

2022 GHANA DEMOGRAPHIC AND HEALTH SURVEYS  
 WOMAN'S QUESTIONNAIRE

GHANA  
 GHANA STATISTICAL SERVICE

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

# INTRODUCTION AND CONSENT

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

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

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

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

RESPONDENT AGREES  
TO BE INTERVIEWED .. 1

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

## SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS ..... MINUTES .....	
102	What REGION were you born in?	WESTERN ..... 01 CENTRAL ..... 02 GREATER ACCRA ..... 03 VOLTA ..... 04 EASTERN ..... 05 ASHANTI ..... 06 WESTERN NORTH ..... 07 AHAFO ..... 08 BONO ..... 09 BONO EAST ..... 10 OTI ..... 11 NORTHERN ..... 12 SAVANNAH ..... 13 NORTH EAST ..... 14 UPPER EAST ..... 15 UPPER WEST ..... 16  OUTSIDE OF GHANA ..... 96	104
103	What country were you born in?	COUNTRY ..... .....	
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.	YEARS ..... ALWAYS ..... 95 VISITOR ..... 96	110
105	CHECK 104:  00 - 04 YEARS <input type="checkbox"/> 05 YEARS <input type="checkbox"/> OR MORE		107
106	In what month and year did you move here?	MONTH ..... DON'T KNOW MONTH ..... 98  YEAR ..... DON'T KNOW YEAR ..... 9998	
107	Just before you moved here, which REGION did	WESTERN ..... 01	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	you live in?	CENTRAL ..... 02	
		GREATER ACCRA ..... 03	
		VOLTA ..... 04	
		EASTERN ..... 05	
		ASHANTI ..... 06	
		WESTERN NORTH ..... 07	
		AHAFO ..... 08	
		BONO ..... 09	
		BONO EAST ..... 10	
		OTI ..... 11	
		NORTHERN ..... 12	
		SAVANNAH ..... 13	
		NORTH EAST ..... 14	
		UPPER EAST ..... 15	
		UPPER WEST ..... 16	
		OUTSIDE OF GHANA ..... 96	

**SECTION 1. RESPONDENT'S BACKGROUND**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY ..... 1 TOWN ..... 2 RURAL AREA ..... 3	
109	Why did you move to this place?	EMPLOYMENT ..... 01 EDUCATION/TRAINING ..... 02 MARRIAGE FORMATION ..... 03 FAMILY REUNIFICATION/OTHER FAMILY-RELATED REASON ..... 04 FORCED DISPLACEMENT ..... 05 OTHER ..... 96 (SPECIFY)	
110	In what month and year were you born?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	
111	How old were you at your last birthday?  COMPARE AND CORRECT 110 AND/OR 111 IF INCONSISTENT.	AGE IN COMPLETED YEARS ..... <input type="text"/> <input type="text"/>	
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: pre-primary, primary, middle, JSS/JHS, secondary, SSS/SHS, or higher?	PRE- PRIMARY ..... 1 PRIMARY ..... 2 MIDDLE ..... 3 JSS/JHS ..... 4 SECONDARY ..... 5 SSS/SHS ..... 6 HIGHER ..... 7	
115	What is the highest [GRADE/FORM/YEAR] you completed at that level?  IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[GRADE/FORM/YEAR] ..... <input type="text"/> <input type="text"/>	
116	CHECK 114: PRIMARY, MIDDLE, JSS/JHS, <input type="checkbox"/> SECONDARY, OR SSS/SHS ↓	HIGHER <input type="checkbox"/> →	→ 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' <input type="checkbox"/> CIRCLED ↓	CODE '1' OR '5' CIRCLED <input type="checkbox"/> →	→ 120

**SECTION 1. RESPONDENT'S BACKGROUND**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	
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	→ 127
123	Is your mobile phone a smart phone?	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?	CATHOLIC ..... 01 ANGLICAN ..... 02 METHODIST ..... 03 PRESBYTERIAN ..... 04 PENTECOSTAL/CHARISMATIC ..... 05 OTHER CHRISTIA ..... 06 ISLAM ..... 07 TRADITIONAL/SPIRITUALIS ..... 08  NO RELIGION ..... 95  OTHER ..... 96 (SPECIFY)	
131	What is your ethnic group?	AKAN ..... 01 GA/DANGME ..... 02 EWE ..... 03 GUAN ..... 04 MOLE-DAGBANI ..... 05 GRUSI ..... 06 GURMA ..... 07 MANDE ..... 08  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	YES ..... 1 NO ..... 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES ..... 1 NO ..... 2	→ 204
203	a) How many sons live with you?  b) And how many daughters live with you?  IF NONE, RECORD '00'.	a) SONS AT HOME ..... b) DAUGHTERS AT HOME ..... <div><div></div><div></div><div></div><div></div></div>	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with	YES ..... 1 NO ..... 2	→ 206
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE ..... b) DAUGHTERS ELSEWHERE ..... <div><div></div><div></div><div></div><div></div></div>	
206	Have you ever given birth to a boy or girl who was born alive but later died?  IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES ..... 1 NO ..... 2	→ 208
207	a) How many boys have died? b) And how many girls have died?  IF NONE, RECORD '00'.	a) BOYS DEAD ..... b) GIRLS DEAD ..... <div><div></div><div></div><div></div><div></div></div>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL LIVE BIRTHS ..... <div><div></div><div></div></div>	
209	CHECK 208:  Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct?  YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS		
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 ..... <div><div></div><div></div></div>	
212	SUM ANSWERS TO 208 AND 211 AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL PREGNANCY OUTCOMES ... <div><div></div><div></div></div>	
213	CHECK 212:  ONE OR MORE PAST PREGNANCIES <input type="checkbox"/> NO PAST PREGNANCIES <input type="checkbox"/>		→ 232

**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?</p> <p>IF MULTIPLE PREGNANCY: COPY VALUE FOR 215 IN NEXT ROW(S).</p> <p>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?</p> <p>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 was (NAME) born?</p>	<p>How long did this pregnancy last in weeks or months?</p> <p>RECORD IN COMPLETED WEEKS OR MONTHS.</p>	<p>FOR ROW 01, ASK: Were there any other pregnancies before this pregnancy?</p> <p>AFTER ROW 01:</p> <p>IF 215=1 OR THIS IS THE FIRST BIRTH OF A MULTIPLE PREGNANCY, ASK: Were there any other pregnancies between the previous pregnancy and this pregnancy?</p> <p>IF 215 &gt; 1 AND THIS IS NOT THE FIRST BIRTH OF</p>
<p>01 SING 1</p> <p>TWINS 2</p> <p>TRIP 3</p> <p>NO. OF OUT- <input type="text"/></p>	<p>BORN ALIVE 1 (SKIP TO 218) </p> <p>BORN DEAD 2</p> <p>MISCARRIAG 3 (SKIP TO 220) </p> <p>ABORTION 4</p>	<p>YES 1</p> <p>NO 2 </p> <p>(SKIP TO 220)</p>	<p>NAME</p>	<p>BOY 1</p> <p>GIRL 2</p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>WEEKS 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p>	<p>YES 1 (ADD PREGNANCY) </p> <p>NO 2 (NEXT ROW) </p>
<p>02 SING 1</p> <p>TWINS 2</p> <p>TRIP 3</p> <p>NO. OF OUT- <input type="text"/></p>	<p>BORN ALIVE 1 (SKIP TO 218) </p> <p>BORN DEAD 2</p> <p>MISCARRIAG 3 (SKIP TO 220) </p> <p>ABORTION 4</p>	<p>YES 1</p> <p>NO 2 </p> <p>(SKIP TO 220)</p>	<p>NAME</p>	<p>BOY 1</p> <p>GIRL 2</p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>WEEKS 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p>	<p>YES 1 (ADD PREGNANCY) </p> <p>NO 2 (NEXT ROW) </p>
<p>03 SING 1</p> <p>TWINS 2</p> <p>TRIP 3</p> <p>NO. OF OUT- <input type="text"/></p>	<p>BORN ALIVE 1 (SKIP TO 218) </p> <p>BORN DEAD 2</p> <p>MISCARRIAG 3 (SKIP TO 220) </p> <p>ABORTION 4</p>	<p>YES 1</p> <p>NO 2 </p> <p>(SKIP TO 220)</p>	<p>NAME</p>	<p>BOY 1</p> <p>GIRL 2</p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>WEEKS 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p>	<p>YES 1 (ADD PREGNANCY) </p> <p>NO 2 (NEXT ROW) </p>
222A	<p>Have you had any pregnancies that ended since the last pregnancy mentioned?</p>		<p>YES ..... 1 → ADD TO TABLE</p> <p>NO ..... 2</p>				
222B	<p>READ THE LIST OF PREGNANCY OUTCOMES IN ORDER TO THE RESPONDENT AND ASK IF THEY ARE ALL THAT SHE HAS EVER HAD, AND IF THEY ARE LISTED IN ORDER STARTING FROM THE FIRST ONE.</p> <p>DOES THE RESPONDENT AGREE?</p> <p>IF NOT, PROBE FOR THE CORRECT INFORMATION AND REVISE THE PREGNANCY HISTORY ACCORDINGLY.</p> <p>IF YES, PROCEED TO 223 ROW 1.</p>						

SECTION 2. REPRODUCTION

	223	224	225	226	227	228
			IF BORN ALIVE AND STILL LIVING:			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 PREGNANCY	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 2017-2022, 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 2017-2022, 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.</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>	<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?</p> <p>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>_____ (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 PREGNANCY ..... 995</p> <p>NEVER MENSTRUATED ..... 996</p>	<p>→ 240</p> <p>→ 241</p>
237	<p>CHECK 236: WAS THE LAST MENSTRUAL PERIOD WITHIN THE LAST YEAR?</p> <p>YES, WITHIN <input type="checkbox"/> LAST YEAR ↓</p> <p>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>(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 ..... <input type="text"/> <input type="text"/></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>(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 -----	YES ..... 1 NO ..... 2
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES ..... 1 NO ..... 2
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES ..... 1 NO ..... 2
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES ..... 1 NO ..... 2
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO ..... 2
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES ..... 1 NO ..... 2
09	Emergency Contraception. PROBE: As an emergency measure, within 3 days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES ..... 1 NO ..... 2
10	Standard Days Method. PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES ..... 1 NO ..... 2
11	Lactational Amenorrhea Method (LAM). PROBE: Up to 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	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:  NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/> → 317	
303	Are you or your partner currently doing something or using any method to delay or avoid getting	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:  RESPONDENT <input type="checkbox"/> STERILIZED ONLY ↓  PROCEED TO 307. CIRCLE CODE 'A' AND FOLLOW THE SKIP INSTRUCTION.  PARTNER <input type="checkbox"/> STERILIZED ONLY ↓  PROCEED TO 307. CIRCLE CODE 'B' AND FOLLOW THE SKIP INSTRUCTION.  BOTH <input type="checkbox"/> STERILIZED ↓  PROCEED TO 307. CIRCLE CODE 'A' AND CODE 'B' AND FOLLOW THE SKIP INSTRUCTION.		
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.	SECURE ..... 01 MICROGYNON ..... 02 DUOFEM ..... 03 N/M TABLETS ..... 04 MICROLUT ..... 05  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>FIESTA ..... 01</p> <p>KISS ..... 02</p> <p>DUREX ..... 03</p> <p>GOLD CIRCLE ..... 04</p> <p>BE SAFE/ NO LOGO ..... 05</p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	<p align="center">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>GOVERNMENT HOSPITAL ..... 11</p> <p>GOVERNMENT POLYCLINIC ..... 12</p> <p>GOVERNMENT HEALTH CENTER ..... 13</p> <p>GOVERNMENT CLINIC ..... 14</p> <p>CHPS CENTER/GOVERNMENT HEALTH POST ..... 15</p> <p>COMMUNITY HEALTH SERVICES (OUTREACH) ..... 16</p> <p>OTHER PUBLIC SECTOR ..... 17</p> <p align="center">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... 21</p> <p>PRIVATE CLINIC ..... 22</p> <p>COMMUNITY HEALTH SERVICES (MOBILE CLINIC) ..... 23</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... 24</p> <p align="center">(SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL/CLINIC ..... 31</p> <p>OTHER NGO MEDICAL SECTOR ..... 32</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 ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table></p> <p>YEAR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table></p>									<p align="center">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 ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table></p> <p>YEAR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table></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 align="center"> NO <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table>  ↓ </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> <p align="right"> YES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table>  ← </p>										

SECTION 3. CONTRACEPTION (CAPI OPTION) (8)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316 (9)	<p>CHECK 313 AND 314:</p> <p align="center">YEAR IS 2017-2022 <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>	<p align="center">YEAR IS 2016 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 2017 .</p> <p align="center">THEN ↓ (SKIP TO 329)</p>	
317 (9)	<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 2017. 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)?	IMMEDIATELY ..... 00	
	CIRCLE '95' IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.	MONTHS ..... <input type="text"/> <input type="text"/>	→ 317F
		DATE GIVEN ..... 95	
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)?	MONTHS ..... <input type="text"/> <input type="text"/>	→ 317H
	CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.	DATE GIVEN ..... 95	
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**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318 (1)	Have you used emergency contraception in the last 12 months? That is, have you taken special pills within 3 days after having unprotected sexual intercourse to prevent pregnancy?	YES ..... 1 NO ..... 2	
319	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH  NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/>		→ 321
320	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 331
321	CHECK 307:  CIRCLE METHOD CODE:  IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED ..... 00 FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 IUD ..... 03 INJECTABLES ..... 04 IMPLANTS ..... 05 PILL ..... 06 CONDOM ..... 07 FEMALE CONDOM ..... 08 EMERGENCY CONTRACEPTION ..... 09 STANDARD DAYS METHOD ..... 10 LACTATIONAL AMENORRHEA METHOD ..... 11 RHYTHM METHOD ..... 12 WITHDRAWAL ..... 13 OTHER MODERN METHOD ..... 95 OTHER TRADITIONAL METHOD ..... 96	→ 331 → 324 → 332        → 332  → 332
322	You first started using (CURRENT METHOD) in (DATE FROM 314). Where did you get it at that time?  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> GOVERNMENT HOSPITAL ..... 11 GOVERNMENT POLYCLINIC ..... 12 GOVERNMENT HEALTH CENTER ..... 13 GOVERNMENT CLINIC ..... 14 CHPS CENTER/GOVERNMENT HEALTH POST ..... 15 COMMUNITY HEALTH SERVICES (OUTREACH) ..... 16 OTHER PUBLIC SECTOR ..... 17  _____ (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL ..... 21 PRIVATE CLINIC ..... 22 PHARMACY ..... 23 DRUG STORE ..... 24 COMMUNITY HEALTH SERVICES (MOBILE CLINIC) ..... 25 MATERNITY HOME ..... 26 OTHER PRIVATE MEDICAL SECTOR ..... 27  _____ (SPECIFY)  <b>NGO MEDICAL SECTOR</b> NGO HOSPITAL/CLINIC ..... 31 OTHER NGO MEDICAL SECTOR ..... 32  _____ (SPECIFY)  <b>OTHER SOURCE</b> SHOP ..... 41 CHURCH ..... 42 FRIEND/RELATIVE ..... 43  OTHER ..... 96  _____ (SPECIFY)	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
323	At that time, were you told about side effects or problems you might have with the method?	YES ..... 1 NO ..... 2	<input type="checkbox"/> → 325
324	When you got sterilized, were you told about side effects or problems you might have with the	YES ..... 1 NO ..... 2	
325	Were you told what to do if you experienced side effects or problems?	YES ..... 1 NO ..... 2	
326	At that time, were you told about other methods of family planning that you could use?	YES ..... 1 NO ..... 2	
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	<input type="checkbox"/> → 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	<input type="checkbox"/> → 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	<input type="checkbox"/> → 332  <input type="checkbox"/> → 332  <input type="checkbox"/> → 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>GOVERNMENT HOSPITAL ..... 11</p> <p>GOVERNMENT POLYCLINIC ..... 12</p> <p>GOVERNMENT HEALTH CENTER .. 13</p> <p>GOVERNMENT CLINIC ..... 14</p> <p>CHPS CENTER/GOVERNMENT HEALTH POST ..... 15</p> <p>COMMUNITY HEALTH SERVICES (OUTREACH) ..... 16</p> <p>OTHER PUBLIC SECTOR ..... 17</p> <p>_____ (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... 21</p> <p>PRIVATE CLINIC ..... 22</p> <p>PHARMACY ..... 23</p> <p>DRUG STORE ..... 24</p> <p>COMMUNITY HEALTH SERVICES (MOBILE CLINIC) ..... 25</p> <p>MATERNITY HOME ..... 26</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... 27</p> <p>_____ (SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL/CLINIC ..... 31</p> <p>OTHER NGO MEDICAL SECTOR ..... 32</p> <p>_____ (SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... 41</p> <p>CHURCH ..... 42</p> <p>FRIEND/RELATIVE ..... 43</p> <p>DRUG PEDDLERS ..... 44</p> <p>OTHER ..... 96</p> <p>_____ (SPECIFY)</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>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 1 OR 2 <input type="checkbox"/> PREGNANCY TYPE 3, 4, OR 5 <input type="checkbox"/>  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	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; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
409	Did you want to have a baby later on, or not at all?	LATER ..... 1 NOT AT ALL ..... 2	→ 411
410	How much longer did you want to wait?	MONTHS ..... 1 <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> YEARS ..... 2 <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> DON'T KNOW ..... 998	
411	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH ..... 1 PRIOR LIVE BIRTH ..... 2 MOST RECENT STILLBIRTH ..... 3 PRIOR STILLBIRTH ..... 4 ABORTION/MISCARRIAGE ..... 5	→ 434 → 434 → 475
412	Did you see anyone for antenatal care for this pregnancy?	YES ..... 1 NO ..... 2	→ 414
413	CHECK 405: PREGNANCY OUTCOME TYPE  MOST RECENT LIVE BIRTH <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> (SKIP TO 420) ←	MOST RECENT STILLBIRTH <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> →	→ 426
414	Whom did you see?  Anyone else?  PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	<b>HEALTH PERSONNEL</b> DOCTOR ..... A MIDWIFE/NURSE (CHN/CHO/EN/PHN, GN) B  <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT ..... C COMMUNITY HEALTH WORKER/ VOLUNTEER ..... D  OTHER _____ X (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"/>																																	
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>GOVERNMENT HOSPITAL ..... C</p> <p>GOVERNMENT POLYCLINIC ..... D</p> <p>GOVERNMENT HEALTH CENTER .. E</p> <p>GOVERNMENT CLINIC ..... F</p> <p>CHPS CENTER/GOVERNMENT HEALTH POST ..... G</p> <p>COMMUNITY HEALTH SERVICES (OUTREACH) ..... H</p> <p>OTHER PUBLIC SECTOR ..... I</p> <p>_____ (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... J</p> <p>PRIVATE CLINIC ..... K</p> <p>MATERNITY HOME ..... L</p> <p>COMMUNITY HEALTH SERVICES (MOBILE CLINIC) ..... M</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... N</p> <p>_____ (SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL/CLINIC ..... O</p> <p>OTHER NGO MEDICAL SECTOR ..... P</p> <p>_____ (SPECIFY)</p> <p>OTHER ..... X</p> <p>_____ (SPECIFY)</p>																																	
416	How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?	<p>WEEKS ..... 1 <input type="text"/><input type="text"/></p> <p>MONTHS ..... 2 <input type="text"/><input type="text"/></p> <p>DON'T KNOW ..... 998</p>																																	
417	How many times did you receive antenatal care during this pregnancy?	<p>NUMBER OF TIMES ..... <input type="text"/><input type="text"/></p> <p>DON'T KNOW ..... 98</p>																																	
418	<p>As part of your antenatal care during this pregnancy, did a healthcare provider do any of the following:</p> <p>a) Measure your blood pressure?</p> <p>b) Take a urine sample?</p> <p>c) Take a blood sample?</p> <p>d) Listen to the baby's heartbeat?</p> <p>e) Talk with you about which foods or how much food you should eat?</p> <p>f) Talk with you about breastfeeding?</p> <p>g) Ask you if you had vaginal bleeding?</p>	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) BP .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) URINE .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) BLOOD .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) HEARTBEAT .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) FOODS .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>f) BREASTFEED .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>g) BLEEDING .....</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) BP .....	1	2	8	b) URINE .....	1	2	8	c) BLOOD .....	1	2	8	d) HEARTBEAT .....	1	2	8	e) FOODS .....	1	2	8	f) BREASTFEED .....	1	2	8	g) BLEEDING .....	1	2	8	
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419	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <p>MOST RECENT LIVE BIRTH <input type="checkbox"/></p> <p>MOST RECENT STILLBIRTH <input type="checkbox"/></p>	<p>→ 426</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"/>	
420	During this pregnancy, were you given an injection (Tetanus-Diphtheria) 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	CHECK 421:  <div style="display: flex; justify-content: space-around;"> <div>                         ONE TIME <input type="checkbox"/>                          OR DK ↓                     </div> <div>                         TWO OR MORE TIMES <input type="checkbox"/> → 426                     </div> </div>		
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	CHECK 424:  <div style="display: flex; justify-content: space-around;"> <div>                         ONLY ONE TIME ↓ <input type="checkbox"/>                          a) How many years ago did you receive that tetanus injection?                     </div> <div>                         MORE THAN ONE ↓ <input type="checkbox"/>                          b) How many years ago did you receive the last tetanus injection prior to this                     </div> </div>	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	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 429
427	Where did you get the iron tablets or syrup?  Anywhere else?  PROBE TO IDENTIFY THE TYPE OF SOURCE.   IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... A GOVERNMENT POLYCLINIC ..... B GOVERNMENT HEALTH CENTER ..... C GOVERNMENT CLINIC ..... D CHPS CENTER/GOVERNMENT HEALTH POST ..... E COMMUNITY HEALTH SERVICES (OUTREACH) ..... F OTHER PUBLIC SECTOR ..... G _____ (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL ..... H PRIVATE CLINIC ..... I MATERNITY HOME ..... J COMMUNITY HEALTH SERVICES (MOBILE CLINIC) ..... K OTHER PRIVATE MEDICAL SECTOR ..... L _____ (SPECIFY)  <b>NGO MEDICAL SECTOR</b> NGO HOSPITAL/CLINIC ..... M OTHER NGO MEDICAL SECTOR ..... N _____ (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"/>	
		<b>OTHER SOURCE</b> SHOP ..... O MARKET ..... P OTHER _____ X (SPECIFY)	
428	During the whole pregnancy, for how many days did you take the iron tablets or syrup?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS ..... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 998	
429	During this pregnancy, did you take any medicine for intestinal worms?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
431	During this pregnancy, did you take SP/Fansidar to keep you from getting malaria?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 434
432	How many times did you take SP/Fansidar during this pregnancy?	TIMES ..... <input type="text"/> <input type="text"/>	
432A	CHECK 432:  CODE '01' OR '02' TIMES ENTERED <input type="checkbox"/> ↓	OTHER <input type="checkbox"/> → 433	
432B	Why did you take SP/Fansidar only one or two times during this pregnancy?  RECORD ALL MENTIONED.	FACILITY TOO FAR ..... A HAD NO MONEY ..... B SIDE EFFECTS ..... C NOT AWARE HAD TO TAKE MORE ..... D DID NOT WANT TO TAKE ..... E NOT GIVEN ..... F NOT AVAILABLE ..... G OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
433	Did you get the SP/Fansidar during any antenatal care visit, during another visit to a health facility or from another source?  IF MORE THAN ONE SOURCE, RECORD THE HIGHEST SOURCE ON THE LIST.	ANTENATAL VISIT ..... 1 ANOTHER FACILITY VISIT ..... 2 OTHER SOURCE ..... 6	
434	CHECK 405: PREGNANCY TYPE 1 OR 2 <input type="checkbox"/> ↓ a) Who assisted with the delivery of (NAME)? Anyone else? ..... b) Who assisted with the delivery of the stillbirth you had in (DATE FROM 406)? ..... PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	<b>HEALTH PERSONNEL</b> DOCTOR ..... A MIDWIFE/NURSE (CHN/CHO/EN/PHN, G...) B <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT ..... C COMMUNITY HEALTH WORKER/VOLUNTEER ..... D OTHER ..... X (SPECIFY) NO ONE ASSISTED ..... Y	

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"/>	
435	<p>CHECK 405:</p> <p>PREGNANCY TYPE <input type="text"/> 1 OR 2      PREGNANCY TYPE <input type="text"/> 3 OR 4</p> <p>a) Where did you give birth to (NAME)?      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 → 437</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 21</p> <p>GOVERNMENT POLYCLINIC ..... 22</p> <p>GOVERNMENT HEALTH CENTER ..... 23</p> <p>GOVERNMENT CLINIC ..... 24</p> <p>CHPS CENTER/GOVERNMENT HEALTH POST ..... 25</p> <p>COMMUNITY HEALTH SERVICES (OUTREACH) .... 26</p> <p>OTHER PUBLIC SECTOR ..... 27</p> <p>_____ (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... 31</p> <p>PRIVATE CLINIC ..... 32</p> <p>MATERNITY HOME ..... 33</p> <p>COMMUNITY HEALTH SERVICES (MOBILE CLINIC) ..... 34</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... 35</p> <p>_____ (SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL/CLINIC ..... 41</p> <p>OTHER NGO MEDICAL SECTOR ..... 42</p> <p>_____ (SPECIFY)</p> <p>OTHER ..... 96 → 437</p> <p>_____ (SPECIFY)</p>	
436	<p>CHECK 405:</p> <p>PREGNANCY TYPE <input type="text"/> 1 OR 2      PREGNANCY TYPE <input type="text"/> 3 OR 4</p> <p>a) Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?      b) Was this stillbirth delivered by caesarean, that is, did they cut your belly open to take the baby out?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
437	CHECK 405: PREGNANCY OUTCOME TYPE	<p>MOST RECENT LIVE BIRTH ..... 1</p> <p>PRIOR LIVE BIRTH ..... 2 → 441</p> <p>MOST RECENT STILLBIRTH ..... 3 → 445</p> <p>PRIOR STILLBIRTH ..... 4 → 487</p>	
438	After the birth, was (NAME) put on your chest?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8 → 441</p>	
439	Was (NAME)'s bare skin touching your bare skin?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8 → 441</p>	
440	<p>How long after birth was (NAME) put on the bare skin of your chest?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p> <p>IF LESS THAN 1 HOUR, RECORD '00' HOURS;</p> <p>IF 24 HOURS OR MORE, RECORD 24.</p>	<p>IMMEDIATELY ..... 000</p> <p>HOURS ..... <input type="text"/> <input type="text"/></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"/>	
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
445	CHECK 435: PLACE OF DELIVERY  FACILITY BIRTH: ANY CODE <input type="checkbox"/> 21 THROUGH 46 CIRCLED	CODE 11, 12, OR 96 <input type="checkbox"/> CIRCLED	→ 464
447	CHECK 405: PREGNANCY TYPE 1 <input type="checkbox"/> a) How long after (NAME) was delivered did you stay in (FACILITY IN 435)? b) For the stillbirth you had in (DATE FROM 406), how long after the baby was born did you stay in (FACILITY IN 435)? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	PREGNANCY TYPE 3 <input type="checkbox"/> HOURS ..... 1 DAYS ..... 2 WEEKS ..... 3 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 DAYS ..... 2 WEEKS ..... 3 DON'T KNOW ..... 998	



SECTION 4. PREGNANCY AND POSTNATAL CARE

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450	Who checked on your health at that time?  PROBE FOR MOST QUALIFIED PERSON.	<b>HEALTH PERSONNEL</b> DOCTOR ..... 11 MIDWIFE/NURSE (CHN/CHO/EN/PHN, G .. 12  <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT ..... 21 COMMUNITY HEALTH WORKER/ VOLUNTEER ..... 22  OTHER _____ 96 (SPECIFY)							
451	CHECK 405: PREGNANCY OUTCOME TYPE  <div style="display: flex; justify-content: space-around;"> <div>             MOST RECENT LIVE BIRTH <input type="checkbox"/> </div> <div>             MOST RECENT <input type="checkbox"/> STILLBIRTH           </div> </div>		→ 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						
453	How long after delivery was (NAME)'s health first checked?  IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS ..... 1 <table border="1" 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							
454	Who checked on (NAME)'s health at that time?  PROBE FOR MOST QUALIFIED PERSON.	<b>HEALTH PERSONNEL</b> DOCTOR ..... 11 MIDWIFE/NURSE (CHN/CHO/EN/PHN, G .. 12  <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT ..... 21 COMMUNITY HEALTH WORKER/ VOLUNTEER ..... 22  OTHER _____ 96 (SPECIFY)							
455	Now I would like to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?	YES ..... 1 NO ..... 2	→ 459						
456	How long after delivery did that check take place?  IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS ..... 1 <table border="1" 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							
457	Who checked on your health at that time?  PROBE FOR MOST QUALIFIED PERSON.	<b>HEALTH PERSONNEL</b> DOCTOR ..... 11 MIDWIFE/NURSE (CHN/CHO/EN/PHN, G .. 12  <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT ..... 21 COMMUNITY HEALTH WORKER/ VOLUNTEER ..... 22  OTHER _____ 96 (SPECIFY)							

SECTION 4. PREGNANCY AND POSTNATAL CARE

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458	<p>Where did the 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>GOVERNMENT HOSPITAL ..... 21</p> <p>GOVERNMENT POLYCLINIC ..... 22</p> <p>GOVERNMENT HEALTH CENTER ..... 23</p> <p>GOVERNMENT CLINIC ..... 24</p> <p>CHPS CENTER/GOVERNMENT HEALTH POST ..... 25</p> <p>COMMUNITY HEALTH SERVICES (OUTREACH) .... 26</p> <p>OTHER PUBLIC SECTOR ..... 27</p> <p>_____ (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... 31</p> <p>PRIVATE CLINIC ..... 32</p> <p>MATERNITY HOME ..... 33</p> <p>COMMUNITY HEALTH SERVICES (MOBILE CLINIC) ..... 34</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... 35</p> <p>_____ (SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL/CLINIC ..... 41</p> <p>OTHER NGO MEDICAL SECTOR ..... 42</p> <p>_____ (SPECIFY)</p> <p>OTHER ..... 96</p> <p>_____ (SPECIFY)</p>	
459	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <p align="center">MOST RECENT LIVE BIRTH <input type="checkbox"/> <span style="margin-left: 100px;">MOST RECENT STILLBIRTH <input type="checkbox"/></span></p>		→ 474
460	<p>After (NAME) left (FACILITY IN 435) did any health care provider or a traditional birth attendant check on (NAME)'s health?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	→ 473
461	<p>How long after the birth of (NAME) did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS ..... 1 <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table></p> <p>DAYS ..... 2 <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table></p> <p>WEEKS ..... 3 <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table></p> <p>DON'T KNOW ..... 998</p>	
462	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... 11</p> <p>MIDWIFE/NURSE (CHN/CHO/EN/PHN, G .. 12</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT .... 21</p> <p>COMMUNITY HEALTH WORKER/ VOLUNTEER ..... 22</p> <p>OTHER ..... 96</p> <p>_____ (SPECIFY)</p>	

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463	<p>Where did this check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, 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>GOVERNMENT HOSPITAL ..... 21</p> <p>GOVERNMENT POLYCLINIC ..... 22</p> <p>GOVERNMENT HEALTH CENTER ..... 23</p> <p>GOVERNMENT CLINIC ..... 24</p> <p>CHPS CENTER/GOVERNMENT HEALTH POST ..... 25</p> <p>COMMUNITY HEALTH SERVICES (OUTREACH) .... 26</p> <p>OTHER PUBLIC SECTOR ..... 27</p> <p>_____ (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... 31</p> <p>PRIVATE CLINIC ..... 32</p> <p>MATERNITY HOME ..... 33</p> <p>COMMUNITY HEALTH SERVICES (MOBILE CLINIC) ..... 34</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... 35</p> <p>_____ (SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL/CLINIC ..... 41</p> <p>OTHER NGO MEDICAL SECTOR ..... 42</p> <p>_____ (SPECIFY)</p> <p>OTHER ..... 96</p> <p>_____ (SPECIFY)</p>	<p>473</p> <p>→</p>						
464	<p>CHECK 405:</p> <p>PREGNANCY TYPE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> 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> <p>PREGNANCY TYPE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> 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</p>			<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 468</p>				
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>	<p>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></p> <p>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></p> <p>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></p> <p>DON'T KNOW ..... 998</p>							
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>MIDWIFE/NURSE (CHN/CHO/EN/PHN, G .. 12</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT .... 21</p> <p>COMMUNITY HEALTH WORKER/VOLUNTEER ..... 22</p> <p>OTHER ..... 96</p> <p>_____ (SPECIFY)</p>							

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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>GOVERNMENT HOSPITAL ..... 21</p> <p>GOVERNMENT POLYCLINIC ..... 22</p> <p>GOVERNMENT HEALTH CENTER ..... 23</p> <p>GOVERNMENT CLINIC ..... 24</p> <p>CHPS CENTER/GOVERNMENT HEALTH POST ..... 25</p> <p>COMMUNITY HEALTH SERVICES (OUTREACH) .... 26</p> <p>OTHER PUBLIC SECTOR ..... 27</p> <p>_____ (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... 31</p> <p>PRIVATE CLINIC ..... 32</p> <p>MATERNITY HOME ..... 33</p> <p>COMMUNITY HEALTH SERVICES (MOBILE CLINIC) ..... 34</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... 35</p> <p>_____ (SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL/CLINIC ..... 41</p> <p>OTHER NGO MEDICAL SECTOR ..... 42</p> <p>_____ (SPECIFY)</p> <p>OTHER ..... 96</p> <p>_____ (SPECIFY)</p>	
468	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <p align="center">MOST RECENT <input type="checkbox"/> LIVE BIRTH ↓</p> <p align="center">MOST RECENT <input type="checkbox"/> STILLBIRTH → 474</p>		
469	<p>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).</p> <p>After (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME's) health?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	→ 473
470	<p>How long after the birth of (NAME) did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS ..... 1 <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table></p> <p>DAYS ..... 2 <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table></p> <p>WEEKS ..... 3 <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table></p> <p>DON'T KNOW ..... 998</p>	
471	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... 11</p> <p>MIDWIFE/NURSE (CHN/CHO/EN/PHN, G .. 12</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT .... 21</p> <p>COMMUNITY HEALTH WORKER/ VOLUNTEER ..... 22</p> <p>OTHER ..... 96</p> <p>_____ (SPECIFY)</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"/>																									
472	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, 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>GOVERNMENT HOSPITAL ..... 21</p> <p>GOVERNMENT POLYCLINIC ..... 22</p> <p>GOVERNMENT HEALTH CENTER ..... 23</p> <p>GOVERNMENT CLINIC ..... 24</p> <p>CHPS CENTER/GOVERNMENT HEALTH POST ..... 25</p> <p>COMMUNITY HEALTH SERVICES (OUTREACH) .... 26</p> <p>OTHER PUBLIC SECTOR ..... 27</p> <p>_____ (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... 31</p> <p>PRIVATE CLINIC ..... 32</p> <p>MATERNITY HOME ..... 33</p> <p>COMMUNITY HEALTH SERVICES (MOBILE CLINIC) ..... 34</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... 35</p> <p>_____ (SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL/CLINIC ..... 41</p> <p>OTHER NGO MEDICAL SECTOR ..... 42</p> <p>_____ (SPECIFY)</p> <p>OTHER ..... 96</p> <p>_____ (SPECIFY)</p>																									
473	<p>During the first 2 days after (NAME)'s birth, did any health care provider do the following:</p> <p>a) Examine the cord?</p> <p>b) Measure (NAME)'s temperature?</p> <p>c) Tell you how to recognize if your baby needs immediate medical attention?</p> <p>d) Talk with you about breastfeeding?</p> <p>e) Observe (NAME) breastfeeding to see if you are doing it correctly?</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) CORD .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) 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> </tbody> </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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474	<p>During the first 2 days after the birth, did any healthcare provider do the following to you:</p> <p>a) Measure your blood pressure?</p> <p>b) Discuss your vaginal bleeding with you?</p> <p>c) Discuss family planning with you?</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <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> </tbody> </table>		YES	NO	DK	a) BLOOD PRESSURE ....	1	2	8	b) BLEEDING .....	1	2	8	c) FAMILY PLANNING ....	1	2	8									
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475	<p>CHECK 215: IS THIS PREGNANCY THE WOMAN'S LAST PREGNANCY?</p> <p align="center">YES <input type="checkbox"/></p> <p align="center">NO <input type="checkbox"/> → 479</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"/>	
476	<p>CHECK 405:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>PREGNANCY TYPE 1 <input type="checkbox"/></p> <p>a) Has your menstrual period returned since the birth of (NAME)?</p> </div> <div style="text-align: center;"> <p>PREGNANCY TYPE 3 OR 5 <input type="checkbox"/></p> <p>b) Has your menstrual period returned since the pregnancy that ended in (DATE FROM 406)?</p> </div> </div>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
477	<p>CHECK 232: IS RESPONDENT PREGNANT?</p> <p align="center">NOT PREGNANT <input type="checkbox"/></p> <p align="center">PREGNANT <input type="checkbox"/> OR UNSURE → 479</p>		
478	<p>CHECK 405:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>PREGNANCY TYPE 1 <input type="checkbox"/></p> <p>a) Have you had sexual intercourse since the birth of (NAME)?</p> </div> <div style="text-align: center;"> <p>PREGNANCY TYPE 3 OR 5 <input type="checkbox"/></p> <p>b) Have you had sexual intercourse since the pregnancy that ended in (DATE FROM</p> </div> </div>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
479	CHECK 405: PREGNANCY OUTCOME TYPE	<p>MOST RECENT LIVE BIRTH ..... 1</p> <p>MOST RECENT STILLBIRTH ..... 3</p> <p>MISCARRIAGE/ABORTION ..... 5</p>	→ 487
480	Did you ever breastfeed (NAME)?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 482
481	CHECK 224 FOR CHILD:	<p>LIVING <input type="checkbox"/> → 486</p> <p>DEAD <input type="checkbox"/> → 487</p>	
482	<p>How long after birth did you first put (NAME) to the breast?</p> <p>IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.</p>	<p>IMMEDIATELY ..... 000</p> <p>HOURS ..... 1 <input type="text"/> <input type="text"/></p> <p>DAYS ..... 2 <input type="text"/> <input type="text"/></p>	
483	In the first 2 days after delivery, was (NAME) given anything other than breastmilk to eat or drink – anything at all like water, milk for babies, Nido, fresh milk, herbal treatments?	<p>YES ..... 1</p> <p>NO ..... 2</p>	
484	<p>CHECK 224 FOR CHILD:</p> <p align="center">LIVING <input type="checkbox"/></p> <p align="center">DEAD <input type="checkbox"/> → 487</p>		
485	Are you still breastfeeding (NAME)?	<p>YES ..... 1</p> <p>NO ..... 2</p>	
486	Did (NAME) drink anything from a bottle with a nipple yesterday during the day or at night?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
487	<p>CHECK 402: ANY MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY?</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p> <p>(GO TO 404 FOR THE NEXT PREGNANCY OUTCOME) ←</p> </div> <div style="text-align: center;"> <p>NO MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> → 501</p> </div> </div>		

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  <input type="checkbox"/> </div> <div style="text-align: center;">                     NO SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY  <input type="checkbox"/> </div> </div>	→ 601	
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 .. <input type="text"/> <input type="text"/>		
504	Do you have a card, such as a weighing card, or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD ..... 1 YES, HAS ONLY ANOTHER DOCUMENT ..... 2 YES, HAS CARD AND OTHER DOCUMENT ... 3 NO, NO CARD AND NO OTHER DOCUMENT 4	→ 507 → 507
505	Did you ever have a vaccination card, or a weighing 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 <input type="checkbox"/> </div> <div style="text-align: center;">                     CODE '4' CIRCLED <input type="checkbox"/> </div> </div>	→ 513	
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.	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"/>  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 .. <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>																																																																																						
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 border="1"> <thead> <tr> <th></th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>POLIO 0/ OPV 0</td><td></td><td></td><td></td></tr> <tr><td>HEPATITIS B AT BIRTH</td><td></td><td></td><td></td></tr> <tr><td>POLIO 1/ OPV 1</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>PNEUMOCOCCAL 1</td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 1</td><td></td><td></td><td></td></tr> <tr><td>POLIO 2/ OPV 2</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>PNEUMOCOCCAL 2</td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 2</td><td></td><td></td><td></td></tr> <tr><td>POLIO 3/ OPV 3</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 3</td><td></td><td></td><td></td></tr> <tr><td>IPV (INACTIVATED POLIO VACCINE)</td><td></td><td></td><td></td></tr> <tr><td>MEASLES-RUBELLA 1</td><td></td><td></td><td></td></tr> <tr><td>YELLOW FEVER</td><td></td><td></td><td></td></tr> <tr><td>MEASLES-RUBELLA 2</td><td></td><td></td><td></td></tr> <tr><td>MENINGITIS A</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				POLIO 0/ OPV 0				HEPATITIS B AT BIRTH				POLIO 1/ OPV 1				DPT-HEP.B-HIB (PENTAVALENT) 1				PNEUMOCOCCAL 1				ROTAVIRUS 1				POLIO 2/ OPV 2				DPT-HEP.B-HIB (PENTAVALENT) 2				PNEUMOCOCCAL 2				ROTAVIRUS 2				POLIO 3/ OPV 3				DPT-HEP.B-HIB (PENTAVALENT) 3				PNEUMOCOCCAL 3				IPV (INACTIVATED POLIO VACCINE)				MEASLES-RUBELLA 1				YELLOW FEVER				MEASLES-RUBELLA 2				MENINGITIS A				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 'MENINGITIS A' ALL HAVE A DATE RECORDED OR '44' RECORDED IN THE 'DAY' COLUMN?</p> <p align="center">NO <input type="checkbox"/> YES <input type="checkbox"/></p> <p align="center">↓</p>		→ 529																																																																																				



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 or immunization days or child health days?</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            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 or immunization days or child health days?	<p>YES ..... 1            NO ..... 2            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            NO ..... 2            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            NO ..... 2            DON'T KNOW ..... 8</p>	→ 517
516	Did (NAME) receive it within 24 hours of birth?	<p>YES ..... 1            NO ..... 2            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            NO ..... 2            DON'T KNOW ..... 8</p>	→ 521
518	Did (NAME) receive the first oral polio vaccine in the first 2 weeks after birth or later?	<p>FIRST TWO WEEKS ..... 1            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 injection on the RIGHT thigh, to protect against polio?	<p>YES ..... 1            NO ..... 2            DON'T KNOW ..... 8</p>	
521	Has (NAME) ever received a penta vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	<p>YES ..... 1            NO ..... 2            DON'T KNOW ..... 8</p>	→ 523
522	How many times did (NAME) receive the penta vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
523	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the RIGHT thigh to prevent pneumonia?	<p>YES ..... 1            NO ..... 2            DON'T KNOW ..... 8</p>	→ 525

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"/>	
525	Has (NAME) ever received a rotavirus vaccination to prevent diarrhea, that is, a liquid suspension administered from the vial in the mouth to swallow	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 527
526	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES <input type="text"/>	
527	Has (NAME) ever received a measles-rubella vaccination, that is, an injection in the arm to prevent measles and rubella?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 528A
528	How many times did (NAME) receive a measles-rubella vaccine?	NUMBER OF TIMES <input type="text"/>	
528A	Has (NAME) ever received an injection to prevent yellow fever- a shot in the arm at the age of 9 months or older (sometimes given at the same time as measles-rubella)?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
528B	Has (NAME) ever received a meningitis A vaccination, that is, an injection in the RIGHT upper arm to prevent meningitis A?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
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> GOVERNMENT HOSPITAL ..... 11 GOVERNMENT POLYCLINIC ..... 12 GOVERNMENT HEALTH CENTER ..... 13 GOVERNMENT CLINIC ..... 14 CHPS CENTER/GOVERNMENT HEALTH POST ..... 15 COMMUNITY HEALTH SERVICES (OUTREACH) ..... 16 OTHER PUBLIC SECTOR ..... 17 _____ (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL ..... 21 PRIVATE CLINIC ..... 22 PHARMACY ..... 23 DRUG STORE ..... 24 COMMUNITY HEALTH SERVICES (MOBILE CLINIC) ..... 25 MATERNITY HOME ..... 26 OTHER PRIVATE MEDICAL SECTOR ..... 27 _____ (SPECIFY)  <b>NGO MEDICAL SECTOR</b> NGO HOSPITAL/CLINIC ..... 31 OTHER NGO MEDICAL SECTOR ..... 32 _____ (SPECIFY)  <b>OTHER SOURCE</b> DRUG PEDDLERS ..... 41  OTHER ..... 96 _____ (SPECIFY)	
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"/>	→ 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?  <div style="display: flex; justify-content: space-around;"> <div>ONE OR MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></div> <div>NO SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></div> </div>		
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 pills, sprinkles with iron, or iron syrup?  SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUP.	<div style="text-align: right;">YES NO DK</div> a) PILLS/SPRINKLES/SYRUP .. 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.	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
606	In the last 6 months, was (NAME) given any medicine for intestinal worms?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
607	In the last 3 months, has any healthcare provider or community health worker measured:  a) (NAME)'s weight?  b) (NAME)'s length or height?  c) Around (NAME)'s upper arm?  SHOW IMAGE OF MUAC TAPE.	<div style="text-align: right;">YES NO DK</div> 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?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 618

## SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER .. <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
609	<p>CHECK 485: CURRENTLY BREASTFEEDING?</p> <p>YES <input type="checkbox"/> ↓</p> <p>NOT ASKED <input type="checkbox"/> ↓</p> <p>a) Now I would like to know how much (NAME) was given to drink during the diarrhea, including breast milk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p> <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
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>GOVERNMENT HOSPITAL ..... A</p> <p>GOVERNMENT POLYCLINIC ..... B</p> <p>GOVERNMENT HEALTH CENTER ..... C</p> <p>GOVERNMENT CLINIC ..... D</p> <p>CHPS CENTER/GOVERNMENT HEALTH POST ..... E</p> <p>COMMUNITY HEALTH SERVICES (OUTREACH) ..... F</p> <p>OTHER PUBLIC SECTOR ..... G</p> <p>_____ (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... H</p> <p>PRIVATE CLINIC ..... I</p> <p>MATERNITY HOME ..... J</p> <p>COMMUNITY HEALTH SERVICES (MOBILE CLINIC) ..... K</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... L</p> <p>_____ (SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL/CLINIC ..... M</p> <p>OTHER NGO MEDICAL SECTOR ..... O</p> <p>_____ (SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP/MARKET ..... P</p> <p>TRADITIONAL PRACTITIONER ..... Q</p> <p>DRUG PEDDLER ..... R</p> <p>OTHER ..... X</p> <p>_____ (SPECIFY)</p>	

**SECTION 6. CHILD HEALTH AND NUTRITION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
NO.	NAME OF LIVE BIRTH _____ PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>																		
613	CHECK 612: <div style="display: flex; justify-content: space-around;"> <div>TWO OR MORE CODES CIRCLED <input type="checkbox"/></div> <div>ONLY ONE CODE CIRCLED <input type="checkbox"/></div> </div>		→ 615																
614	Where did you first seek advice or treatment? USE LETTER CODE FROM 612.	FIRST PLACE ..... <input type="text"/>																	
615	Was (NAME) given any of the following at any time since (NAME) started having the diarrhea: a) A fluid made from a special ORS packet? c) Zinc tablets or syrup? d) A homemade fluid ?	<table border="0"> <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>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	c) ZINC .....	1	2	8	d) HOMEMADE FLUID .....	1	2	8	
	YES	NO	DK																
a) FLUID FROM ORS PACKET ..	1	2	8																
c) ZINC .....	1	2	8																
d) HOMEMADE FLUID .....	1	2	8																
616	CHECK 615: <div style="display: flex; justify-content: space-around;"> <div>ANY 'YES' <input type="checkbox"/></div> <div>ALL 'NO' OR 'DK' <input type="checkbox"/></div> </div> a) Was anything else given to treat the diarrhea? b) Was anything given to treat the diarrhea?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 618																
617	CHECK 615: <div style="display: flex; justify-content: space-around;"> <div>ANY 'YES' <input type="checkbox"/></div> <div>ALL 'NO' OR 'DK' <input type="checkbox"/></div> </div> a) What else was given to treat the diarrhea? b) What was given to treat the diarrhea?  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 (SPECIFY) _____																	
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 (SPECIFY) _____ DON'T KNOW ..... 8	→ 625																

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____ PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>		
624	CHECK 618: HAD FEVER? YES <input type="checkbox"/> NO OR DON'T KNOW <input type="checkbox"/>		→ 634
625	Did you seek advice or treatment for the illness from any source?	YES ..... 1 NO ..... 2	→ 630
626	Where did you seek advice or treatment?  Anywhere else?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... A GOVERNMENT POLYCLINIC ..... B GOVERNMENT HEALTH CENTER ..... C GOVERNMENT CLINIC ..... D CHPS CENTER/GOVERNMENT HEALTH POST ..... E COMMUNITY HEALTH SERVICES (OUTREACH) ..... F OTHER PUBLIC SECTOR ..... G _____ (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL ..... H PRIVATE CLINIC ..... I MATERNITY HOME ..... J COMMUNITY HEALTH SERVICES (MOBILE CLINIC) ..... K OTHER PRIVATE MEDICAL SECTOR ..... L _____ (SPECIFY)  <b>NGO MEDICAL SECTOR</b> NGO HOSPITAL/CLINIC ..... M OTHER NGO MEDICAL SECTOR ..... O _____ (SPECIFY)  <b>OTHER SOURCE</b> SHOP/MARKET ..... P TRADITIONAL PRACTITIONER ..... Q DRUG PEDDLER ..... R OTHER ..... X _____ (SPECIFY)	
627	CHECK 626: TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/>		→ 629
628	Where did you first seek advice or treatment?  USE LETTER CODE FROM 626.	FIRST PLACE ..... <input type="text"/>	
629	How many days after the illness began did you first seek advice or treatment for (NAME)?  IF THE SAME DAY RECORD '00'.	DAYS ..... <input type="text"/> <input type="text"/>	
630	At any time during the illness, did (NAME) take any medicine for the illness?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 634

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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</p> <p>PILLS ..... E</p> <p>INJECTION/IV ..... F</p> <p>ARTESUNATE</p> <p>RECTAL ..... G</p> <p>INJECTION/IV ..... H</p> <p>OTHER</p> <p>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>ACETAMINOPHEN ..... O</p> <p>IBUPROFEN ..... P</p> <p>HERBAL MEDICINE ..... Q</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
632	<p>CHECK 631: ARTEMISININ COMBINATION THERAPY ('A') GIVEN</p> <p align="center">CODE 'A' <input type="checkbox"/> CIRCLED</p>	<p align="center">CODE 'A' <input type="checkbox"/> NOT CIRCLED</p> <p align="right">→ 634</p>	
633	<p>How long after the fever started did (NAME) first take an artemisinin combination therapy?</p>	<p>SAME DAY ..... 0</p> <p>NEXT DAY ..... 1</p> <p>TWO DAYS AFTER FEVER ..... 2</p> <p>THREE OR MORE DAYS AFTER FEVER ..... 3</p> <p>DON'T KNOW ..... 8</p>	
634	<p>CHECK 220, 224, AND 225 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 align="center">(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 align="right">→ 635</p>	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
635	<p>CHECK 220, 225 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>	<p align="right">→ 643</p>	
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.</p> <p>Yesterday during the day or at night, did (NAME)</p>	<p align="center">YES      NO      DK</p>	
	a) Plain water?	a) ..... 1      2      8	
	b) Infant formula, such as, Cerelac, NAN, or SMA?	b) ..... 1      2      8	
	<p>IF YES: How many times did (NAME) drink milk for babies?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES DRANK MILK FOR BABIES <input type="checkbox"/> 8</p>	
	c) Fresh milk, tinned milk, or powdered milk?	c) ..... 1      2      8	
	<p>IF YES: How many times did (NAME) drink milk?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p> <p>IF YES: Was the milk a sweet or flavored type of milk?</p>	<p>NUMBER OF TIMES DRANK MILK <input type="checkbox"/> 8</p> <p>SWEET/ FLAVORED ... 1      2      8</p>	
	f) Milo?	f) ..... 1      2      8	
	g) Fruit juice, fruit drinks, or sobolo?	g) ..... 1      2      8	
	h) Soft drinks or malts, such as, Coke, Fanta,	h) ..... 1      2      8	
	i) Tea, coffee, or herbal drinks?	i) ..... 1      2      8	
	IF YES: Was the drink sweetened?	SWEETENED . 1      2      8	
	j) Clear broth or clear soup?	j) ..... 1      2      8	
	k) Any other liquids?	k) ..... 1      2      8	
	IF YES: What was the drink?	OTHER DRINK(S) _____	
		(SPECIFY)	
	IF YES: Was the drink sweetened?	SWEETENED . 1      2      8	



## SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP	
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. Please think about snacks and small meals as well as main meals.</p> <p>I will ask you about different 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 only used in a small amount to add flavor to a dish.</p> <p>Yesterday during the day or at night, did (NAME) have:</p> <p>a) Brukina or drink yogurt?</p> <p>IF YES:</p> <p>IF YES: How many times did (NAME) have brukina or drink yogurt?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p> <p>Did (NAME) have any brukina as a drink or drink yogurt?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p> <p>IF YES: Was it a sweet or flavored type of drink?</p>	<p>YES</p> <p>1</p> <p>NUMBER OF TIMES HAD BRUKINA OR DRINK YOGURT</p> <p>HAD YOGURT AS A DRINK . .</p> <p>SWEETENED .</p>	<p>NO</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p>	<p>DK</p> <p>8</p> <p>8</p> <p>8</p> <p>8</p> <p>8</p> <p>8</p> <p>8</p> <p>8</p>		
	b) Bread, rice, maize, kenkey, banku, akple, tuo zaafi, Hausa koko, or tom brown?	b) . . . . .	1	2	8	
	c) Carrots, or sweet potatoes that are yellow or orange inside?	c) . . . . .	1	2	8	
	d) Fufu, gari, kokonte, cassava, yam, cocoyam, plantain, or white sweet potato?	d) . . . . .	1	2	8	
	e) Any other dark green leafy vegetables, such as cocoyam leaves, amaranth leaves, ademe, ayoyo, cassava leaves or other dark green leafy vegetables?	e) . . . . .	1	2	8	
	f) Any other vegetables, such as tomatoes, okro, garden eggs, cabbage, mushrooms or other vegetables?	f) . . . . .	1	2	8	
	g) Ripe mango, ripe papaya, or African star apple?	g) . . . . .	1	2	8	
	h) Any other fruits, such as banana, pineapple, avocado pear, watermelon, orange, or other	h) . . . . .	1	2	8	
	i) Fish, dried fish, koobi, anchovies, smoked herring, crab, or shrimp?	i) . . . . .	1	2	8	

**SECTION 6. CHILD HEALTH AND NUTRITION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		YES	NO	DK	
	j) Gizzard or liver?	j) ..... 1	2	8	
	k) Sausages or corned beef?	k) ..... 1	2	8	
	l) Any other meat, such as beef, goat, sheep, pork, grasscutter, chicken, or Guinea fowl?	l) ..... 1	2	8	
	m) Eggs?	m) ..... 1	2	8	
	n) Beans or bambara beans?	n) ..... 1	2	8	
	o) Groundnuts, kuli kuli, groundnut paste, groundnut soup, agushi stew, neri soup, or	o) ..... 1	2	8	
	p) Cheese curds or wagashi?	p) ..... 1	2	8	
	q) Termites?	q) ..... 1	2	8	
	r) Cakes, biscuits, rock bun, toogbee or bofrot?	r) ..... 1	2	8	
	s) Toffees, chocolates, ice cream, or FanYogo?	s) ..... 1	2	8	
	t) Packaged yellow plantain chips or potato chips, Indomie, French fries, fried yam, fried potato, atomo, or spring rolls?	t) ..... 1	2	8	
	u) Red palm oil?	u) ..... 1	2	8	
	v) Any other solid, semi-solid, or soft food?	v) ..... 1	2	8	
	<p>IF YES: What was the food?</p> <p>MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'.</p> <p>IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL FOOD BELONGS TO, RECORD THE NAME OF THE FOOD.</p>	<p>OTHER FOOD(S) _____</p> <p align="center">(SPECIFY)</p>			
638	<p>CHECK 637 (CATEGORIES 'a' THROUGH 'v'):</p> <p>NOT A SINGLE 'YES' <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/></p>				640

**SECTION 6. CHILD HEALTH AND NUTRITION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
639	<p>Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?</p>	<p>YES ..... 1</p> <p>(GO BACK TO 637 TO RECORD FOOD EATEN YESTERDAY)</p> <p>(THEN CONTINUE TO 640)</p> <p>NO ..... 2 → 641</p>																									
640	<p>How many times did (NAME) eat solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES ..... <input type="text"/></p> <p>DON'T KNOW ..... 8</p>																									
641	<p>In the last 6 months, did any healthcare provider or community health worker talk with you about how or what to feed (NAME)?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																									
642	<p>The last time (NAME) passed stools, what was done to dispose of the stools?</p>	<p>CHILD USED TOILET OR LATRINE ..... 01</p> <p>PUT/RINSED INTO TOILET OR LATRINE ..... 02</p> <p>PUT/RINSED INTO DRAIN OR DITCH ..... 03</p> <p>THROWN INTO GARBAGE ..... 04</p> <p>BURIED ..... 05</p> <p>LEFT IN THE OPEN ..... 06</p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p>																									
643	<p>Now I'd like to ask you about foods and drinks that you consumed yesterday during the day or night, whether you ate or drank it at home or somewhere else. Please think about snacks and small meals as well as main meals.</p> <p>I will ask you about different foods and drinks, and I would like to know whether you ate the food even if it was combined with other foods.</p> <p>Please do not answer 'yes' for any food or ingredient only used in a small amount to add flavor to a dish.</p> <p>Yesterday during the day or at night, did you eat or</p>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) Bread, rice, maize, kenkey, banku, akple, tuo zaafi, Hausa koko, or tom brown?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) Carrots, or sweet potatoes that are yellow or orange inside?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) Fufu, gari, kokonte, cassava, yam, cocoyam, plantain, or white sweet potato?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) Any other vegetables, such as tomatoes, okro, garden eggs, cabbage, mushrooms or other vegetables?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) Any other dark green leafy vegetables, such as cocoyam leaves, amaranth leaves, ademe, ayoyo, cassava leaves or other dark green leafy vegetables?</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) Bread, rice, maize, kenkey, banku, akple, tuo zaafi, Hausa koko, or tom brown?	1	2	8	b) Carrots, or sweet potatoes that are yellow or orange inside?	1	2	8	c) Fufu, gari, kokonte, cassava, yam, cocoyam, plantain, or white sweet potato?	1	2	8	d) Any other vegetables, such as tomatoes, okro, garden eggs, cabbage, mushrooms or other vegetables?	1	2	8	e) Any other dark green leafy vegetables, such as cocoyam leaves, amaranth leaves, ademe, ayoyo, cassava leaves or other dark green leafy vegetables?	1	2	8	
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**SECTION 6. CHILD HEALTH AND NUTRITION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		YES	NO	DK	
	f) Ripe mango, ripe papaya, or African star apple?	f) ..... 1	2	8	
	g) Any other fruits, such as banana, pineapple, avocado pear, watermelon, orange or other	g) ..... 1	2	8	
	h) Fish, dried fish, koobi, anchovies, smoked herring, crab, or shrimp?	h) ..... 1	2	8	
	i) Gizzard or liver?	i) ..... 1	2	8	
	j) Sausages or corned beef?	j) ..... 1	2	8	
	k) Any other meat, such as beef, goat, sheep, pork, grasscutter, chicken, or guinea fowl?	k) ..... 1	2	8	
	l) Eggs?	l) ..... 1	2	8	
	m) Beans or bambara beans?	m) ..... 1	2	8	
	n) Groundnuts, kuli kuli, groundnut paste, groundnut soup, agushi stew, neri soup, or	n) ..... 1	2	8	
	o) Tin milk, powdered milk, cheese curds, wagashi, brukina, or drink yogurt?	o) ..... 1	2	8	
(11)	p) Termites?	p) ..... 1	2	8	
	q) Cakes, biscuits, rock bun, toogbee or bofrot?	q) ..... 1	2	8	
(12)	r) Toffees, chocolates, ice cream, or FanYogo?	r) ..... 1	2	8	
	s) Packaged yellow plantain chips or potato chips, Indomie, French fries , fried yam, fried potato, atomo, spring rolls?	s) ..... 1	2	8	
	t) Fruit juice, fruit drinks, or sobolo?	t) ..... 1	2	8	
	u) Soft drinks or malts, such as, Coke, Fanta,	u) ..... 1	2	8	
	v) Milo, tea with sugar, or coffee with sugar?	v) ..... 1	2	8	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
(11)	w) Red palm oil?	<div>YES                      NO                      DK</div> <div>w) ..... 1                      2                      8</div>		
	x) Any other liquids?  IF YES: What was the drink?  IF YES: Was the drink sweetened?	<div>x) ..... 1                      2                      8</div> <div>OTHER DRINK(S) _____ (SPECIFY)</div> <div>SWEETENED . 1                      2                      8</div>		
	y) Any other 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.	<div>y) ..... 1                      2                      8</div> <div>OTHER FOOD(S) _____ (SPECIFY)</div>		

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED ..... 1 YES, LIVING WITH A MAN ..... 2 NO, NOT IN UNION ..... 3	<input type="checkbox"/> → 706A
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	<input type="checkbox"/> → 714
706A	Do you have a marriage certificate or other document recognizing this (marriage/union)?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 707
706B	What document or documents do you have?  Any other document?  RECORD ALL MENTIONED.	MARRIAGE CERTIFICATE FROM A CHURCH, MOSQUE OR OTHER RELIGIOUS INSTITUTION ..... A MARRIAGE CERTIFICATE FROM A CIVIL AUTHORITY ..... B OTHER DOCUMENT FROM A RELIGIOUS INSTITUTION ..... C OTHER DOCUMENT FROM A CIVIL AUTHORITY ..... D  OTHER _____ X (SPECIFY)	<input type="checkbox"/> → 709
707	Was this marriage ever registered with the civil authority?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
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"/>	
711	Does your (husband/partner) have other wives or does he live with other women as if married?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 714
712	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ..... <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	
713	Are you the first, second, ... wife?	RANK ..... <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	
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>	<div style="display: flex; justify-content: space-between;"> <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> </div> <div> <p>→ 717</p> </div> </div>									
716	How old were you when you first started living with him?	AGE ..... <input type="text"/> <input type="text"/>									
717	<p>CHECK 714:</p> <div style="display: flex; justify-content: space-around;"> <div> <p>MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> </div> <div> <p>MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> </div> </div>	→ 721									
718	<p>CHECK 701:</p> <div style="display: flex; justify-content: space-around;"> <div> <p>YES, CURRENTLY MARRIED <input type="checkbox"/></p> </div> <div> <p>YES, LIVING WITH A MAN <input type="checkbox"/></p> </div> <div> <p>NO, <input type="checkbox"/> NOT IN A UNION</p> </div> </div>	→ 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?	<div style="display: flex; justify-content: space-between;"> <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> </div> <div> <p>→ 721</p> </div> </div>									
720	How old were you when you first started living with your current (husband/partner)?	AGE ..... <input type="text"/> <input type="text"/>									
721	<b>CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE</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>	<div style="display: flex; justify-content: space-between;"> <div> <p>DAYS AGO ..... 1</p> <p>WEEKS AGO ..... 2</p> <p>MONTHS AGO ..... 3</p> <p>YEARS AGO ..... 4</p> </div> <div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> </table> </div> </div>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	→ 737
<input type="text"/>	<input type="text"/>										
<input type="text"/>	<input type="text"/>										
<input type="text"/>	<input type="text"/>										
<input type="text"/>	<input type="text"/>										

## SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	CHECK 232:  <div> NOT PREGNANT <input type="checkbox"/>  OR UNSURE ↓ </div>	<div> PREGNANT <input type="checkbox"/> </div>	→ 727
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.	FIESTA ..... 01 KISS ..... 02 DUREX ..... 03 GOLD CIRCLE ..... 04 BE SAFE/ NO LOGO ..... 05 CUPID ..... 06 FC2 ..... 07  OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	
729	From where did you obtain the condom the last time?  PROBE TO IDENTIFY 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> GOVERNMENT HOSPITAL ..... 11 GOVERNMENT POLYCLINIC ..... 12 GOVERNMENT HEALTH CENTER ..... 13 GOVERNMENT CLINIC ..... 14 CHPS CENTER/GOVERNMENT HEALTH POST ..... 15 COMMUNITY HEALTH SERVICES (OUTREACH) ..... 16 OTHER PUBLIC SECTOR ..... 17 (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL ..... 21 PRIVATE CLINIC ..... 22 PHARMACY ..... 23 DRUG STORE ..... 24 COMMUNITY HEALTH SERVICES (MOBILE CLINIC) ..... 25 MATERNITY HOME ..... 26 OTHER PRIVATE MEDICAL SECTOR ..... 27 (SPECIFY)  <b>NGO MEDICAL SECTOR</b> NGO HOSPITAL/CLINIC ..... 31 OTHER NGO MEDICAL SECTOR ..... 32	



**SECTION 7. MARRIAGE AND SEXUAL ACTIVITY**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
		<p align="center">(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP/MARKET ..... 41</p> <p>CHURCH ..... 42</p> <p>FRIEND/RELATIVE ..... 43</p> <p>DRUG PEDDLERS ..... 44</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>													
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'.</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>													
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'.</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>													
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 border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <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> </tbody> </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 (SPECIFY) 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 <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> <p>WANTS TO HAVE <input type="checkbox"/> A/ANOTHER CHILD</p> <p>WANTS NO MORE/ <input type="checkbox"/> NONE</p> <p>a) You have said that you do not want (a/another) child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>b) You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason? _____</p> <p>Any other reason? _____</p> <p>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 PROHIBITIO ..... 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</p> <p>NOT <input type="checkbox"/> ASKED</p> <p>YES, <input type="checkbox"/> CURRENTLY USING</p>		813
812	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
813	<p>CHECK 224:</p> <p>HAS LIVING <input type="checkbox"/> CHILDREN</p> <p>NO 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>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE ..... 00</p> <p>NUMBER ..... <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	<p>815</p> <p>815</p>
814	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 align="center">BOYS      GIRLS      EITHER</p> <p>NUMBER .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
815	In the last 12 months have you:	<div style="text-align: right;">YES NO</div> a) Heard about family planning on the radio? a) RADIO ..... 1 2 b) Seen anything about family planning on the television? b) TELEVISION ..... 1 2 c) Read about family planning in a newspaper or magazine? c) NEWSPAPER OR MAGAZINE .... 1 2 d) Received a voice or text message about family planning on a mobile phone? d) MOBILE PHONE ..... 1 2 e) Seen anything about family planning on social media such as Facebook, Twitter, or Instagram? e) FACEBOOK/TWITTER/INSTAGRAM ..... 1 2 f) Seen anything about family planning on a poster, leaflet or brochure? f) POSTER/LEAFLET/BROCHURE.... 1 2 g) Seen anything about family planning on an outdoor sign or billboard? g) OUTDOOR SIGN/BILLBOAR ..... 1 2 h) Heard anything about family planning at community meetings or events? h) COMMUNITY MEETINGS/EVENTS.. 1 2	
817	CHECK 701: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>YES, <input type="checkbox"/> CURRENTLY MARRIED ↓</div> <div>YES, <input type="checkbox"/> LIVING WITH A MAN ↓</div> <div>NO, <input type="checkbox"/> NOT IN A UNION →</div> </div>		901
818	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>	→ 820 → 820
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 force or pressure you to become pregnant when you did not want to become	YES ..... 1 NO ..... 2	
821	CHECK 307: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>NOT ASKED <input type="checkbox"/> ↓</div> <div>NEITHER ARE <input type="checkbox"/> STERILIZED ↓</div> <div>HE OR SHE ARE <input type="checkbox"/> STERILIZED →</div> </div>		901
822	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER ..... 1 MORE CHILDREN ..... 2 FEWER CHILDREN ..... 3 DON'T KNOW ..... 8	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 701:  CURRENTLY MARRIED/ LIVING WITH A MAN	NOT IN UNION	→ 909
902	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEAR! . . . . .	
903	Did your (husband/partner) ever attend school?	YES . . . . . 1 NO . . . . . 2	→ 906
904	What is the highest level of school he attended: primary, middle, JSS/JHS, secondary, SSS/SHS, or higher?	PRE-PRIMARY . . . . . 1 PRIMARY . . . . . 1 MIDDLE . . . . . 2 JSS/JHS . . . . . 3 SECONDARY . . . . . 4 SSS/SHS . . . . . 5 HIGHER . . . . . 6 DON'T KNOW . . . . . 8	→ 906
905	What was the highest [GRADE/FORM/YEAR] he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[GRADE/FORM/YEAR] . . . . . 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?		
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?		
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	→ 930A																								
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	→ 930A																								
930	Is your name on this document?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																									
930A	Do you have an account in a bank or other financial institution that you yourself use?	YES ..... 1 NO ..... 2	→ 930C																								
930B	Did you yourself put money in or take money out of this account in the last 12 months?	YES ..... 1 NO ..... 2																									
930C	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																									
931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table> <tr> <th></th><th>PRES./ PRES./ LISTEN.</th><th>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./ PRES./ LISTEN.	NOT LISTEN.	NOT PRES.	CHILDREN < 10.....	1	2	3	HUSBAND .....	1	2	3	OTHER MALES .....	1	2	3	OTHER FEMALES .....	1	2	3					
	PRES./ PRES./ LISTEN.	NOT LISTEN.	NOT PRES.																								
CHILDREN < 10.....	1	2	3																								
HUSBAND .....	1	2	3																								
OTHER MALES .....	1	2	3																								
OTHER FEMALES .....	1	2	3																								
932	In your opinion, is a husband justified in hitting or beating his wife in the following situations:  a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	<table> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> <tr> <td>a) GOES OUT .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) NEGLECTS CHILDREN</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) ARGUES .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) REFUSES SEX .....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) BURNS FOOD .....</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	a) GOES OUT .....	1	2	8	b) NEGLECTS CHILDREN	1	2	8	c) ARGUES .....	1	2	8	d) REFUSES SEX .....	1	2	8	e) BURNS FOOD .....	1	2	8	
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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 15-24 YEARS <input type="checkbox"/> ↓ 25 YEARS OR OLDER <input type="checkbox"/>		→ 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	
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:  NO LIVE BIRTHS <input type="checkbox"/> → 1024  LAST LIVE BIRTH 0-23 MONTHS BEFORE THE <input type="checkbox"/> ↓ LAST LIVE BIRTH 24 MONTHS OR MORE BEFORE <input type="checkbox"/> → 1024		
1013	CHECK 412 FOR LAST LIVE BIRTH ("TYPE 1"):  HAD ANTENATAL CARE <input type="checkbox"/> ↓ NO ANTENATAL CARE <input type="checkbox"/> → 1018		



## SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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
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> GOVERNMENT HOSPITAL ..... 11 GOVERNMENT POLYCLINIC ..... 12 GOVERNMENT HEALTH CENTER ..... 13 GOVERNMENT CLINIC ..... 14 CHPS CENTER/GOVERNMENT HEALTH POST ..... 15 COMMUNITY HEALTH SERVICES (OUTREACH) ..... 16 PUBLIC LABORATORY/DIAGNOSTIC CENTERS ..... 17 OTHER PUBLIC SECTOR ..... 18 _____ (SPECIFY) <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL ..... 21 PRIVATE CLINIC ..... 22 PHARMACY ..... 23 DRUG STORE ..... 24 COMMUNITY HEALTH SERVICES (MOBILE CLINIC) ..... 25 MATERNITY HOME ..... 26 PRIVATE LABORATORY/DIAGNOSTIC CENTERS ..... 27 OTHER PRIVATE MEDICAL SECTOR ..... 28 _____ (SPECIFY) <b>NGO MEDICAL SECTOR</b> NGO HOSPITAL/CLINIC ..... 31 OTHER NGO MEDICAL SECTOR ..... 32 _____ (SPECIFY) <b>OTHER SOURCE</b> HOME ..... 41 WORKPLACE ..... 42 CORRECTIONAL FACILITY/BORSTAL HOME ..... 43 OTHER ..... 96 _____ (SPECIFY)	
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"/> '21-42' CIRCLED OTHER <input type="checkbox"/>		→ 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

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1021	CHECK 1015:  <div style="display: flex; justify-content: space-around; align-items: center;"> <span>YES <input type="checkbox"/></span> <span>NO OR <input type="checkbox"/> NOT ASKED</span> </div>		→ 1024
1022	Have you been tested for HIV since that time you were tested during your pregnancy?	YES ..... 1 NO ..... 2	→ 1025
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
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> GOVERNMENT HOSPITAL ..... 11 GOVERNMENT POLYCLINIC ..... 12 GOVERNMENT HEALTH CENTER ..... 13 GOVERNMENT CLINIC ..... 14 CHPS CENTER/GOVERNMENT HEALTH POST ..... 15 COMMUNITY HEALTH SERVICES (OUTREACH) ..... 16 PUBLIC LABORATORY/ DIAGNOSTIC CENTERS ..... 17 OTHER PUBLIC SECTOR ..... 18 _____ (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL ..... 21 PRIVATE CLINIC ..... 22 PHARMACY ..... 23 DRUG STORE ..... 24 COMMUNITY HEALTH SERVICES (MOBILE CLINIC) ..... 25 MATERNITY HOME ..... 26 PRIVATE LABORATORY/ DIAGNOSTIC CENTERS ..... 27 OTHER PRIVATE MEDICAL SECTOR ..... 28 _____ (SPECIFY)  <b>NGO MEDICAL SECTOR</b> NGO HOSPITAL/CLINIC ..... 31 OTHER NGO MEDICAL SECTOR ..... 32 _____ (SPECIFY)  <b>OTHER SOURCE</b> HOME ..... 41 WORKPLACE ..... 42 CORRECTIONAL FACILITY/ BORSTAL HOME ..... 43 OTHER ..... 96 _____ (SPECIFY)	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1027	Did you get the results of the test?	YES ..... 1 NO ..... 2	→ 1031
1028	What was the result of the test?	POSITIVE ..... 1 NEGATIVE ..... 2 INDETERMINATE ..... 3 DECLINED TO ANSWER ..... 4 DID NOT RECEIVE TEST RESULT ..... 5	→ 1031
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 TES ..... 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:  CODE '1' <input type="checkbox"/> CIRCLED ↓  OTHER/ <input type="checkbox"/> NOT ASKED →		→ 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	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 border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <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> </tbody> </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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e) HEALTHCARE WORKERS VERBALLY ABUSED .....	1	2																			
1040	<p>CHECK 1001:</p> <table border="0"> <tr> <td>HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓</td> <td>NOT HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓</td> </tr> </table> <p>a) Apart from HIV, have you heard about other infections that can be transmitted through sexual</p> <p>b) Have you heard about infections that can be transmitted through sexual contact?</p>	HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓	NOT HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓	<p>YES ..... 1</p> <p>NO ..... 2</p>																	
HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓	NOT HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓																				
1041	<p>CHECK 722:</p> <table border="0"> <tr> <td>HAS HAD SEXUAL <input type="checkbox"/> INTERCOURSE ↓</td> <td>NEVER HAD SEXUAL <input type="checkbox"/> INTERCOURSE → 1046</td> </tr> </table>	HAS HAD SEXUAL <input type="checkbox"/> INTERCOURSE ↓	NEVER HAD SEXUAL <input type="checkbox"/> INTERCOURSE → 1046																		
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1042	<p>CHECK 1040: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?</p> <p>YES <input type="checkbox"/> ↓</p> <p>NO <input type="checkbox"/> → 1044</p>																				
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>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																			
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>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																			
1045	<p>Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																			
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</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																			
1047	<p>Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																			
1048	<p>CHECK 701:</p> <table border="0"> <tr> <td>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> ↓</td> <td>NOT IN UNION <input type="checkbox"/> → 1101</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"/> → 1101																				
1049	<p>Can you say no to your (husband/partner) if you do not want to have sexual intercourse?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DEPENDS/NOT SURE ..... 8</p>																			
1050	<p>Could you ask your (husband/partner) to use a condom if you wanted him to?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DEPENDS/NOT SURE ..... 8</p>																			

**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: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; 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: 30px; height: 20px;"></td><td style="width: 30px; 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 CIGARILLC ..... C WATER/ SHISHA ..... D SNUFF BY MOUTH ..... E SNUFF BY NOSE ..... F CHEWING TOBACCO ..... G BETEL QUID WITH TOBACCO ..... H  OTHER ..... X <div align="center">(SPECIFY)</div>				

**SECTION 11. OTHER HEALTH ISSUES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
1110	Now I would like to ask you some questions about drinking alcohol. Have you ever consumed any alcohol, such as beer, wine, spirits, akpeteshie, palm wine, pito, etc?	YES ..... 1 NO ..... 2	→ 1113															
1111	During the last one month, on how many days did you have an alcoholic drink?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF RESPONDENT ANSWERS 'EVERY DAY' OR 'ALMOST EVERY DAY,' CODE '95'.	DID NOT DRINK ALCOHOL ..... 00  NUMBER OF DAYS ..... <input type="text"/> <input type="text"/>  EVERY DAY/ALMOST EVERY DAY ..... 95	→ 1113															
1112	We count one drink of alcohol as one can or bottle of beer, one glass of wine, one shot of spirits, or one shot of akpeteshie, a calabash of palm wine or pito. In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?  SHOW PICTURES OF SIZES OF STANDARD DRINKS.	LESS THAN ONE STANDARD DRINK ..... 00  NUMBER OF DRINKS ..... <input type="text"/> <input type="text"/>																
1113	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:  a) Getting permission to go to the doctor? b) Getting money needed for advice or treatment? c) The distance to the health facility? d) Not wanting to go alone?	<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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b) GETTING MONEY .....	1	2																
c) DISTANCE .....	1	2																
d) GO ALONE .....	1	2																
1114	Are you covered by any health insurance?	YES ..... 1 NO ..... 2	→ 1116															
1115	What type of health insurance are you covered by?  RECORD ALL MENTIONED.	NATIONAL /DISTRICT HEALTH INSURANCE(NHIS) ..... A MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE ..... B HEALTH INSURANCE THROUGH EMPLOYER ..... C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE .... D OTHER _____ X (SPECIFY)	→ 1119															
1116	Have you ever been registered with the National Health Insurance Scheme or NHIS?	YES ..... 1 NO ..... 2	→ 1118															

## SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1117	<p>Why have you not registered with the National Health Insurance Scheme (NHIS)?</p> <p>RECORD ALL MENTIONED.</p>	<p>NOT HEARD OF NHIS ..... A</p> <p>CANNOT AFFORD PREMIUM ..... B</p> <p>DO NOT TRUST ..... C</p> <p>DON'T NEED HEALTH INSURANCE .. D</p> <p>NHIS DOES NOT COVER</p> <p>HEALTH SERVICES I NEED ..... E</p> <p>DON'T UNDERSTANDS SCHEME .. F</p> <p>DON'T KNOW WHERE TO REGISTER G</p> <p>NO EASY ACCESS TO A HEALTH FACILITY ..... H</p> <p>DO NOT LIKE THE ATTITUDE OF STAFF IN A HEALTH FACILITY .. I</p> <p>THOSE WITH INSURANCE ARE GIVEN SUBSTANDARD SERVICES AND MEDICINE ..... J</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>→ 1121</p>
1118	<p>What is the reason for dropping out of National Health Insurance Scheme?</p> <p>RECORD ALL MENTIONED.</p>	<p>CANNOT AFFORD PREMIUM ..... A</p> <p>DO NOT TRUST ..... B</p> <p>DON'T NEED HEALTH INSURANCE..... C</p> <p>NHIS DOES NOT COVER D</p> <p>HEALTH SERVICES I NEED .....</p> <p>DON'T UNDERSTANDS SCHEME .. E</p> <p>DON'T KNOW WHERE TO REGISTER F</p> <p>NO EASY ACCESS TO A HEALTH FACILITY ..... G</p> <p>DO NOT LIKE THE ATTITUDE OF STAFF IN A HEALTH FACILITY .. H</p> <p>THOSE WITH INSURANCE ARE GIVEN SUBSTANDARD SERVICES AND MEDICINE ..... J</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
1119	<p>Do you hold a valid National Health Insurance Scheme (NHIS) card?</p>	<p>YES, CARD SEEN ..... 1</p> <p>YES, CARD NOT SEEN ..... 2</p> <p>NO ..... 3</p>	<p>→ 1121</p>
1120	<p>Why do you not have a valid National Health Insurance Scheme (NHIS) card?</p> <p>RECORD ALL MENTIONED.</p>	<p>REGISTERED, NOT PAID FULLY ..... A</p> <p>REGISTERED, CARD NOT RECEIVED ..... B</p> <p>REGISTERED, WAITING PERIOD ..... C</p> <p>NOT RENEWED REGISTRATION ..... D</p> <p>LOST NHIS CARD ..... E</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
1121	<p>In the last 6 months, how many times have you visited any healthcare provider or a health care facility for your own health?</p> <p>IF NONE RECORD '00'</p>	<p>NUMBER OF TIMES ..... <input type="text"/> <input type="text"/></p> <p>NONE ..... 00</p> <p>DON'T KNOW ..... 98</p>	<p>→ 1201</p>
1121A	<p>CHECK 1117:</p> <p>NOT ASKED <input type="checkbox"/></p> <p>ASKED <input type="checkbox"/></p>		<p>→ 1201</p>
1121B	<p>CHECK 1120:</p> <p>NOT ASKED <input type="checkbox"/></p> <p>ASKED <input type="checkbox"/></p>		<p>→ 1201</p>

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP																																																																																
1122	<p>During these visits, how many times have you accessed the health care using your National Health Insurance Scheme (NHIS) card?</p> <p>IF NONE RECORD '00'</p>	<p>NUMBER OF TIMES ..... <input type="text"/> <input type="text"/></p> <p>NONE ..... 00</p> <p>DON'T KNOW ..... 98</p>																																																																																				
1123	<p>A. The last time you accessed health services with your insurance card, did you make any out-of-pocket payments for the following?</p>	<p>B.</p> <p>Was it a co-payment or a full payment ?</p>																																																																																				
		<table border="1"> <thead> <tr> <th>PAYMENT</th><th>CO-PAYMENT</th><th>FULL PAYMENT</th><th>DON'T REMEMBER</th></tr> </thead> <tbody> <tr> <td>a) Consultation?</td><td></td><td></td><td></td></tr> <tr> <td>YES 1 →</td><td>a) CONSULTATION 1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>b) Drugs?</td><td></td><td></td><td></td></tr> <tr> <td>YES 1 →</td><td>b) DRUGS .. 1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>c) Diagnosis?</td><td></td><td></td><td></td></tr> <tr> <td>YES 1 →</td><td>c) DIAGNOSIS ..... 1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>d) Admission?</td><td></td><td></td><td></td></tr> <tr> <td>YES 1 →</td><td>d) ADMISSION ..... 1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>e) Surgical?</td><td></td><td></td><td></td></tr> <tr> <td>YES 1 →</td><td>e) SURGICAL 1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>f) Other?</td><td></td><td></td><td></td></tr> <tr> <td>YES 1 →</td><td>f) OTHER</td><td></td><td></td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> <tr> <td></td><td>(SPECIFY)</td><td></td><td>96</td></tr> </tbody> </table>				PAYMENT	CO-PAYMENT	FULL PAYMENT	DON'T REMEMBER	a) Consultation?				YES 1 →	a) CONSULTATION 1	2	3	NO 2 ↓				b) Drugs?				YES 1 →	b) DRUGS .. 1	2	3	NO 2 ↓				c) Diagnosis?				YES 1 →	c) DIAGNOSIS ..... 1	2	3	NO 2 ↓				d) Admission?				YES 1 →	d) ADMISSION ..... 1	2	3	NO 2 ↓				e) Surgical?				YES 1 →	e) SURGICAL 1	2	3	NO 2 ↓				f) Other?				YES 1 →	f) OTHER			NO 2 ↓					(SPECIFY)		96	
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**SECTION 12. MALARIA KNOWLEDGE AND BELIEFS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
1201	In the last six months, have you seen or heard any messages about malaria?	YES ..... 1 NO ..... 2	→ 1203																				
1202	Where did you see or hear these messages?  PROBE: Anywhere else?    RECORD ALL MENTIONED.	RADIO ..... A TELEVISION ..... B POSTER/BILLBOARD ..... C NEWSPAPER/MAGAZINE ..... D LEAFLET/BROCHURE ..... E HEALTHCARE PROVIDER ..... F COMMUNITY HEALTH WORKER ..... G SOCIAL MEDIA ..... H  OTHER ..... X (SPECIFY) DON'T REMEMBER ..... Z																					
1202A	In the past six months, have you seen/heard any of the following malaria messages on television or radio:  a) Zero malaria starts with you and me ?  b) Malaria 360, everything malaria ?  c) Good life is an everyday thing ?	<table border="1"> <thead> <tr> <th></th><th>YES, TV</th><th>YES, RADIO</th><th>YES, TV AND RADIO</th><th>NO</th></tr> </thead> <tbody> <tr> <td>a)</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr> <td>b)</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr> <td>c)</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> </tbody> </table>		YES, TV	YES, RADIO	YES, TV AND RADIO	NO	a)	1	2	3	4	b)	1	2	3	4	c)	1	2	3	4	
	YES, TV	YES, RADIO	YES, TV AND RADIO	NO																			
a)	1	2	3	4																			
b)	1	2	3	4																			
c)	1	2	3	4																			
1203	Are there ways to avoid getting malaria?	YES ..... 1 NO ..... 2	→ 1205																				
1204	What are the things that people can do to prevent themselves from getting malaria?    RECORD ALL MENTIONED.	SLEEP UNDER A MOSQUITO NET ..... A SLEEP UNDER AN INSECTICIDE-TREATED MOSQUITO NET ..... B USE MOSQUITO REPELLENT ..... C TAKE PREVENTATIVE MEDICATIONS ..... D SPRAY HOUSE WITH INSECTICIDE ..... E FILL IN STAGNANT WATERS (PUDDLES) ..... F KEEP SURROUNDINGS CLEAN ..... G PUT MOSQUITO SCREEN ON WINDOWS ..... H BURN MOSQUITO COIL ..... I  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z																					
1205	Now I am going to read some statements and I would like you to tell me whether you agree or disagree with each statement. If you don't know, say, don't know.  People in this community only get malaria during the rainy season. Do you agree or disagree?	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/UNCERTAIN ..... 8																					
1206	When a child has a fever, you almost always worry it might be malaria.  Do you agree or disagree?	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/UNCERTAIN ..... 8																					
1207	Getting malaria is not a problem because it can be easily treated.  Do you agree or disagree?	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/UNCERTAIN ..... 8																					

SECTION 12. MALARIA KNOWLEDGE AND BELIEFS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1208	Only weak children can die from malaria.  Do you agree or disagree?	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/UNCERTAIN ..... 8	
1209	You can sleep under a mosquito net for the entire night when there are lots of mosquitoes.  Do you agree or disagree?	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/UNCERTAIN ..... 8	
1210	You can sleep under a mosquito net for the entire night when there are few mosquitoes  Do you agree or disagree?	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/UNCERTAIN ..... 8	
1211	You do not like sleeping under a mosquito net when the weather is too warm.  Do you agree or disagree?	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/UNCERTAIN ..... 8	
1212	When a child has a fever, it is best to start by giving them any medicine you have at home.  Do you agree or disagree?	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/UNCERTAIN ..... 8	
1213	People in your community usually take their children to a health care provider on the same day or day after they develop a fever.  Do you agree or disagree?  IF RESPONDENT DOESN'T KNOW, PROBE: Would you say more than half or less than half of the community does this?	AGREE/MORE THAN HALF ..... 1 DISAGREE/LESS THAN HALF ..... 2 DON'T KNOW/UNCERTAIN ..... 8	
1214	People in your community who have a mosquito net usually sleep under a mosquito net every night.  Do you agree or disagree?  IF RESPONDENT DOESN'T KNOW, PROBE: Would you say more than half or less than half of the community does this?	AGREE/MORE THAN HALF ..... 1 DISAGREE/LESS THAN HALF ..... 2 DON'T KNOW/UNCERTAIN ..... 8	
1214A	During the past six months, have you seen/heard any advert on the use of ACTs/ malaria medicines?	YES ..... 1 NO ..... 2	→ 1300
1214B	Where did you see/hear the advert on the use of ACTs/ malaria medicines? Any other media?   RECORD ALL MENTIONED.	TELEVISION ..... A RADIO ..... B NEWSPAPER/MAGAZINE ..... C POSTER /LEAFLETS ..... D BILLBOARD ..... E  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	

**DOMESTIC VIOLENCE MODULE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
1300	CHECK COVER PAGE: WOMAN SELECTED FOR DV MODULE?  WOMAN SELECTED <input type="checkbox"/> FOR THIS SECTION WOMAN <input type="checkbox"/> NOT SELECTED		1137A																								
1301	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.  PRIVACY OBTAINED ..... 1 PRIVACY NOT POSSIBLE ..... 2		1337																								
1302	READ TO THE RESPONDENT: 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 Ghana. 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.																										
1303	CHECK 701 AND 702:  NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/> CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/ MALE PARTNER') <input type="checkbox"/>		1306 1306																								
1304	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 though you are not living with him?	YES ..... 1 NO ..... 2	1306																								
1305	Have you ever been in an intimate relationship with a man even though you did not ever live with him?	YES ..... 1 NO ..... 2	1319																								
1306	Now, I am going to ask you about some situations that can happen between some women and their (husband/male partner).  A. Please tell me if these descriptions apply to your relationship with your (last) (husband/male partner).  B. How often did this happen during the last 12 months: often, only sometimes, or not at all?																										
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**DOMESTIC VIOLENCE MODULE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
1307	<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	
1308	<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																																
1309	CHECK1308A (a-j):  <div style="display: flex; justify-content: space-around;"> <div>           AT LEAST ONE <input type="checkbox"/>            'YES' ↓         </div> <div>           NOT A SINGLE <input type="checkbox"/>            'YES' →         </div> </div>		1311																																
1310	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																																	
1311	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	1313																																
1312	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																																	
1313	Does (did) your (last) (husband/male partner) drink alcohol?	YES ..... 1 NO ..... 2	1315																																
1314	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN ..... 1 SOMETIMES ..... 2 NEVER ..... 3																																	
1315	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																																	
1316	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.	B. How long ago did this last happen?																																	
		<table border="1"> <thead> <tr> <th>EVER</th><th>0 - 11 MONTHS AGO</th><th>12+ MONTHS AGO</th><th>DON'T REMEMBER</th></tr> </thead> <tbody> <tr> <td colspan="4">HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER ..... 6</td></tr> <tr> <td>YES 1</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES 1</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES 1</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> </tbody> </table>	EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER ..... 6				YES 1	→ 1	2	3	NO 2 ↓				YES 1	→ 1	2	3	NO 2 ↓				YES 1	→ 1	2	3	NO 2 ↓				1317
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	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?																																		

**DOMESTIC VIOLENCE MODULE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1317	CHECK 1308A (h-j) AND 1316A (b):  AT LEAST ONE <input type="checkbox"/> 'YES' ↓	NOT A SINGLE <input type="checkbox"/> YES →	1319
1318	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	
1319	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 →	1322
1320	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES ..... 1 NO ..... 2 →	1322
1321	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)	
1322	CHECK 701 AND 702 AND 1304 AND 1305:  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 →	1325

**DOMESTIC VIOLENCE MODULE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1323	<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>	
1324	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>	
1325	<p>CHECK 701 AND 702 AND 1304 AND 1305:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>EVER MARRIED/ EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER</p> <p><input type="checkbox"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>NEVER MARRIED/ NEVER HAD A MALE PARTNER</p> <p><input type="checkbox"/></p> <p>→ 1327</p> </div> </div>		
1326	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>YES ..... 1 → 1328</p> <p>NO ..... 2 → 1331</p> <p>REFUSED TO ANSWER/ NO ANSWER ..... 3</p>	
1327	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>YES ..... 1</p> <p>NO ..... 2 → 1331</p> <p>REFUSED TO ANSWER/ NO ANSWER ..... 3</p>	
1328	<p>CHECK 701 AND 702 AND 1304 AND 1305:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER</p> <p><input type="checkbox"/></p> <p>↓</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> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p>NEVER MARRIED/ NEVER HAD A MALE PARTNER</p> <p><input type="checkbox"/></p> <p>↓</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> </div> </div>	<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		
1329	<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>			
1330	<p>CHECK 701 AND 702 AND 1304 AND 1305:</p> <table border="0"> <tr> <td> <p>EVER MARRIED/EVER LIVED WITH A MAN/ <input type="checkbox"/></p> <p>EVER HAD A MALE PARTNER <input type="checkbox"/></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/ NEVER HAD A MALE <input type="checkbox"/></p> <p>PARTNER <input type="checkbox"/></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 LIVED WITH A MAN/ <input type="checkbox"/></p> <p>EVER HAD A MALE PARTNER <input type="checkbox"/></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/ NEVER HAD A MALE <input type="checkbox"/></p> <p>PARTNER <input type="checkbox"/></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 LIVED WITH A MAN/ <input type="checkbox"/></p> <p>EVER HAD A MALE PARTNER <input type="checkbox"/></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/ NEVER HAD A MALE <input type="checkbox"/></p> <p>PARTNER <input type="checkbox"/></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>				
1331	<p>CHECK 1308A (a-j), 1316A (a,b), 1320, 1322, 1326, AND 1327:</p> <p align="center">AT LEAST ONE <input type="checkbox"/> NOT A SINGLE <input type="checkbox"/></p> <p align="center">'YES' 'YES'</p>		<p>→ 1335</p>		
1332	<p>Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 1334</p>		
1333	<p>From whom have you sought help?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>OWN FAMILY ..... A</p> <p>HUSBAND'S/PARTNER'S FAMILY .. B</p> <p>CURRENT/FORMER HUSBAND/PARTNER ..... C</p> <p>CURRENT/FORMER BOYFRIEND .. D</p> <p>FRIEND ..... E</p> <p>NEIGHBOR ..... F</p> <p>RELIGIOUS LEADER ..... G</p> <p>DOCTOR/MEDICAL PERSONNEL.... H</p> <p>POLICE ..... I</p> <p>LAWYER ..... J</p> <p>SOCIAL SERVICE ORGANIZATION .. K</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	<p>→ 1335</p>		
1334	<p>Have you ever told any one about this?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>			
1335	<p>As far as you know, did your father ever beat your mother?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>			



**DOMESTIC VIOLENCE MODULE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
	THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.																		
1336	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table> <tr> <td></td><td>YES, ONCE</td><td>YES, MORE THAN ONCE</td><td>NO</td></tr> <tr> <td>HUSBAND .....</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OTHER MALE ADULT ..</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>FEMALE ADULT .....</td><td>1</td><td>2</td><td>3</td></tr> </table>		YES, ONCE	YES, MORE THAN ONCE	NO	HUSBAND .....	1	2	3	OTHER MALE ADULT ..	1	2	3	FEMALE ADULT .....	1	2	3	
	YES, ONCE	YES, MORE THAN ONCE	NO																
HUSBAND .....	1	2	3																
OTHER MALE ADULT ..	1	2	3																
FEMALE ADULT .....	1	2	3																
1337	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE.  _____  _____  _____																		
1137A	CHECK 111: AGE 15-29 YEARS <input type="checkbox"/> 29 YEARS OR OLDER <input type="checkbox"/>		→ 1138																
1137B	Thank you for taking the time to answer these questions. I would like to inform you that additional information will be collected in the near future to better understand the health and wellbeing of young people as they grow into adulthood. Another member of our team may return in a few days or weeks to ask you some additional questions about these topics. Do you agree to allow another member of our team to contact you about participating in a short interview? Your responses will remain confidential.	YES ..... 1 NO ..... 2																	
1138	RECORD THE TIME.	HOURS ..... MINUTES ..... <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																	

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

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		
2	09	SEP		2
0	08	AUG		0
2	07	JUL		2
2	06	JUN		2
	05	MAY		2
	04	APR		
	03	MAR		
	02	FEB		
	01	JAN		
<hr/>				
12	DEC	13		
11	NOV	14		
10	OCT	15		
2	09	SEP		2
0	08	AUG		0
2	07	JUL		2
1	06	JUN		1
	05	MAY		
	04	APR		
	03	MAR		
	02	FEB		
	01	JAN		
<hr/>				
12	DEC	25		
11	NOV	26		
10	OCT	27		
2	09	SEP		2
0	08	AUG		0
2	07	JUL		2
0	06	JUN		0
	05	MAY		
	04	APR		
	03	MAR		
	02	FEB		
	01	JAN		
<hr/>				
12	DEC	37		
11	NOV	38		
10	OCT	39		
2	09	SEP		2
0	08	AUG		0
1	07	JUL		1
9	06	JUN		9
	05	MAY		
	04	APR		
	03	MAR		
	02	FEB		
	01	JAN		
<hr/>				
12	DEC	49		
11	NOV	50		
10	OCT	51		
2	09	SEP		2
0	08	AUG		0
1	07	JUL		1
8	06	JUN		8
	05	MAY		
	04	APR		
	03	MAR		
	02	FEB		
	01	JAN		
<hr/>				
12	DEC	61		
11	NOV	62		
10	OCT	63		
2	09	SEP		2
0	08	AUG		0
1	07	JUL		1
7	06	JUN		7
	05	MAY		
	04	APR		
	03	MAR		
	02	FEB		
	01	JAN		

