wife in the following situations:	<table> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> <tr> <td>a) If she goes out without telling him?</td><td></td><td></td><td></td></tr> <tr> <td>a) GOES OUT .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) If she neglects the children?</td><td></td><td></td><td></td></tr> <tr> <td>b) NEGLECTS CHILDREN ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) If she argues with him?</td><td></td><td></td><td></td></tr> <tr> <td>c) ARGUES .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) If she refuses to have sex with him?</td><td></td><td></td><td></td></tr> <tr> <td>d) REFUSES SEX .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) If she burns the food?</td><td></td><td></td><td></td></tr> <tr> <td>e) BURNS FOOD .....</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	a) If she goes out without telling him?				a) GOES OUT .....	1	2	8	b) If she neglects the children?				b) NEGLECTS CHILDREN ..	1	2	8	c) If she argues with him?				c) ARGUES .....	1	2	8	d) If she refuses to have sex with him?				d) REFUSES SEX .....	1	2	8	e) If she burns the food?				e) BURNS FOOD .....	1	2	8	
	YES	NO	DK																																												
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e) BURNS FOOD .....	1	2	8																																												

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1000	Now I would like to talk about HIV and AIDS.		
1001	Have you ever heard of HIV or AIDS?	YES ..... 1 NO ..... 2	→ 1040
1002	CHECK 111: AGE <div style="display: flex; justify-content: space-around; align-items: center;"> <div>15-24 YEARS <input type="checkbox"/></div> <div>25 YEARS OR OLDER <input type="checkbox"/></div> </div>		→ 1008
1003	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	
1004	Can people get HIV from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1005	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	
1006	Can people get HIV by sharing food with a person who has HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1007	Is it possible for a healthy-looking person to have HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1008	Have you heard of ARVs, that is, antiretroviral medicines that treat HIV?	YES ..... 1 NO ..... 2	
1009	Are there any special medicines 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	
1009A	Are there any medicine to be taken within 72 hours to reduce chance of getting infected after HIV exposure, e/g after being raped, needle prick injury for health care workers?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1010	Have you heard of PrEP, a medicine taken daily that can prevent a person from getting HIV?	YES ..... 1 NO ..... 2	→ 1012
1011	Do you approve of people who take a pill every day to prevent getting HIV?	YES ..... 1 NO ..... 2 DON'T KNOW/NOT SURE/DEPENDS ..... 8	
1012	CHECK 220 AND 223: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>               LAST LIVE BIRTH 0-23 MONTHS BEFORE THE SURVEY <input type="checkbox"/> </div> <div>               NO LIVE BIRTHS <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div>               LAST LIVE BIRTH 24 MONTHS OR MORE BEFORE THE SURVEY <input type="checkbox"/> </div> <div>               NO LIVE BIRTHS <input type="checkbox"/> </div> </div>		→ 1024
1013	CHECK 412 FOR LAST LIVE BIRTH ('TYPE 1'): <div style="display: flex; justify-content: space-around; align-items: center;"> <div>               HAD ANTENATAL CARE <input type="checkbox"/> </div> <div>               NO ANTENATAL CARE <input type="checkbox"/> </div> </div>		→ 1018
1014	<b>CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</b>		
1015	Were you tested for HIV as part of your antenatal care while you were pregnant with (NAME)?	YES ..... 1 NO ..... 2	→ 1018

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1016	Where was the test done?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	<b>PUBLIC SECTOR</b> NATIONAL HOSPITAL ..... 11 PROVINCIAL HOSPITAL ..... 12 REFERENCE HOSPITAL ..... 13 HEALTH CENTER ..... 14 HEALTH POST ..... 15 FAMILY CLINIC ..... 16 PUBLIC MOBILE CLINIC ..... 17 OTHER PUBLIC SECTOR ..... 18  _____ (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL ..... 21 PRIVATE CLINIC ..... 22 CONSULTATION AND TREATMENT ..... 23 GENERAL CARE ROOM ..... 24 CONSULTATION PRENATAL ..... 25 MOBILE CLINIC ..... 26 OTHER PRIVATE MEDICAL SECTOR ..... 27  _____ (SPECIFY)  <b>NGO MEDICAL SECTOR</b> NGO HOSPITAL ..... 31 NGO CLINIC ..... 32 OTHER NGO MEDICAL SECTOR ..... 36  _____ (SPECIFY)  OTHER ..... 96 _____ (SPECIFY) DON'T KNOW ..... 98	
1017	Did you get the results of the test?	YES ..... 1 NO ..... 2	
1018	CHECK 435 FOR LAST LIVE BIRTH ('TYPE 1'):  ANY CODE <input type="checkbox"/> OTHER <input type="checkbox"/> _____ '21-46' CIRCLED ↓		→ 1021
1019	Between the time you went for delivery but before the baby was born, were you tested for HIV?	YES ..... 1 NO ..... 2	→ 1021
1020	Did you get the results of the test?	YES ..... 1 NO ..... 2	→ 1022
1021	CHECK 1015:  YES <input type="checkbox"/> NO OR <input type="checkbox"/> _____ NOT ASKED ↓		→ 1024
1022	Have you been tested for HIV since that time you were tested during your pregnancy?	YES ..... 1 NO ..... 2	→ 1025

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1023	In what month and year was your most recent HIV test?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	→ 1028 → 1032
1024	Have you ever been tested for HIV?	YES ..... 1 NO ..... 2	→ 1032
1025	In what month and year was your most recent HIV test?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	
1026	Where was the test done?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	<b>PUBLIC SECTOR</b> PUBLIC HOSPITAL ..... 11 HEALTH CENTER ..... 12 STAND-ALONE HTC CENTER ..... 13 FAMILY PLANNING CLINIC ..... 14 MOBILE HTC SERVICES ..... 15 OTHER PUBLIC SECTOR ..... 16 _____ (SPECIFY) <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL ..... 21 PRIVATE CLINIC ..... 22 PRIVATE DOCTOR ..... 23 STAND-ALONE HTC CENTER ..... 24 PHARMACY ..... 25 MOBILE HTC SERVICES ..... 26 OTHER PRIVATE MEDICAL SECTOR ..... 27 _____ (SPECIFY) <b>NGO MEDICAL SECTOR</b> NGO HOSPITAL ..... 31 NGO CLINIC ..... 32 OTHER NGO MEDICAL SECTOR ..... 36 _____ (SPECIFY) <b>OTHER SOURCE</b> HOME ..... 41 WORKPLACE ..... 42 CORRECTIONAL FACILITY ..... 43 OTHER ..... 96 _____ (SPECIFY)	
1027	Did you get the results of the test?	YES ..... 1 NO ..... 2	→ 1031

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1028	What was the result of the test?	POSITIVE ..... 1 NEGATIVE ..... 2 INDETERMINATE ..... 3 DECLINED TO ANSWER ..... 4 DID NOT RECEIVE TEST RESULT ..... 5	<div style="border-left: 1px solid black; padding-left: 5px;">           → 1031         </div>
1029	In what month and year did you receive your first HIV-positive test result?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998 SAME DATE AS LAST HIV TEST ..... 95	
1030	Are you currently taking ARVs, that is antiretroviral medicines? By currently, I mean that you may have missed some doses but you are still taking ARVs.	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1031	How many times have you been tested for HIV in your lifetime?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE, IF NUMBER OF TESTS IS 95 OR MORE, RECORD '95'.	NUMBER OF HIV TESTS ..... <input type="text"/> <input type="text"/>	
1032	Have you heard of test kits people can use to test themselves for HIV?	YES ..... 1 NO ..... 2	→ 1034
1033	Have you ever tested yourself for HIV using a self-test kit?	YES ..... 1 NO ..... 2	
1034	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	
1035	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	
1036	CHECK 1028: <div style="text-align: center;">             CODE '1' <input type="checkbox"/>              CIRCLED           </div> <div style="text-align: center;">             OTHER <input type="checkbox"/> </div>		→ 1040
1037	Now I would like to ask you a few questions about your experiences living with HIV. Have you disclosed your HIV status to anyone other than me?	YES ..... 1 NO ..... 2	
1038	Do you agree or disagree with the following statement: I have felt ashamed because of my HIV status.	AGREE ..... 1 DISAGREE ..... 2	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
1039	<p>Please tell me if the following things have happened to you, or if you think they have happened to you, because of your HIV status in the last 12 months:</p> <p>a) People have talked badly about me because of my HIV status.</p> <p>b) Someone else disclosed my HIV status without my permission.</p> <p>c) I have been verbally insulted, harassed, or threatened because of my HIV status.</p> <p>d) Healthcare workers talked badly about me because of my HIV status.</p> <p>e) Healthcare workers yelled at me, scolded me, called me names, or verbally abused me in another way because of my HIV status.</p>	<table> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>a) PEOPLE TALK BADLY .....</td><td>1</td><td>2</td></tr> <tr> <td>b) DISCLOSED STATUS .....</td><td>1</td><td>2</td></tr> <tr> <td>c) VERBALLY INSULTED .....</td><td>1</td><td>2</td></tr> <tr> <td>d) HEALTHCARE WORKERS TALKED BADLY .....</td><td>1</td><td>2</td></tr> <tr> <td>e) HEALTHCARE WORKERS VERBALLY ABUSED .....</td><td>1</td><td>2</td></tr> </table>		YES	NO	a) PEOPLE TALK BADLY .....	1	2	b) DISCLOSED STATUS .....	1	2	c) VERBALLY INSULTED .....	1	2	d) HEALTHCARE WORKERS TALKED BADLY .....	1	2	e) HEALTHCARE WORKERS VERBALLY ABUSED .....	1	2	
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b) DISCLOSED STATUS .....	1	2																			
c) VERBALLY INSULTED .....	1	2																			
d) HEALTHCARE WORKERS TALKED BADLY .....	1	2																			
e) HEALTHCARE WORKERS VERBALLY ABUSED .....	1	2																			
1040	<p>CHECK 1001:</p> <table> <tr> <td>HEARD ABOUT HIV OR AIDS <input type="checkbox"/></td> <td>NOT HEARD ABOUT HIV OR AIDS <input type="checkbox"/></td> </tr> <tr> <td>a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact?</td> <td>b) Have you heard about infections that can be transmitted through sexual contact?</td> </tr> </table>	HEARD ABOUT HIV OR AIDS <input type="checkbox"/>	NOT HEARD ABOUT HIV OR AIDS <input type="checkbox"/>	a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact?	b) Have you heard about infections that can be transmitted through sexual contact?	<table> <tr> <td>YES .....</td><td>1</td></tr> <tr> <td>NO .....</td><td>2</td></tr> </table>	YES .....	1	NO .....	2											
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YES .....	1																				
NO .....	2																				
1041	<p>CHECK 722:</p> <table> <tr> <td>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></td> <td>NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/></td> </tr> </table>	HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/>	NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 1046																
HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/>	NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>																				
1042	<p>CHECK 1040: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>		→ 1044																		
1043	<p>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?</p>	<table> <tr> <td>YES .....</td><td>1</td></tr> <tr> <td>NO .....</td><td>2</td></tr> <tr> <td>DON'T KNOW .....</td><td>8</td></tr> </table>	YES .....	1	NO .....	2	DON'T KNOW .....	8													
YES .....	1																				
NO .....	2																				
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1044	<p>Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?</p>	<table> <tr> <td>YES .....</td><td>1</td></tr> <tr> <td>NO .....</td><td>2</td></tr> <tr> <td>DON'T KNOW .....</td><td>8</td></tr> </table>	YES .....	1	NO .....	2	DON'T KNOW .....	8													
YES .....	1																				
NO .....	2																				
DON'T KNOW .....	8																				
1045	<p>Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?</p>	<table> <tr> <td>YES .....</td><td>1</td></tr> <tr> <td>NO .....</td><td>2</td></tr> <tr> <td>DON'T KNOW .....</td><td>8</td></tr> </table>	YES .....	1	NO .....	2	DON'T KNOW .....	8													
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1046	<p>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?</p>	<table> <tr> <td>YES .....</td><td>1</td></tr> <tr> <td>NO .....</td><td>2</td></tr> <tr> <td>DON'T KNOW .....</td><td>8</td></tr> </table>	YES .....	1	NO .....	2	DON'T KNOW .....	8													
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NO .....	2																				
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1047	<p>Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?</p>	<table> <tr> <td>YES .....</td><td>1</td></tr> <tr> <td>NO .....</td><td>2</td></tr> <tr> <td>DON'T KNOW .....</td><td>8</td></tr> </table>	YES .....	1	NO .....	2	DON'T KNOW .....	8													
YES .....	1																				
NO .....	2																				
DON'T KNOW .....	8																				
1048	<p>CHECK 701:</p> <table> <tr> <td>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></td> <td>NOT IN UNION <input type="checkbox"/></td> </tr> </table>	CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	NOT IN UNION <input type="checkbox"/>		→ 1101																
CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	NOT IN UNION <input type="checkbox"/>																				
1049	<p>Can you say no to your (husband/partner) if you do not want to have sexual intercourse?</p>	<table> <tr> <td>YES .....</td><td>1</td></tr> <tr> <td>NO .....</td><td>2</td></tr> <tr> <td>DEPENDS/NOT SURE .....</td><td>8</td></tr> </table>	YES .....	1	NO .....	2	DEPENDS/NOT SURE .....	8													
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1050	<p>Could you ask your (husband/partner) to use a condom if you wanted him to?</p>	<table> <tr> <td>YES .....</td><td>1</td></tr> <tr> <td>NO .....</td><td>2</td></tr> <tr> <td>DEPENDS/NOT SURE .....</td><td>8</td></tr> </table>	YES .....	1	NO .....	2	DEPENDS/NOT SURE .....	8													
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**SECTION 11. OTHER HEALTH ISSUES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP			
1101	How long does it take in minutes to go from your home to the nearest healthcare facility, which could be a hospital, a health clinic, a medical doctor, or a health post?	MINUTES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
1102	How do you travel to this healthcare facility from your home?  IF MORE THAN ONE WAY OF TRAVEL IS MENTIONED, CIRCLE THE ONE HIGHEST ON THE LIST.	<b>MOTORIZED</b> CAR/TRUCK ..... 01 PUBLIC BUS ..... 02 MOTORCYCLE/SCOOTER ..... 03 BOAT WITH MOTOR ..... 04  <b>NOT MOTORIZED</b> ANIMAL-DRAWN CART ..... 05 BICYCLE ..... 06 BOAT WITHOUT MOTOR ..... 07 WALKING ..... 08  OTHER ..... 96 <div align="center">(SPECIFY)</div>				
1103	Has a doctor or other healthcare provider examined your breasts to check for breast cancer?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8				
1104	Now I'm going to ask you about tests a healthcare worker can do to check for cervical cancer, which is cancer in the cervix. The cervix connects the womb to the vagina. To be checked for cervical cancer, a woman is asked to lie on her back with her legs apart. Then the healthcare worker will use a brush or swab to collect a sample from inside her. The sample is sent to a laboratory for testing. This test is called a Pap smear or HPV test. Another method is called a VIA or Visual Inspection with Acetic Acid. In this test, the healthcare worker puts vinegar on the cervix to see if there is a reaction.					
1105	Has a doctor or other healthcare worker ever tested you for cervical cancer?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8				
1106	Now I would like to ask you some questions on smoking and tobacco use. Do you currently smoke cigarettes every day, some days, or not at all?	EVERY DAY ..... 1 SOME DAYS ..... 2 NOT AT ALL ..... 3	→ 1108			
1107	On average, how many cigarettes do you currently smoke each day?	NUMBER OF CIGARETTES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
1108	Do you currently smoke or use any other type of tobacco every day, some days, or not at all?	EVERY DAY ..... 1 SOME DAYS ..... 2 NOT AT ALL ..... 3	→ 1110			
1109	What other type of tobacco do you currently smoke or use?  RECORD ALL MENTIONED.	KRETEKS ..... A PIPES FULL OF TOBACCO ..... B CIGARS, CHEROOTS, OR CIGARILLOS ..... C WATER PIPE ..... D SNUFF BY MOUTH ..... E SNUFF BY NOSE ..... F CHEWING TOBACCO ..... G BETEL QUID WITH TOBACCO ..... H  OTHER ..... X <div align="center">(SPECIFY)</div>				
1110	Now I would like to ask you some questions about drinking alcohol. Have you ever consumed any alcohol, such as beer, wine, spirits, or other alcohol?	YES ..... 1 NO ..... 2	→ 1113			

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
1111	<p>We count one drink of alcohol as one can or bottle of beer, one glass of wine, one shot of spirits, or one cup of other alcohol. During the last one month, on how many days did you have at least one drink of alcohol?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF RESPONDENT ANSWERS 'EVERY DAY' OR 'ALMOST EVERY DAY,' CODE '95'.</p>	<p>DID NOT HAVE EVEN ONE DRINK ..... 00</p> <p>NUMBER OF DAYS ..... <input type="text"/> <input type="text"/></p> <p>EVERY DAY/ALMOST EVERY DAY ..... 95</p>	→ 1113															
1112	In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?	NUMBER OF DRINKS ..... <input type="text"/> <input type="text"/>																
1113	<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>BIG PROBLEM</th><th>NOT A BIG PROBLEM</th></tr> </thead> <tbody> <tr> <td>a) PERMISSION TO GO .....</td><td>1</td><td>2</td></tr> <tr> <td>b) GETTING MONEY .....</td><td>1</td><td>2</td></tr> <tr> <td>c) DISTANCE .....</td><td>1</td><td>2</td></tr> <tr> <td>d) GO ALONE .....</td><td>1</td><td>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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c) DISTANCE .....	1	2																
d) GO ALONE .....	1	2																
1114	Are you covered by any health insurance?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 1116															
1115	<p>What type of health insurance are you covered by?</p> <p>RECORD ALL MENTIONED.</p>	<p>MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE ..... A</p> <p>HEALTH INSURANCE THROUGH EMPLOYER ..... B</p> <p>SOCIAL SECURITY ..... C</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE ..... D</p> <p>OTHER _____ X (SPECIFY)</p>																
1116	RECORD THE TIME.	<p>HOURS ..... <input type="text"/> <input type="text"/></p> <p>MINUTES ..... <input type="text"/> <input type="text"/></p>																

**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>		NEXT SECT.																																				
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>		DV37																																				
DV02	<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>																																						
DV03	<p>CHECK 701 AND 702:</p> <p>NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/> ↓</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/ MALE PARTNER') <input type="checkbox"/> →</p>		DV06 DV06																																				
DV04	<p>You have said that you are not married and are not living with a man as if married. Are you currently in an intimate relationship with a man even if you are not living with him?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ DV06																																				
DV05	<p>Have you ever been in an intimate relationship with a man even if you did not ever live with him?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ DV19																																				
DV06	<p>Now, I am going to ask you about some situations that can happen between some women and their (husband/male partner).</p> <p>A. Please tell me if these descriptions apply to your relationship with your (last) (husband/male partner).</p> <p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th><th>EVER</th><th></th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT IN LAST 12 MONTHS</th></tr> </thead> <tbody> <tr> <td>a) He (is/was) jealous or angry if you (talk/talked) to other men?</td><td>YES 1 NO 2 ↓</td><td>→</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>b) He wrongly (accuses/accused) you of being unfaithful?</td><td>YES 1 NO 2 ↓</td><td>→</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>c) He (does/did) not permit you to meet your female friends?</td><td>YES 1 NO 2 ↓</td><td>→</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>d) He (tries/tried) to limit your contact with your family?</td><td>YES 1 NO 2 ↓</td><td>→</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>e) He (insists/insisted) on knowing where you (are/were) at all times?</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) He (is/was) jealous or angry if you (talk/talked) to other men?	YES 1 NO 2 ↓	→	1	2	3	b) He wrongly (accuses/accused) you of being unfaithful?	YES 1 NO 2 ↓	→	1	2	3	c) He (does/did) not permit you to meet your female friends?	YES 1 NO 2 ↓	→	1	2	3	d) He (tries/tried) to limit your contact with your family?	YES 1 NO 2 ↓	→	1	2	3	e) He (insists/insisted) on knowing where you (are/were) at all times?	YES 1 NO 2 ↓	→	1	2	3		
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**DOMESTIC VIOLENCE MODULE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
DV07	<p>Now I need to ask some more questions about your relationship with your (last) (husband/male partner).</p> <p>A. Did your (last) (husband/male partner) ever:</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>				
		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	
	a) say or do something to humiliate you in front of others?	YES 1 NO 2 ↓	→ 1	2	3	
	b) threaten to hurt or harm you or someone you care about?	YES 1 NO 2 ↓	→ 1	2	3	
	c) insult you or make you feel bad about yourself?	YES 1 NO 2 ↓	→ 1	2	3	
DV08	<p>A. Did your (last) (husband/male partner) ever do any of the following things to you:</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>				
		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) 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	

**DOMESTIC VIOLENCE MODULE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV09	CHECK DV08A (a-j):  <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>		→ DV11
DV10	Did the following ever happen as a result of what your (last) (husband/male partner) did to you:  a) You had cuts, bruises, or aches?  b) You had eye injuries, sprains, dislocations, or burns?  c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES ..... 1 NO ..... 2  YES ..... 1 NO ..... 2  YES ..... 1 NO ..... 2	
DV11	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/male partner) at times when he was not already beating or physically hurting you?	YES ..... 1 NO ..... 2	→ DV13
DV12	In the last 12 months, how often have you done this to your (last) (husband/male partner): often, only sometimes, or not at all?	OFTEN ..... 1 SOMETIMES ..... 2 NOT AT ALL ..... 3	
DV13	Does (did) your (last) (husband/male partner) drink alcohol?	YES ..... 1 NO ..... 2	→ DV15
DV14	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN ..... 1 SOMETIMES ..... 2 NEVER ..... 3	
DV15	Are (Were) you afraid of your (last) (husband/male partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID ..... 1 SOMETIMES AFRAID ..... 2 NEVER AFRAID ..... 3	
DV16	A. So far we have been talking about the behavior of your (current/last) (husband/male partner). Now I want to ask you about the behavior of any previous husband or any other current or previous male partner that you may have ever had.  <div style="display: flex; align-items: flex-start;"> <div style="flex: 1;"> a) Did any previous husband or any other current or previous male partner ever hit, slap, kick, or do anything else to hurt you physically?   b) Did any previous husband or any other current or previous male partner physically force you to have intercourse or perform any other sexual acts that you did not want to?   c) Did any previous husband or any other current or previous male 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? </div> <div style="flex: 1; border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>EVER</div> <div>0 - 11 MONTHS AGO</div> <div>12+ MONTHS AGO</div> <div>DON'T REMEMBER</div> </div> <div style="margin-top: 10px;"> HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER ..... 6 </div> <div style="margin-top: 10px;"> YES 1 → 1 2 3  NO 2 ↓ </div> <div style="margin-top: 10px;"> YES 1 → 1 2 3  NO 2 ↓ </div> <div style="margin-top: 10px;"> YES 1 → 1 2 3  NO 2 ↓ </div> </div> </div>		→ DV17

**DOMESTIC VIOLENCE MODULE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV17	CHECK DV08A (h-j) AND DV16A (b):  AT LEAST ONE <input type="checkbox"/> 'YES' ↓	NOT A SINGLE <input type="checkbox"/> YES	→ DV19
DV18	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by any current or previous husband or male partner?	AGE IN COMPLETED YEARS ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
DV19	CHECK 212 AND 232:  CURRENTLY PREGNANT <input type="checkbox"/> 232=1 OR HAD ONE OR MORE PAST PREGNANCIES 212>0 ↓	NOT PREGNANT 232=2 AND <input type="checkbox"/> NO PAST PREGNANCIES 212=0	→ 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 SCHOOLMATE/CLASSMATE ..... N EMPLOYER/SOMEONE AT WORK ..... O POLICE/SOLDIER ..... P  OTHER ..... X (SPECIFY)	
DV22	CHECK 701 AND 702 AND DV04 AND DV05:  EVER MARRIED/EVER <input type="checkbox"/> LIVED WITH A MAN/ EVER HAD A MALE PARTNER ↓  a) From the time you were 15 years old, has anyone other than a husband or male partner, hit you, slapped you, kicked you, or done anything else to hurt you physically? Remember, I do not want you to include any husband or any other male partner.	NEVER MARRIED/ NEVER HAD <input type="checkbox"/> A MALE PARTNER ↓  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?  YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	→ DV25

**DOMESTIC VIOLENCE MODULE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV23	<p>Who has hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER/STEP-MOTHER ..... A</p> <p>FATHER/STEP-FATHER ..... B</p> <p>SISTER/BROTHER ..... C</p> <p>DAUGHTER/SON ..... D</p> <p>OTHER RELATIVE ..... E</p> <p>CURRENT BOYFRIEND ..... F</p> <p>FORMER BOYFRIEND ..... G</p> <p>MOTHER-IN-LAW ..... H</p> <p>FATHER-IN-LAW ..... I</p> <p>OTHER IN-LAW ..... J</p> <p>TEACHER ..... K</p> <p>SCHOOLMATE/CLASSMATE ..... L</p> <p>EMPLOYER/SOMEONE AT WORK .. M</p> <p>POLICE/SOLDIER ..... N</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	
DV24	In the last 12 months, how often (has this person/have these persons) physically hurt you: often, only sometimes, or not at all?	<p>OFTEN ..... 1</p> <p>SOMETIMES ..... 2</p> <p>NOT AT ALL ..... 3</p>	
DV25	<p>CHECK 701 AND 702 AND DV04 AND DV05:</p> <p align="center">           EVER MARRIED/            EVER LIVED WITH A MAN/            EVER HAD A            MALE PARTNER <input type="checkbox"/> </p> <p align="center">           NEVER MARRIED/            NEVER HAD <input type="checkbox"/>            A MALE PARTNER         </p>		→ DV27
DV26	<p>At any time in your life, as a child or as an adult, has anyone other than any previous husband or any other current or previous male partner ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to? Remember I do not want you to include any husband or male partner.</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>REFUSED TO ANSWER/ NO ANSWER ..... 3</p>	<p>→ DV28</p> <p>→ DV31</p>
DV27	<p>At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>REFUSED TO ANSWER/ NO ANSWER ..... 3</p>	→ DV31
DV28	<p>CHECK 701 AND 702 AND DV04 AND DV05:</p> <p>           EVER MARRIED/EVER            LIVED WITH A MAN/            EVER HAD A            MALE PARTNER <input type="checkbox"/> </p> <p>a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by anyone, not including any husband or any other male partner?</p>	<p>           NEVER MARRIED/            NEVER HAD A            MALE PARTNER <input type="checkbox"/> </p> <p>b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to?</p>	<p>AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>

**DOMESTIC VIOLENCE MODULE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
DV29	<p>Who has forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>FATHER/STEP-FATHER ..... A</p> <p>BROTHER/STEP-BROTHER ..... B</p> <p>OTHER RELATIVE ..... C</p> <p>CURRENT BOYFRIEND ..... D</p> <p>FORMER BOYFRIEND ..... E</p> <p>IN-LAW ..... F</p> <p>OWN FRIEND/ACQUAINTANCE ..... G</p> <p>FAMILY FRIEND ..... H</p> <p>TEACHER ..... I</p> <p>SCHOOLMATE/CLASSMATE ..... J</p> <p>EMPLOYER/SOMEONE AT WORK .. K</p> <p>POLICE/SOLDIER ..... L</p> <p>PRIEST/RELIGIOUS LEADER ..... M</p> <p>STRANGER ..... N</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>			
DV30	<p>CHECK 701 AND 702 AND DV04 AND DV05:</p> <table border="0"> <tr> <td> <p>EVER MARRIED/EVER <input type="checkbox"/></p> <p>LIVED WITH A MAN/</p> <p>EVER HAD A MALE</p> <p>PARTNER ↓</p> <p>a) In the last 12 months, has anyone other than any previous husband or any other current or previous male partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> </td> <td> <p>NEVER MARRIED/ <input type="checkbox"/></p> <p>NEVER HAD A MALE</p> <p>PARTNER ↓</p> <p>b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> </td> </tr> </table>	<p>EVER MARRIED/EVER <input type="checkbox"/></p> <p>LIVED WITH A MAN/</p> <p>EVER HAD A MALE</p> <p>PARTNER ↓</p> <p>a) In the last 12 months, has anyone other than any previous husband or any other current or previous male partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p>	<p>NEVER MARRIED/ <input type="checkbox"/></p> <p>NEVER HAD A MALE</p> <p>PARTNER ↓</p> <p>b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
<p>EVER MARRIED/EVER <input type="checkbox"/></p> <p>LIVED WITH A MAN/</p> <p>EVER HAD A MALE</p> <p>PARTNER ↓</p> <p>a) In the last 12 months, has anyone other than any previous husband or any other current or previous male partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p>	<p>NEVER MARRIED/ <input type="checkbox"/></p> <p>NEVER HAD A MALE</p> <p>PARTNER ↓</p> <p>b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p>				
DV31	<p>CHECK DV08A (a-j), DV16A (a,b), DV20, DV22, DV26, AND DV27:</p> <p align="center">AT LEAST ONE <input type="checkbox"/> NOT A SINGLE <input type="checkbox"/></p> <p align="center">'YES' ↓ 'YES' _____ → DV35</p>				
DV32	<p>Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?</p>	<p>YES ..... 1</p> <p>NO ..... 2 → DV34</p>			
DV33	<p>From whom have you sought help?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>OWN FAMILY ..... A</p> <p>HUSBAND'S/PARTNER'S FAMILY .. B</p> <p>CURRENT/FORMER</p> <p>HUSBAND/PARTNER ..... C</p> <p>CURRENT/FORMER BOYFRIEND .. D</p> <p>FRIEND ..... E</p> <p>NEIGHBOR ..... F</p> <p>RELIGIOUS LEADER ..... G</p> <p>DOCTOR/MEDICAL PERSONNEL .... H</p> <p>POLICE ..... I</p> <p>LAWYER ..... J</p> <p>SOCIAL SERVICE ORGANIZATION .. K</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	→ DV35		
DV34	<p>Have you ever told any one about this?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>			



**DOMESTIC VIOLENCE MODULE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
DV34A	Now I want to ask about the COVID pandemic period. Thinking about these things that your husband has done to you, would you say that these behaviors had started before the pandemic period or they first started during the pandemic period ?	STARTED BEFORE THE PANDEMIC ... 1 STARTED DURING THE PANDEMIC PERIOD ..... 2 SOME STARTED BEFORE, SOME AFTER ..... 3																	
DV34B	Would you say that these behaviors have become worse, become better, or stayed about the same since the COVID pandemic started?	WORSE ..... 1 BETTER ..... 2 STAY THE SAME ..... 3																	
DV35	As far as you know, did your father ever beat your mother?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
	THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.																		
DV36	<div> <div>           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> <div> <table> <tr> <td></td><td>YES, ONCE</td><td>YES, MORE THAN ONCE</td><td>NO</td></tr> <tr> <td>HUSBAND .....</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OTHER MALE ADULT ..</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>FEMALE ADULT .....</td><td>1</td><td>2</td><td>3</td></tr> </table> </div> </div>		YES, ONCE	YES, MORE THAN ONCE	NO	HUSBAND .....	1	2	3	OTHER MALE ADULT ..	1	2	3	FEMALE ADULT .....	1	2	3		
	YES, ONCE	YES, MORE THAN ONCE	NO																
HUSBAND .....	1	2	3																
OTHER MALE ADULT ..	1	2	3																
FEMALE ADULT .....	1	2	3																
DV37	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE. <hr/> <hr/> <hr/>																		

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.</p> <p>DO NOT FILL IN THE ORDER NUMBER YET.</p> <table> <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</p> <p>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"/></p> <p>→ 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"/></p> <p>→ 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"/></p> <p>→ 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"/></p> <p>→ LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.</p>																																														
MM07	COUNT THE NUMBER OF BROTHERS AND SISTERS RECORDED IN MM01.	TOTAL BROTHERS AND SISTERS .. <input type="text"/> <input type="text"/>																																													

SECTION MM. ADULT AND MATERNAL MORTALITY MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
MM08	<p>CHECK MM07:</p> <p>Just to 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 <input type="checkbox"/> BROTHERS/SISTERS            NO <input type="checkbox"/> BROTHER OR SISTER → NEXT SECT.</p>		
MM10	<p>Please tell me, which brother or sister was born first? And which was born next?</p> <p>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 MM23 ←	YES ..... 1 NO ..... 2 GO TO MM23 ←	YES ..... 1 NO ..... 2 GO TO MM23 ←	YES ..... 1 NO ..... 2 GO TO MM23 ←	YES ..... 1 NO ..... 2 GO TO MM23 ←	YES ..... 1 NO ..... 2 GO TO MM23 ←
MM22	How many days after the end of the pregnancy or childbirth 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"/>
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 MM23 ←	YES ..... 1 NO ..... 2 GO TO MM23 ←	YES ..... 1 NO ..... 2 GO TO MM23 ←	YES ..... 1 NO ..... 2 GO TO MM23 ←	YES ..... 1 NO ..... 2 GO TO MM23 ←	YES ..... 1 NO ..... 2 GO TO MM23 ←
MM22	How many days after the end of the pregnancy or childbirth 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"/>
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.							

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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## 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 CHANGES IN MENSTRUAL BLEEDING
- 6 OTHER SIDE EFFECTS/HEALTH CONCERNS
- 7 LACK OF ACCESS/TOO FAR  
8 COSTS TOO MUCH  
N INCONVENIENT TO USE  
F UP TO GOD/FATALISTIC  
A DIFFICULT TO GET PREGNANT/MENOPAUSAL  
D MARITAL DISSOLUTION/SEPARATION  
X OTHER

(SPECIFY)

- Z DON'T KNOW

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