

CENTRAL STATISTICAL AGENCY
2010 ETHIOPIA DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE

01 September 2010

IMPLEMENTING ORGANIZATION: CSA

IDENTIFICATION																								
LOCALITY NAME _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>																							
NAME OF HOUSEHOLD HEAD _____																								
CLUSTER NUMBER																								
HOUSEHOLD NUMBER																								
REGION																								
NAME AND LINE NUMBER OF WOMAN _____																								

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> YEAR <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
NEXT VISIT: DATE	_____	_____	_____	TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
TIME	_____	_____	_____	

*RESULT CODES:

1 COMPLETED	4 REFUSED	7 OTHER _____
2 NOT AT HOME	5 PARTLY COMPLETED	(SPECIFY)
3 POSTPONED	6 INCAPACITATED	

LANGUAGE OF QUESTIONNAIRE: <table border="1" style="display: inline-table; width: 30px; height: 20px; text-align: center; vertical-align: middle;">6</table>	LANGUAGE OF INTERVIEW: <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>	LANGUAGE OF RESPONDENT: <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>
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LANGUAGE CODES: AMARIGNA = 1, OROMIGNA = 2, TIGRIGNA = 3, OTHER = 6

TRANSLATOR USED:

(YES = 1, NO = 2)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____ <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>	DATE _____ <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>	<table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>	<table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

<p>INFORMED CONSENT</p> <p>Hello. My name is _____ and I am working with the Central Statistical Agency (CSA). We are conducting a survey about health all over Ethiopia. The information we collect will help the government to plan health services. Your household was selected for the survey. The survey usually takes 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.</p> <p>Do you have any questions? May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	<p>RECORD THE TIME.</p> <p>MORNING = 1 EVENING = 2</p>	<p>MORNING/EVENING <input type="checkbox"/></p> <p>HOUR <input type="checkbox"/></p> <p>MINUTES <input type="checkbox"/></p>	
101A	COLLECT ANY RELEVANT DOCUMENTS THAT MAY HAVE INFORMATION ON THE RESPONDENT AND HER CHILDREN'S AGE AND IMMUNIZATIONS.		
102	In what month and year were you born?	<p>MONTH <input type="checkbox"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="checkbox"/></p> <p>DON'T KNOW YEAR 9998</p>	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="checkbox"/>	
104	Have you ever attended school?	<p>YES 1</p> <p>NO 2</p>	→ 108
105	What is the highest level of school you attended: primary, secondary, technical/vocational or higher?	<p>PRIMARY 1</p> <p>SECONDARY 2</p> <p>TECHNICAL/VOCATIONAL 3</p> <p>HIGHER 4</p>	
106	What is the highest grade/number of years you completed at that level? IF COMPLETED PRIMARY OR SECONDARY, RECORD COMPLETED GRADE. IF TECHNICAL/VOCATIONAL OR HIGHER, RECORD YEARS COMPLETED. IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL RECORD '00'.	GRADE/NUMBER OF YEARS <input type="checkbox"/>	
107	CHECK 105: PRIMARY <input type="checkbox"/> SECONDARY AND ABOVE <input type="checkbox"/>		→ 110
107A	Have you ever attended a Bible school or Koranic school or any other informal school that involves learning to read and/or write (not including primary school) ?	<p>YES 1</p> <p>NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	<p>Now I would like you to read this sentence to me.</p> <p>SHOW CARD TO RESPONDENT.</p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?</p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE 2</p> <p>ABLE TO READ WHOLE SENTENCE.. 3</p> <p>NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE)</p> <p>BLIND/VISUALLY IMPAIRED 5</p>	
109	<p>CHECK 108:</p> <p>CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED ↓</p> <p>CODE '1' OR '5' CIRCLED <input type="checkbox"/> →</p>		111
110	<p>Do you read a newspaper or magazine at least once a week, less than once a week or not at all?</p>	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
111	<p>Do you listen to the radio at least once a week, less than once a week or not at all?</p>	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
112	<p>Do you watch television at least once a week, less than once a week or not at all?</p>	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
113	<p>What is your religion?</p>	<p>ORTHODOX 1</p> <p>CATHOLIC 2</p> <p>PROTESTANT 3</p> <p>MOSLEM 4</p> <p>TRADITIONAL 5</p> <p>OTHER _____ 6 (SPECIFY)</p>	
114	<p>What is your ethnicity? RECORD THE MAJOR ETHNIC GROUP.</p> <p>CODE FOR ETHNIC GROUP WILL BE FILLED IN BY OFFICE EDITOR.</p>	<p>_____ <input type="checkbox"/> <input type="checkbox"/></p>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" data-bbox="1238 434 1334 488"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" data-bbox="1238 495 1334 548"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" data-bbox="1238 696 1334 750"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE <table border="1" data-bbox="1238 757 1334 810"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" data-bbox="1238 1043 1334 1097"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" data-bbox="1238 1104 1334 1158"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" data-bbox="1238 1223 1334 1276"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> → 226										

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).									
212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby? (NAME)	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	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 '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
03	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
04	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTHS NO... 2 NEXT ↙ BIRTH
05	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
06	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
07	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221	
What name was given to your next baby? (NAME)	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	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 '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?	
08	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH	
09	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH	
10	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH	
11	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH	
12	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH	
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN THE ABOVE TABLE.					YES	1			
						NO	2			
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE)									
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 1998 E.C. OR LATER. IF NONE, CIRCLE '0' AND SKIP TO 226.							<input type="text"/>	NONE 0	→ 226

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	<p>C FOR EACH BIRTH SINCE MESKEREM 1998, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)</p>		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 230
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. <p>C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.</p>	MONTHS <input type="text"/> <input type="text"/>	
228	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 230
229	Did you want to have a baby later on or did you not want any (more) children?	LATER 1 NO MORE 2	
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 238
231	When did the last such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
231A	Did you seek medical advice or treatment when this pregnancy ended? IF YES: Where did you seek medical advice or treatment?	HEALTH FACILITY 1 TRADITIONAL HEALER 2 NO ADVICE/TREATMENT 3 OTHER 6 (SPECIFY)	
232	CHECK 231: LAST PREGNANCY ENDED IN MESKEREM 1998 OR LATER <input type="checkbox"/> LAST PREGNANCY ENDED BEFORE MESKEREM 1998 <input type="checkbox"/>		→ 238
233	How many months pregnant were you when the last such pregnancy ended? <p>C RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.</p>	MONTHS <input type="text"/> <input type="text"/>	
234	Since Meskerem 1998, have you had any other pregnancies that did not result in a live birth?	YES 1 NO 2	→ 236
235	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO MESKEREM 1998 <p>C ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.</p>		
236	Did you have any miscarriages, abortions or stillbirths that ended before 1998 E.C.?	YES 1 NO 2	→ 238



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
237	When did the last such pregnancy that terminated before 1998 E.C. end?	MONTH <table border="1" data-bbox="1236 241 1332 286" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR <table border="1" data-bbox="1145 297 1332 342" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																	
238	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <table border="1" data-bbox="1236 376 1332 421" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS AGO 2 <table border="1" data-bbox="1236 432 1332 477" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS AGO 3 <table border="1" data-bbox="1236 488 1332 533" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS AGO 4 <table border="1" data-bbox="1236 544 1332 589" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996																	
239	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 301																
240	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER 6 (SPECIFY) DON'T KNOW 8																	

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.	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 (Implanon/Jadelle/ Norplants) 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	Male 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	Standard Days Method PROBE: Women can use a cycle of beads to count the days they are most likely to get pregnant and avoid sexual intercourse during those days.	YES 1 NO 2	
09A	Lactational Amenorrhea Method (LAM)	YES 1 NO 2	
10	Rhythm Method PROBE: Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2	
11	Withdrawal PROBE: Men can be careful and pull out before climax.	YES 1 NO 2	
12	Emergency Contraception PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy	YES 1 NO 2	
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	
302	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 311
303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 311

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
304	Which method are you using? CIRCLE 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 MALE CONDOM G FEMALE CONDOM H DIAPHRAGM/FOAM/JELLY I STANDARD DAYS METHOD J LACTATIONAL AMEN. METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	<input type="checkbox"/> → 308A <input type="checkbox"/> → 308A <input type="checkbox"/> → 306 <input type="checkbox"/> → 308A								
305	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	CHOICE/ROSELLE 01 TRIGESTREL 02 HYAN 03 NORDETTE 04 DUOFEM 05 NEOGYNON 06 EXLUTON 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	<input type="checkbox"/> → 308A								
306	What is the brand name of the condoms you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	HIWOT TRUST 01 SENSATION RIBBED 02 SENSATION COFFEE 03 SENSATION HONEY 04 FRENCH FEELING 05 JEANS 06 UNIDUS/SOUTH KOREA 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98									
308A	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>									
309	CHECK 308A, 215 AND 231: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308A GO BACK TO 308A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).	YES <input type="checkbox"/> NO <input type="checkbox"/>									
310	CHECK 308A: YEAR IS 1998 E.C. OR LATER <input type="checkbox"/> C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. YEAR IS 1997 E.C. OR EARLIER <input type="checkbox"/> C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO MESKEREM 1998. THEN SKIP TO → 322										

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO MESKEREM 1998. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>C IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then? 		
312	<p>CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH</p> <p>NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/></p>		→ 314
313	<p>Have you ever used anything or tried in any way to delay or avoid getting pregnant?</p>	<p>YES 1 NO 2</p>	→ 324
314	<p>CHECK 304:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>NO CODE CIRCLED 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 MALE CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM/FOAM/JELLY 09 STANDARD DAYS METHOD 10 LACTATIONAL AMEN. METHOD 11 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96</p>	<p>→ 324 → 317 → 326 → 315A → 326</p>
315	<p>You first started using (CURRENT METHOD FROM Q.314) in (DATE FROM Q.308A). Where did you get it at that time?</p> <p>315A Where did you learn how to use the standard days method/rhythm/lactational amenorrhea method?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>PUBLIC SECTOR GOVT.HOSPITAL 11 GOVT. HEALTH CENTER 12 GOVT. HEALTH STATION/CLINIC .. 13 GOVT. HEALTH POST/HEW 14 OTHER PUBLIC 15 (SPECIFY)</p> <p>NGO NGO HEALTH FACILITY 21 VOLUNTARY COMMUNITY HEALTH WORKERS 22 OTHER NGO 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 31 PRIVATE CLINIC 32 PHARMACY 33 OTHER PRIVATE MEDICAL 34 (SPECIFY)</p> <p>OTHER SOURCE DRUG VENDOR/STORE 41 SHOP 42 FRIEND/RELATIVE 43 OTHER 96 (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 MALE CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM/FOAM/JELLY 09 STANDARD DAYS METHOD 10 LACTATIONAL AMEN. METHOD 11 RHYTHM METHOD 12	→ 323 → 320 → 326
317	At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 319
318	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES 1 NO 2	→ 320
319	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
320	CHECK 317: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>CODE '1' CIRCLED</p>  </div> <div style="text-align: center;"> <p>CODE '1' NOT CIRCLED</p>  </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="width: 45%;"> <p>At that time, were you told about other methods of family planning that you could use?</p> </div> <div style="width: 45%;"> <p>When you obtained (CURRENT METHOD FROM 314) from (SOURCE OF METHOD FROM 315) were you told about other methods of family planning that you could use?</p> </div> </div>	YES 1 NO 2	→ 322
321	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES 1 NO 2	
322	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 MALE CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM/FOAM/JELLY 09 STANDARD DAYS METHOD 10 LACTATIONAL AMEN. METHOD 11 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 326 → 326 → 326

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
323	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT.HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>GOVT. HEALTH STATION/CLINIC 13</p> <p>GOVT. HEALTH POST/HEW 14</p> <p>OTHER PUBLIC 15</p> <p>(SPECIFY)</p> <p>NGO</p> <p>NGO HEALTH FACILITY 21</p> <p>VOLUNTARY COMMUNITY HEALTH WORKERS 22</p> <p>OTHER NGO 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>PHARMACY 33</p> <p>OTHER PRIVATE MEDICAL 36</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>DRUG VENDOR/STORE 41</p> <p>SHOP 42</p> <p>FRIEND/RELATIVE 43</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	<p>→ 326</p>
324	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 326</p>
325	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. HEALTH STATION/CLINIC ... C</p> <p>GOVT.HEALTH POST/HEW D</p> <p>OTHER PUBLIC E</p> <p>(SPECIFY)</p> <p>NGO</p> <p>NGO HEALTH FACILITY F</p> <p>VOLUNTARY COMMUNITY HEALTH WORKERS G</p> <p>OTHER NGO H</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL I</p> <p>PRIVATE CLINIC J</p> <p>PHARMACY K</p> <p>OTHER PRIVATE MEDICAL L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>DRUG VENDOR/STORE M</p> <p>SHOP N</p> <p>FRIEND/RELATIVE O</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
326	<p>In the last 12 months, were you visited by a HEW/VCHW or others who talked to you about family planning?</p>	<p>YES 1</p> <p>NO 2</p>	
327	<p>In the last 12 months, have you visited a health facility for care for yourself (or your children)?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 401</p>
328	<p>Did any staff member/HEW at the health facility speak to you about family planning methods?</p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. MATERNITY CARE

401	<p>CHECK 224:</p> <p>ONE OR MORE BIRTHS IN MESKERM 1998 E.C. OR LATER <input type="checkbox"/></p> <p>NO BIRTHS IN MESKERM 1998 E.C. OR LATER <input type="checkbox"/></p> <p style="text-align: right;">→ 556</p>			
402	<p>CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1998 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).</p> <p>Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)</p>			
403	<p>BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY</p>	<p>LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/></p>	<p>NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/></p>	<p>SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/></p>
404	<p>FROM 212 AND 216</p>	<p>NAME <input type="text"/></p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>	<p>NAME <input type="text"/></p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>	<p>NAME <input type="text"/></p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>
405	<p>When you got pregnant with (NAME), did you want to get pregnant at that time?</p>	<p>YES 1 (SKIP TO 408) ←</p> <p>NO 2</p>	<p>YES 1 (SKIP TO 430) ←</p> <p>NO 2</p>	<p>YES 1 (SKIP TO 430) ←</p> <p>NO 2</p>
406	<p>Did you want to have a baby later on, or did you not want any (more) children?</p>	<p>LATER 1 NO MORE 2 (SKIP TO 408) ←</p>	<p>LATER 1 NO MORE 2 (SKIP TO 430) ←</p>	<p>LATER 1 NO MORE 2 (SKIP TO 430) ←</p>
407	<p>How much longer did you want to wait?</p>	<p>MONTHS .1 <input type="text"/></p> <p>YEARS .2 <input type="text"/></p> <p>DON'T KNOW ... 998</p>	<p>MONTHS .1 <input type="text"/></p> <p>YEARS .2 <input type="text"/></p> <p>DON'T KNOW ... 998</p>	<p>MONTHS .1 <input type="text"/></p> <p>YEARS .2 <input type="text"/></p> <p>DON'T KNOW ... 998</p>
408	<p>Did you see anyone for antenatal care for this pregnancy?</p>	<p>YES 1 NO 2 (SKIP TO 415) ←</p>		
409	<p>Whom did you see?</p> <p>Anyone else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p>	<p>HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE ... B HEW C OTHER HEALTH PERSONNEL _____ D (SPECIFY)</p> <p>OTHER PERSON TRAINED TRAD BIRTH ATTENDANT E UNTRAINED TRAD BIRTH ATTENDANT F</p> <p>VCHW G</p> <p>OTHER _____ X (SPECIFY)</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
410	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S).</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>HOME YOUR HOME A OTHER HOME B</p> <p>PUBLIC SECTOR GOVT. HOSPITAL .. C GOVT. HEALTH CENTER D GOVT. HEALTH STATION /CLINIC..... E GOVT. HEALTH POST F OTHER PUBLIC _____ G (SPECIFY)</p> <p>NGO HEALTH FACILITY .. H</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL I PVT. CLINIC J OTHER PRIVATE MED. _____ K (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>		
411	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>		
412	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>		
413	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once?</p> <p>Was your blood pressure measured?</p> <p>Did you give a urine sample?</p> <p>Did you give a blood sample?</p>	<p>YES NO</p> <p>BP 1 2</p> <p>URINE 1 2</p> <p>BLOOD 1 2</p>		
414	<p>During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 415) ←</p> <p>DON'T KNOW 8</p>		
414A	<p>Which signs of pregnancy complications were you told about?</p>	<p>VAGINAL BLEEDING .. A</p> <p>VAGINAL GUSH OF FLUID..... B</p> <p>SEVERE HEAD ACHE C</p> <p>BLURRED VISION... D</p> <p>FEVER..... E</p> <p>ABDOMINAL PAIN..... F</p> <p>OTHER _____ X (SPECIFY)</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 418) ← DON'T KNOW 8		
416	During this pregnancy, how many times did you get this tetanus injection?	TIMES <input type="text"/> DON'T KNOW 8		
417	CHECK 416:	2 OR MORE OTHER TIMES <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 421) ↓		
418	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 (SKIP TO 421) ← DON'T KNOW 8		
419	Before this pregnancy, how many other times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8		
420	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO <input type="text"/> <input type="text"/>		
421	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLETS.	YES 1 NO 2 (SKIP TO 423) ← DON'T KNOW 8		
422	During the whole pregnancy, for how many days did you take the tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NO. OF DAYS ... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998		
423	During this pregnancy, did you take any drug for intestinal worms?	YES 1 NO 2 DON'T KNOW 8		
430	When (NAME) was born, was he/she 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		
431	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 433) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 433) ← DON'T KNOW ... 8	YES 1 NO 2 (SKIP TO 433) ← DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
432	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 ... 99.998	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 99.998	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 . 99.998
433	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE ... B HEW C OTHER HEALTH PERSONNEL _____ D (SPECIFY) OTHER PERSON TRAINED TRAD BIRTH ATTENDANT ... E UNTRAINED TRAD BIRTH ATTENDANT F VCHW G RELATIVE/FRIEND ... H OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE ... B HEW C OTHER HEALTH PERSONNEL _____ D (SPECIFY) OTHER PERSON TRAINED TRAD BIRTH ATTENDANT ... E UNTRAINED TRAD BIRTH ATTENDANT F VCHW G RELATIVE/FRIEND ... H OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE ... B HEW C OTHER HEALTH PERSONNEL _____ D (SPECIFY) OTHER PERSON TRAINED TRAD BIRTH ATTENDANT ... E UNTRAINED TRAD BIRTH ATTENDANT F VCHW G RELATIVE/FRIEND ... H OTHER _____ X (SPECIFY) NO ONE Y
434	Where did you give birth to (NAME)? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	HOME YOUR HOME 11 (SKIP TO 437A) ← OTHER HOME 12 PUBLIC SECTOR. GOVT. HOSPITAL ... 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH STAT/CLINIC ... 23 GOVT. HEALTH POST 24 OTHER PUBLIC ... 26 _____ (SPECIFY) NGO HEALTH FACILITY .. 31 PRIVATE MED. SECTOR PVT. HOSPITAL 41 PVT. CLINIC 42 OTHER PRIVATE MED. _____ 43 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 437A) ←	HOME YOUR HOME ... 11 (SKIP TO 448) ← OTHER HOME ... 12 PUBLIC SECTOR. GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH STAT/CLINIC ... 23 GOVT. HEALTH POST 24 OTHER PUBLIC 26 _____ (SPECIFY) NGO HEALTH FACILITY 31 PRIVATE MED. SECTOR PVT. HOSPITAL . 41 PVT. CLINIC ... 42 OTHER PRIVATE MED. _____ 43 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 448) ←	HOME YOUR HOME ... 11 (SKIP TO 448) ← OTHER HOME ... 12 PUBLIC SECTOR. GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH STAT/CLINIC ... 23 GOVT. HEALTH POST 24 OTHER PUBLIC 26 _____ (SPECIFY) NGO HEALTH FACILITY 31 PRIVATE MED. SECTOR PVT. HOSPITAL 41 PVT. CLINIC ... 42 OTHER PRIVATE MED. _____ 43 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 448) ←
435	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____												
436	After you gave birth to (NAME), did anyone check on your health while you were still in the facility?	YES 1 (SKIP TO 439) ← NO 2														
437	Did anyone check on your health after you left the facility?	YES 1 (SKIP TO 439) ← NO 2 (SKIP TO 446) ←														
437A	Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED.	COST TOO MUCH A FACILITY NOT OPEN . B TOO FAR/ NO TRANS- PORTATION C DON'T TRUST FACILITY/POOR QUALITY SERVICE . D NO FEMALE PROVID- ER AT FACILITY E HUSBAND/FAMILY DID NOT ALLOW F NOT NECESSARY G NOT CUSTOMARY H OTHER _____ X (SPECIFY)														
438	After you gave birth to (NAME), did anyone check on your health?	YES 1 NO 2 (SKIP TO 442) ←														
439	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PRERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 HEW 13 OTHER HEALTH PERSONNEL _____ 14 (SPECIFY) OTHER PERSON TRAINED TRAD BIRTH ATTEND 21 UNTRAINED TRAD BIRTH ATTEND . 22 VCHW 23 OTHER _____ 96 (SPECIFY)														
440	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="810 1592 916 1644"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="810 1644 916 1695"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="810 1695 916 1747"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ... 998														
441	CHECK 434:	11, 12 OR 96 CIRCLED <input type="checkbox"/> ↓ OTHER <input type="checkbox"/> ↓ (SKIP TO 446)														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
442	In the two months after (NAME) was born, did any Doctor/Nurse/HEW or other health personnel or a traditional birth attendant check on his/her health?	YES 1 NO 2 (SKIP TO 446) ← DON'T KNOW 8								
443	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="810 465 916 517"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="810 517 916 568"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="810 568 916 620"><tr><td></td><td></td></tr></table> DON'T KNOW ... 998								
444	Who checked on (NAME'S) health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PRERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 HEW 13 OTHER HEALTH PERSONNEL _____ 14 (SPECIFY) OTHER PERSON TRAINED TRAD BIRTH ATTEND 21 UNTRAINED TRAD BIRTH ATTEND . . 22 VCHW 23 OTHER _____ 96 (SPECIFY)								
445	Where did this first check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR. GOVT. HOSPITAL .. 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH STAT /CLINIC..... 23 GOVT. HEALTH POST 24 OTHER PUBLIC 26 _____ (SPECIFY) NGO HEALTH FACILITY .. 31 PRIVATE MED. SECTOR PVT. HOSPITAL 41 PVT. CLINIC 42 OTHER PRIVATE MED. _____ 43 (SPECIFY) OTHER _____ 96 (SPECIFY)								

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
446	In the first two months after delivery, did you receive a vitamin A dose (like this)? SHOW CAPSULES	YES 1 NO 2 DON'T KNOW 8		
447	Has your menstrual period returned since the birth of (NAME)?	YES 1 (SKIP TO 449) ← NO 2 (SKIP TO 450) ←		
448	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 452) ←	YES 1 NO 2 (SKIP TO 452) ←
449	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
450	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT <input type="checkbox"/> NANT <input type="checkbox"/> OR UNSURE <input type="checkbox"/> (SKIP TO 452) ←		
451	Have you had sexual intercourse since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 453) ←		
452	For how many months after the birth of (NAME) did you <u>not</u> have sexual intercourse?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
453	Did you ever breastfeed (NAME)?	YES 1 (SKIP TO 455) ← NO 2	YES 1 NO 2	YES 1 NO 2
454	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 460) (GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 501)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 460) (GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 501)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 460) (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF AN ADDITIONAL QNNAIRE; OR IF NO MORE BIRTHS, GO TO 501)
455	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ... 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>		
456	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 458) ←		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
457	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLU- COSE WATER C GRIPE WATER D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H HONEY I FRESH BUTTER J FENUGREEK K OTHER _____ X (SPECIFY)		
458	CHECK 404: IS CHILD LIVING?	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)		
459	Are you still breastfeeding (NAME)?	YES 1 NO 2		
460	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
461		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
508	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations given in a national immunization day campaign? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 506 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN	YES 1 (PROBE FOR ← VACCINATIONS SHOWN IN 506 AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ← NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 (PROBE FOR ← VACCINATIONS SHOWN IN 506 WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ← NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 (PROBE FOR ← VACCINATIONS SHOWN IN 506 WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ← NO 2 (SKIP TO 511) ← DON'T KNOW 8
509	Did (NAME) ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization campaign?	YES 1 NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 511) ← DON'T KNOW 8
510	Please tell me if (NAME) had any of the following vaccinations:			
510A	A BCG vaccination against tuberculosis, that is, an injection in the right arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
510B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 510E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510E) ← DON'T KNOW 8
510C	Was the first polio vaccine given in the first two weeks after birth or later?	FIRST 2 WEEKS ... 1 LATER 2	FIRST 2 WEEKS ... 1 LATER 2	FIRST 2 WEEKS ... 1 LATER 2
510D	How many times was the polio vaccine received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
510E	A DPT or DPT-HepB-Hib vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 510G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510G) ← DON'T KNOW 8
510F	How many times was a DPT or DPT-HepB-Hib vaccination given ?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
510G	A measles injection or an MMR injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
510H	Did (NAME) receive a vaccination certificate for completing the schedule for all vaccinations?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
511	Within the last six months has (NAME) received a vitamin A dose like this? SHOW CAPSULES.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH		
		NAME _____			NAME _____			NAME _____		
512	In the last seven days, was (NAME) given iron pills like this? SHOW COMMON TYPES OF IRON PILLS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	
513	Was (NAME) given any drug for intestinal worms in the last six months?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	
514	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	
515	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	
516	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	
517	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	
518	Did you seek advice or treatment for the diarrhea from any source?	YES 1 NO 2 (SKIP TO 522) ←	YES 1 NO 2 (SKIP TO 522) ←	YES 1 NO 2 (SKIP TO 522) ←	YES 1 NO 2 (SKIP TO 522) ←	YES 1 NO 2 (SKIP TO 522) ←	YES 1 NO 2 (SKIP TO 522) ←	YES 1 NO 2 (SKIP TO 522) ←	YES 1 NO 2 (SKIP TO 522) ←	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
519	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT.HEALTH STATION/CLINIC . . . C</p> <p>GOVT.HEALTH POST/HEW D</p> <p>OTHER PUBLIC _____ E (SPECIFY)</p> <p>NGO</p> <p>HEALTH FACILITY F</p> <p>VCHW G</p> <p>PRIVATE MED.SECTOR</p> <p>PRIVATE. HOSPITAL H</p> <p>PRIVATE CLINIC I</p> <p>PHARMACY J</p> <p>OTHER PRIVATE MED. _____ K (SPECIFY)</p> <p>OTHER SOURCE</p> <p>DRUG VENDOR/ STORE L</p> <p>SHOP M</p> <p>TRADITIONAL HEALER N</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. H.CENTER B</p> <p>GOVT.HEALTH STATION/CLINIC . . . C</p> <p>GOVT.HEALTH POST/I D</p> <p>OTHER PUBLIC _____ E (SPECIFY)</p> <p>NGO</p> <p>HEALTH FACILITY F</p> <p>VCHW G</p> <p>PRIVATE MED.SECTOR</p> <p>PRIVATE. HOSP H</p> <p>PRIVATE CLINIC I</p> <p>PHARMACY J</p> <p>OTHER PRIVATE MED. _____ K (SPECIFY)</p> <p>OTHER SOURCE</p> <p>DRUG VENDOR/ STORE L</p> <p>SHOP M</p> <p>TRADITIONAL HEALER N</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. H CENTER B</p> <p>GOVT.HEALTH STATION/CLINIC . . . C</p> <p>GOVT.HEALTH POST/I D</p> <p>OTHER PUBLIC _____ E (SPECIFY)</p> <p>NGO</p> <p>HEALTH FACILITY F</p> <p>VCHW G</p> <p>PRIVATE MED.SECTOR</p> <p>PRIVATE. HOSP H</p> <p>PRIVATE CLINIC I</p> <p>PHARMACY J</p> <p>OTHER PRIVATE MED. _____ K (SPECIFY)</p> <p>OTHER SOURCE</p> <p>DRUG VENDOR/ STORE L</p> <p>SHOP M</p> <p>TRADITIONAL HEALER N</p> <p>OTHER _____ X (SPECIFY)</p>
520	CHECK 519:	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>↓ (SKIP TO 522) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>↓ (SKIP TO 522) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>↓ (SKIP TO 522) ←</p>
521	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 519.</p>	FIRST PLACE . . . <input type="checkbox"/>	FIRST PLACE . . . <input type="checkbox"/>	FIRST PLACE . . . <input type="checkbox"/>
522	<p>Was he/she given any of the following to drink at any time since he/she started having the diarrhea:</p> <p>a) A fluid made from a special ORS packet like LEMLEM?</p> <p>b) A government-recommended homemade fluid?</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>HOMEMADE FLUID 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>HOMEMADE FLUID 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>HOMEMADE FLUID 1 2 8</p>
523	Was anything (else) given to treat the diarrhea?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 525) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 525) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 525) ←</p> <p>DON'T KNOW 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
524	<p>What (else) was given to treat the diarrhea?</p> <p>Anything else?</p> <p>RECORD ALL TREATMENTS GIVEN.</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY . B</p> <p>ZINC C</p> <p>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D</p> <p>UNKNOWN PILL OR SYRUP ... E</p> <p>INJECTION</p> <p>ANTIBIOTIC F</p> <p>NON-ANTIBIOTIC . G</p> <p>UNKNOWN INJECTION ... H</p> <p>(IV) INTRAVENOUS . I</p> <p>HOME REMEDY/ HERBAL MEDICINE J</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY . B</p> <p>ZINC C</p> <p>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D</p> <p>UNKNOWN PILL OR SYRUP ... E</p> <p>INJECTION</p> <p>ANTIBIOTIC F</p> <p>NON-ANTIBIOTIC . G</p> <p>UNKNOWN INJECTION ... H</p> <p>(IV) INTRAVENOUS . I</p> <p>HOME REMEDY/ HERBAL MEDICINE J</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY . B</p> <p>ZINC C</p> <p>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D</p> <p>UNKNOWN PILL OR SYRUP ... E</p> <p>INJECTION</p> <p>ANTIBIOTIC F</p> <p>NON-ANTIBIOTIC . G</p> <p>UNKNOWN INJECTION ... H</p> <p>(IV) INTRAVENOUS . I</p> <p>HOME REMEDY/ HERBAL MEDICINE J</p> <p>OTHER _____ X (SPECIFY)</p>
525	Has (NAME) been ill with a fever at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
527	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 530) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 530) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 530) ←</p> <p>DON'T KNOW 8</p>
528	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 531) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 531) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 531) ←</p> <p>DON'T KNOW 8</p>
529	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	<p>CHEST ONLY ... 1</p> <p>NOSE ONLY 2</p> <p>BOTH 3</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW 8</p> <p>(SKIP TO 531) ←</p>	<p>CHEST ONLY ... 1</p> <p>NOSE ONLY 2</p> <p>BOTH 3</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW 8</p> <p>(SKIP TO 531) ←</p>	<p>CHEST ONLY ... 1</p> <p>NOSE ONLY 2</p> <p>BOTH 3</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW 8</p> <p>(SKIP TO 531) ←</p>
530	CHECK 525: HAD FEVER?	<p>YES NO OR DK</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>↓ ↓</p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)</p>	<p>YES NO OR DK</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>↓ ↓</p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)</p>	<p>YES NO OR DK</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>↓ ↓</p> <p>(GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)</p>
531	<p>Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was he/she 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>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
532	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8
533	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 537) ←	YES 1 NO 2 (SKIP TO 537) ←	YES 1 NO 2 (SKIP TO 537) ←
534	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B GOVT. HEALTH STATION/CLINIC C GOVT. HEALTH POST/HEW D OTHER PUBLIC E _____ (SPECIFY) NGO HEALTH FACILITY F VCHW G PRIVATE MED. SECTOR PRIVATE. HOSPITAL H PRIVATE CLINIC I PHARMACY J OTHER PRIVATE MED. K _____ (SPECIFY) OTHER SOURCE DRUG VENDOR/ STORE L SHOP M TRADITIONAL HEALER N OTHER X _____ (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. H. CENTER B GOVT. HEALTH STATION/CLINIC C GOVT. HEALTH POST/HEW D OTHER PUBLIC E _____ (SPECIFY) NGO HEALTH FACILITY F VCHW G PRIVATE MED. SECTOR PRIVATE. HOSP H PRIVATE I PHARMACY J OTHER PRIVATE MED. K _____ (SPECIFY) OTHER SOURCE DRUG VENDOR/ STORE L SHOP M TRADITIONAL HEALER N OTHER X _____ (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. H. CENTER B GOVT. HEALTH STATION/CLINIC C GOVT. HEALTH POST/HEW D OTHER PUBLIC E _____ (SPECIFY) NGO HEALTH FACILITY F VCHW G PRIVATE MED. SECTOR PRIVATE. HOSP H PRIVATE I PHARMACY J OTHER PRIVATE MED. K _____ (SPECIFY) OTHER SOURCE DRUG VENDOR/ STORE L SHOP M TRADITIONAL HEALER N OTHER X _____ (SPECIFY)
535	CHECK 534:	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE <input type="checkbox"/> CIRCLED <input type="checkbox"/> CIRCLED ↓ (SKIP TO 537) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE <input type="checkbox"/> CIRCLED <input type="checkbox"/> CIRCLED ↓ (SKIP TO 537) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE <input type="checkbox"/> CIRCLED <input type="checkbox"/> CIRCLED ↓ (SKIP TO 537) ←
536	Where did you first seek advice or treatment? USE LETTER CODE FROM 534.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
537	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8	YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8	YES 1 NO 2 (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
538	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE B ARTEMETHER- LUMEFANTRINE (COARTEM /ARTEFAN) C QUININE D OTHER ANTI- MALARIAL _____ E (SPECIFY) ANTIBIOTIC DRUGS INJECTION F BACTRIM (COTRIM) G AMPICILIN H AMOXYCILIN I CHLORIAM- PHENICOL J TETRACYCLINE K OTHER ANTI- BIOTIC L OTHER DRUGS PARACETAMOL M ASPIRIN (PARAMOL) N ACETA- MINOPHEN O IBUPROFEN P OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE B ARTEMETHER- LUMEFANTRINE (COARTEM /ARTEFAN) C QUININE D OTHER ANTI- MALARIAL _____ E (SPECIFY) ANTIBIOTIC DRUGS INJECTION F BACTRIM (COTRIM) G AMPICILIN H AMOXYCILIN I CHLORIAM- PHENICOL J TETRACYCLINE K OTHER ANTI- BIOTIC L OTHER DRUGS PARACETAMOL M ASPIRIN (PARAMOL) N ACETA- MINOPHEN O IBUPROFEN P OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE B ARTEMETHER- LUMEFANTRINE (COARTEM /ARTEFAN) C QUININE D OTHER ANTI- MALARIAL _____ E (SPECIFY) ANTIBIOTIC DRUGS INJECTION F BACTRIM (COTRIM) G AMPICILIN H AMOXYCILIN I CHLORIAM- PHENICOL J TETRACYCLINE K OTHER ANTI- BIOTIC L OTHER DRUGS PARACETAMOL M ASPIRIN (PARAMOL) N ACETA- MINOPHEN O IBUPROFEN P OTHER _____ X (SPECIFY) DON'T KNOW Z
552		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
558	<p>Now I would like to ask you about (other) liquids or foods that (NAME FROM 557) had yesterday during the day or at night. I am interested in whether your child had the item even if it was combined with other foods.</p> <p>Did (NAME FROM 557) (drink/eat):</p>	<p>YES NO DK</p>	
	a) Plain water?	a) 1 2 8	
	b) Juice or juice drinks?	b) 1 2 8	
	c) Soup?	c) 1 2 8	
	d) Milk such as tinned, powdered, or fresh animal milk?	d) 1 2 8	
	<p>IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES DRANK MILK <input type="text"/></p>	
	e) Infant formula such as Plan, S-26?	e) 1 2 8	
	<p>IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES DRANK FORMULA <input type="text"/></p>	
	f) Any other liquids?	f) 1 2 8	
	g) Yogurt?	g) 1 2 8	
	<p>IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES ATE YOGURT <input type="text"/></p>	
	<p>h) Any commercially fortified baby food, like Fafa, Hilina, Cerilak, Cerifam, Mother Choice?</p>	h) 1 2 8	
	<p>i) Injera, bread, rice, noodles, or other foods made from grains, such as, tef, oats, maize, barley, wheat, sorghum, millet or other grains?</p>	i) 1 2 8	
	<p>j) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?</p>	j) 1 2 8	
	<p>k) White potatoes, white yams, bulla, kocho, manioc, cassava, or any other foods made from roots?</p>	k) 1 2 8	
	<p>l) Any dark green, leafy vegetables like kale, spinach, or amaranth leaves?</p>	l) 1 2 8	
	m) Ripe mangoes or papayas?	m) 1 2 8	
	n) Any other fruits or vegetables?	n) 1 2 8	
	o) Liver, kidney, heart or other organ meats?	o) 1 2 8	
	<p>p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?</p>	p) 1 2 8	
	q) Eggs?	q) 1 2 8	
	r) Fresh or dried fish or shellfish?	r) 1 2 8	
	s) Any foods made from beans, peas, lentils, or nuts?	s) 1 2 8	
	t) Cheese or other food made from milk?	t) 1 2 8	
	u) Any other solid, semi-solid, or soft food?	u) 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
559	CHECK 558 (CATEGORIES "h" THROUGH "u"): NOT A SINGLE "YES" <input type="checkbox"/> ↓ AT LEAST ONE "YES" <input type="checkbox"/> →		561
560	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid,semi-solid or soft foods did (NAME), eat?	YES 1 (GO BACK TO 558 TO RECORD FOOD EATEN YESTERDAY) ← NO 2	601
561	How many times did (NAME FROM 557) eat solid, semisolid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="checkbox"/> DON'T KNOW 8	

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	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"/> → 604
602	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	<input type="checkbox"/> → 612
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> → 609
604	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
605	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"/>	
606	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"/> → 609
607	Including yourself, in total, how many wives or partners does your husband live with now as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/> DON'T KNOW 98	
608	Are you the first, second, ... wife?	RANK <input type="text"/> <input type="text"/>	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
610	CHECK 609: MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/> In what month and year did you start living with your husband/partner? MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/> Now I would like to ask about when you started living with your first husband/partner. In what month and year was that?	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	<input type="checkbox"/> → 612
611	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
613	<p>Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues.</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95</p>	→ 628
614	Now I would like to ask you some questions about your recent sexual activity. 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.		
615	<p>When was the <u>last</u> time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1</p> <p>WEEKS AGO 2</p> <p>MONTHS AGO 3</p> <p>YEARS AGO 4</p> <p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p>	→ 627

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
616	When was the last time you had sexual intercourse with this person?		DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>	DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>
617	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES 1 NO 2 (SKIP TO 619) ←	YES 1 NO 2 (SKIP TO 619) ←	YES 1 NO 2 (SKIP TO 619) ←
618	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
619	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	HUSBAND 1 LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 COMMERCIAL SEX WORKER 5 OTHER 6 (SPECIFY) _____ (SKIP TO 622) ←	HUSBAND 1 LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 COMMERCIAL SEX WORKER 5 OTHER 6 (SPECIFY) _____ (SKIP TO 622) ←	HUSBAND 1 LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 COMMERCIAL SEX WORKER 5 OTHER 6 (SPECIFY) _____ (SKIP TO 622) ←
620	CHECK 609:	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE (SKIP TO 622) <input type="checkbox"/>	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE (SKIP TO 622) <input type="checkbox"/>	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE (SKIP TO 622) <input type="checkbox"/>
621	CHECK 613:	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND (SKIP TO 623) <input type="checkbox"/> OTHER <input type="checkbox"/>	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND (SKIP TO 623) <input type="checkbox"/> OTHER <input type="checkbox"/>	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND (SKIP TO 623) <input type="checkbox"/> OTHER <input type="checkbox"/>
622	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>
623	How many times during the last 12 months did you have sexual intercourse with this person? IF 95 OR MORE, WRITE '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
623A	The last time you had sexual intercourse (with this other person), did you or this person drink alcohol?	YES 1 NO 2 (SKIP TO 623C) ←	YES 1 NO 2 (SKIP TO 623C) ←	YES 1 NO 2 (SKIP TO 623C) ←
623B	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY 2 RESPONDENT AND PARTNER BOTH 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY 2 RESPONDENT AND PARTNER BOTH 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY 2 RESPONDENT AND PARTNER BOTH 3 NEITHER 4
623C	The last time you had sexual intercourse (with this other person), did you or this person chew chat any time during that day?	RESPONDENT ONLY 1 PARTNER ONLY 2 RESPONDENT AND PARTNER BOTH 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY 2 RESPONDENT AND PARTNER BOTH 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY 2 RESPONDENT AND PARTNER BOTH 3 NEITHER 4
623D	Are you still having sex with this person?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
624	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98
625	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 616 ← IN NEXT COLUMN) NO 2 (SKIP TO 627) ←	YES 1 (GO BACK TO 616 ← IN NEXT COLUMN) NO 2 (SKIP TO 627) ←	
626	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST 12 MONTHS <input type="text"/> <input type="text"/> DON'T KNOW ... 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																											
627	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DONT KNOW 98																																																																												
628	PRESENCE OF OTHERS DURING THIS SECTION	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>MALE ADULTS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FEMALE ADULTS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MALE YOUTHS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FEMALE YOUTHS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CHILDREN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	MALE ADULTS	1	2	FEMALE ADULTS	1	2	MALE YOUTHS	1	2	FEMALE YOUTHS	1	2	CHILDREN	1	2																																																										
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629	Do you know of a place where a person can get male condoms ?	YES 1 NO 2	→ 632																																																																											
630	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td colspan="3">PUBLIC SECTOR</td> </tr> <tr> <td>GOVT. HOSPITAL</td> <td></td> <td style="text-align: right;">A</td> </tr> <tr> <td>GOVT. HEALTH CENTER</td> <td></td> <td style="text-align: right;">B</td> </tr> <tr> <td>GOVT. HEALTH STATION/CLINIC</td> <td></td> <td style="text-align: right;">C</td> </tr> <tr> <td>GOVT. HEALTH POST/HEW</td> <td></td> <td style="text-align: right;">D</td> </tr> <tr> <td>OTHER PUBLIC</td> <td></td> <td style="text-align: right;">E</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> <tr> <td colspan="3">NGO</td> </tr> <tr> <td>NGO HEALTH FACILITY</td> <td></td> <td style="text-align: right;">F</td> </tr> <tr> <td>VOLUNTARY COMMUNITY HEALTH WORKERS</td> <td></td> <td style="text-align: right;">G</td> </tr> <tr> <td>OTHER NGO</td> <td></td> <td style="text-align: right;">H</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> <tr> <td colspan="3">PRIVATE MEDICAL SECTOR</td> </tr> <tr> <td>PRIVATE HOSPITAL</td> <td></td> <td style="text-align: right;">I</td> </tr> <tr> <td>PRIVATE CLINIC</td> <td></td> <td style="text-align: right;">J</td> </tr> <tr> <td>PHARMACY</td> <td></td> <td style="text-align: right;">K</td> </tr> <tr> <td>ANTI-AIDS CLUB/ASSOCIATION</td> <td></td> <td style="text-align: right;">L</td> </tr> <tr> <td>OTHER PRIVATE MEDICAL</td> <td></td> <td style="text-align: right;">M</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> <tr> <td colspan="3">OTHER SOURCE</td> </tr> <tr> <td>DRUG VENDOR/STORE</td> <td></td> <td style="text-align: right;">N</td> </tr> <tr> <td>SHOP/BAR/HOTEL/GROCERY/</td> <td></td> <td style="text-align: right;">O</td> </tr> <tr> <td>FRIEND/RELATIVE</td> <td></td> <td style="text-align: right;">P</td> </tr> <tr> <td>OTHER</td> <td></td> <td style="text-align: right;">X</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>	PUBLIC SECTOR			GOVT. HOSPITAL		A	GOVT. HEALTH CENTER		B	GOVT. HEALTH STATION/CLINIC		C	GOVT. HEALTH POST/HEW		D	OTHER PUBLIC		E		(SPECIFY)		NGO			NGO HEALTH FACILITY		F	VOLUNTARY COMMUNITY HEALTH WORKERS		G	OTHER NGO		H		(SPECIFY)		PRIVATE MEDICAL SECTOR			PRIVATE HOSPITAL		I	PRIVATE CLINIC		J	PHARMACY		K	ANTI-AIDS CLUB/ASSOCIATION		L	OTHER PRIVATE MEDICAL		M		(SPECIFY)		OTHER SOURCE			DRUG VENDOR/STORE		N	SHOP/BAR/HOTEL/GROCERY/		O	FRIEND/RELATIVE		P	OTHER		X		(SPECIFY)		
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631	If you wanted to, could you yourself get a male condom?	YES 1 NO 2 DONT KNOW/UNSURE 8																																																																												
631A	CHECK 301 (08) KNOWS FEMALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 701																																																																												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
632	Do you know of a place where a person can get female condoms?	YES 1 NO 2	→ 701
633	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL A GOVTHEALTH CENTER B GOVT. HEALTH STATION/CLINIC C GOVT. HEALTH POST/HEW D OTHER PUBLIC E _____ (SPECIFY) NGO NGO HEALTH FACILITY F VOLUNTARY COMMUNITY HEALTH WORKERS G OTHER NGO H _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATEHOSPITAL I PRIVATE CLINIC J PHARMACY K ANTI-AIDS CLUB/ASSOCIATION L OTHER PRIVATE MEDICAL M _____ (SPECIFY) OTHER SOURCE DRUG VENDOR/STORE N SHOP/BAR/HOTEL/GROCERY/ O FRIEND/RELATIVE P OTHER X _____ (SPECIFY)	
634	If you wanted to, could you yourself get a female condom?	YES 1 NO 2 DONT KNOW/UNSURE 8	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 304: NEITHER STERILIZED <input type="checkbox"/> NOT ASKED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 712
702	CHECK 226: PREGNANT <input type="checkbox"/> NOT PREGNANT OR UNSURE <input type="checkbox"/>		→ 704
703	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/NONE 2 UNDECIDED/DON'T KNOW 8	→ 705 → 711 → 711
704	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	→ 707 → 712 → 710
705	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 YEARS 2 SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT . . . 994 AFTER MARRIAGE 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	→ 710 → 712 → 710
706	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 711
707	CHECK 303: USING CONTRACEPTIVE METHOD? NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→ 712
708	CHECK 705: NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		→ 711

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	<p>CHECK 703 AND 704:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want (a/another) child soon.</p> <p>Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want any (more) children.</p> <p>Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY . D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE</p> <p>LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED . J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>SIDE EFFECTS/HEALTH CONCERNS O</p> <p>LACK OF ACCESS/TOO FAR P</p> <p>COSTS TOO MUCH Q</p> <p>PREFERRED METHOD NOT AVAILABLE R</p> <p>NO METHOD AVAILABLE S</p> <p>INCONVENIENT TO USE T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES U</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
710	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>↓</p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>↓</p> <p>YES, CURRENTLY USING <input type="checkbox"/></p>		→ 712
711	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
712	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p>	<p>NONE 00</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	→ 714 → 714
713	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it was a boy or girl?</p>	<p>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 (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
714	In the last few months have you: Heard about family planning on the radio? Seen anything about family planning on the television? Read about family planning in a newspaper or magazine? Read about family planning in a pamphlet/Posters/Leaflets? Heard about family planning at community event/conversation?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>RADIO</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE ...</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>PAMPHLET/POSTER/LEAFLETS .</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>COMMUNITY EVENT/CONV. ...</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER OR MAGAZINE ...	1	2	PAMPHLET/POSTER/LEAFLETS .	1	2	COMMUNITY EVENT/CONV. ...	1	2	
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NEWSPAPER OR MAGAZINE ...	1	2																			
PAMPHLET/POSTER/LEAFLETS .	1	2																			
COMMUNITY EVENT/CONV. ...	1	2																			
715	In the last few months have you heard or seen the following media messages on family planning ? Its wise to have a balanced family life Your family happiness is in your hands Spacing of birth will be a source for a loving,caring and healthy family Chidren by choice not by chance	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>Its wise to have a balanced family life</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Your family happiness is in your hands</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Spacing of birth will be a source for a loving,caring and healthy family</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Chidren by choice not by chance</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	Its wise to have a balanced family life	1	2	Your family happiness is in your hands	1	2	Spacing of birth will be a source for a loving,caring and healthy family	1	2	Chidren by choice not by chance	1	2				
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Chidren by choice not by chance	1	2																			
716	CHECK 601: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>	→ 801																			
717	CHECK 303: USING A CONTRACEPTIVE METHOD? CURRENTLY USING <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> OR NOT ASKED	→ 720																			
718	Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>MAINLY RESPONDENT</td> <td style="text-align: right;">1</td> </tr> <tr> <td>MAINLY HUSBAND/PARTNER</td> <td style="text-align: right;">2</td> </tr> <tr> <td>JOINT DECISION</td> <td style="text-align: right;">3</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: right;">6</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </table>	MAINLY RESPONDENT	1	MAINLY HUSBAND/PARTNER	2	JOINT DECISION	3	OTHER _____	6	(SPECIFY)										
MAINLY RESPONDENT	1																				
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(SPECIFY)																					
719	CHECK 304: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>	→ 801																			
720	Does your husband/partner want the same number of children that you want, or does he want more or fewer than you want?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>SAME NUMBER</td> <td style="text-align: right;">1</td> </tr> <tr> <td>MORE CHILDREN</td> <td style="text-align: right;">2</td> </tr> <tr> <td>FEWER CHILDREN</td> <td style="text-align: right;">3</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: right;">8</td> </tr> </table>	SAME NUMBER	1	MORE CHILDREN	2	FEWER CHILDREN	3	DON'T KNOW	8											
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SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 601 AND 602: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/>	 	 → 803 → 807
802	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
803	Did your (last) husband/partner ever attend school?	YES 1 NO 2	→ 806
804	What is the highest level of school your husband attended: primary, secondary, technical/vocational or higher?	PRIMARY 1 SECONDARY 2 TECHNICAL/VOCATIONAL 3 HIGHER 4 DON'T KNOW 8	→ 806
805	What is the highest grade/number of years he completed at that level? IF COMPLETED PRIMARY OR SECONDARY, RECORD COMPLETED GRADE. IF TECHNICAL/VOCATIONAL OR HIGHER, RECORD YEARS COMPLETED. IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL RECORD '00'.	GRADE/NUMBER OF YEARS <input type="text"/> <input type="text"/>	
806	CHECK 801: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> What is your husband's/partner's occupation? That is, what kind of work does he mainly do? What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?	 	
807	Aside from your own housework, have you done any work in the last seven days?	YES 1 NO 2	→ 811
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES 1 NO 2	→ 811
809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	YES 1 NO 2	→ 811
810	Have you done any work in the last 12 months?	YES 1 NO 2	→ 815
811	What is your occupation, that is, what kind of work do you mainly do?	 	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812	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	
813	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	
814	Are you paid in cash or in 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	
815	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 823
816	CHECK 814: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 819
817	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)	
818	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 DOESN'T EARN ANY MONEY 4 DON'T KNOW 8	→ 820
819	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)	
820	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	
821	Who usually makes decisions about making major household purchases: 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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
822	Who usually makes decisions about visits to your family or relatives: 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																									
822A	Does your husband help you with household chores like looking after the children, cooking, cleaning the house, and doing other work around the house?	YES 1 NO 2	→ 823																								
822B	Does he help almost every day, at least once a week, or rarely?	EVERY DAY 1 AT LEAST ONCE A WEEK 2 RARELY 3																									
823	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																									
824	Do you own any land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																									
825	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="0"> <thead> <tr> <th></th> <th>PRES./ LISTEN.</th> <th>PRES./ NOT LISTEN.</th> <th>NOT PRES.</th> </tr> </thead> <tbody> <tr> <td>CHILDREN < 10</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER FEMALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.	CHILDREN < 10	1	2	3	HUSBAND	1	2	3	OTHER MALES	1	2	3	OTHER FEMALES	1	2	3					
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CHILDREN < 10	1	2	3																								
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826	In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. CHILDREN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS FOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	GOES OUT	1	2	8	NEGL. CHILDREN	1	2	8	ARGUES	1	2	8	REFUSES SEX	1	2	8	BURNS FOOD	1	2	8	
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REFUSES SEX	1	2	8																								
BURNS FOOD	1	2	8																								
826A	Is there a law in Ethiopia that prevents a husband from beating his wife?	YES 1 NO 2 DONT KNOW 8																									

SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 937																
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8																	
903	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
905A	Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse?	YES 1 NO 2 DON'T KNOW 8																	
906	Can people get the AIDS virus because of witchcraft, God's curse, or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
907	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
907A	Can people get the AIDS virus by sharing sharp materials such as razors/blades or through injection with non sterilized needles?	YES 1 NO 2 DON'T KNOW 8																	
908	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>DURING PREG.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BREASTFEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY	1	2	8	BREASTFEEDING	1	2	8	
	YES	NO	DK																
DURING PREG.	1	2	8																
DURING DELIVERY	1	2	8																
BREASTFEEDING	1	2	8																
909	CHECK 908: AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/> →	→ 911																
910	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
910A	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
911	CHECK 208 AND 215: LAST BIRTH SINCE MESKEREM 2001 <input type="checkbox"/> ↓	NO BIRTHS <input type="checkbox"/> → LAST BIRTH BEFORE MESKEREM 2001 <input type="checkbox"/> →	→ 926 → 926																
912	CHECK 408 FOR LAST BIRTH: HAD ANTENATAL CARE <input type="checkbox"/> ↓	NO ANTENATAL CARE <input type="checkbox"/> →	→ 926																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
928	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
929	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL 11 GOVT.HEALTH CENTER 12 GOVT.HEALTH STATION/CLINIC 13 STAND-ALONE VCT CENTER 14 OTHER PUBLIC 16 (SPECIFY) NGO NGO HEALTH FACILITY 21 STAND-ALONE VCT CENTER 22 MOBILE 23 OTHER NGO 24 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 31 PRIVATE CLINIC 32 OTHER PRIVATE MEDICAL 36 (SPECIFY) OTHER 96 (SPECIFY)	
929B	CHECK 918 OR 928: EVER RECEIVED HIV TEST RESULTS <input type="checkbox"/> DID NOT RECEIVE HIV TEST RESULTS <input type="checkbox"/>		→ 932
929C	CHECK 601 AND 602: EVER MARRIED OR LIVED WITH A PARTNER <input type="checkbox"/> NEVER MARRIED NOR LIVED WITH A PARTNER <input type="checkbox"/>		→ 932
929D	The last time you were tested, did you share the results with your husband/partner?	YES 1 NO, DID NOT SHARE RESULT 2 NO HUSBAND/PARTNER AT THAT TIME 3	→ 932
930	Do you know of a place where people can go to get tested for the AIDS virus?	YES 1 NO 2	→ 932
931	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT.HOSPITAL A GOVT.HEALTH CENTER B GOVT.HEALTH STATION/CLINIC C STAND-ALONE VCT CENTER D OTHER PUBLIC E (SPECIFY) NGO NGO HEALTH FACILITY F STAND-ALONE VCT CENTER G MOBILE H OTHER NGO I (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL J PRIVATE CLINIC K OTHER PRIVATE MEDICAL L (SPECIFY) OTHER X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
932	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus ?	YES 1 NO 2 DON'T KNOW 8	
933	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DK/NOT SURE/DEPENDS 8	
934	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
935	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED 2 DK/NOT SURE/DEPENDS 8	
936	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
937	CHECK 901: HEARD ABOUT AIDS <input type="checkbox"/> NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	
938	CHECK 613: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 946
939	CHECK 937: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 941
940	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
941	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES 1 NO 2 DON'T KNOW 8	
942	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DON'T KNOW 8	
943	CHECK 940, 941, AND 942: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 946
944	The last time you had (PROBLEM FROM 940/941/942), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 946

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
945	<p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. HEALTH STATION/CLINC C</p> <p>GOVT. HEALTH POST/HEW D</p> <p>OTHER PUBLIC E</p> <p>_____ (SPECIFY)</p> <p>NGO HEALTH FACILITY F</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL G</p> <p>PRIVATE CLINIC H</p> <p>PHARMACY I</p> <p>OTHER PRIVATE MEDICAL J</p> <p>_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>DRUG VENDOR/STORE K</p> <p>SHOP L</p> <p>TRADITIONAL HEALER M</p> <p>OTHER X</p> <p>_____ (SPECIFY)</p>	
946	<p>If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
947	<p>Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
948	<p>CHECK 601:</p> <p>CURRENTLY MARRIED/ <input type="checkbox"/> LIVING WITH A MAN</p> <p>NOT IN UNION <input type="checkbox"/> _____</p>		1000A
949	<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>	
950	<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>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
1003	The last time you got an injection, did the person who gave you the injection take the syringe and needle from a new, unopened package?	YES 1 NO 2 DON'T KNOW 8																																					
1004	Do you currently smoke cigarettes?	YES 1 NO 2	→ 1006																																				
1005	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/> <input type="text"/>																																					
1006	Do you currently smoke or use any other type of tobacco?	YES 1 NO 2	→ 1007A																																				
1007	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE A CHEWING TOBACCO B SNUFF/SURET C SHISHA D GAYA E OTHER X (SPECIFY)																																					
1007A	Have you ever chewed chat?	YES 1 NO 2	→ 1007C																																				
1007B	During the last 30 days how many days did you chew chat?	DAYS <input type="text"/> <input type="text"/>																																					
1007C	Have you ever taken a drink that contains alcohol (Tella/Tegi/ Areke/Beer/Wine, etc...)?	YES 1 NO 2	→ 1008																																				
1007D	During the last 30 days, how many days did you take a drink that contains alcohol?	DAYS <input type="text"/> <input type="text"/>																																					
1008	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? Getting permission to go to the doctor? Getting money needed for treatment? The distance to the health facility? Having to take transport? Workload inside /outside home? Not wanting to go alone? Concern that there may not be a female health provider? Concern that there may not be any health provider? Concern that there may be no drugs available?	<table border="0"> <tr> <td></td> <td>BIG</td> <td>NOT A BIG</td> </tr> <tr> <td></td> <td>PROB-</td> <td>PROB-</td> </tr> <tr> <td></td> <td>LEM</td> <td>LEM</td> </tr> <tr> <td>PERMISSION TO GO</td> <td>..... 1</td> <td>2</td> </tr> <tr> <td>GETTING MONEY</td> <td>..... 1</td> <td>2</td> </tr> <tr> <td>DISTANCE</td> <td>..... 1</td> <td>2</td> </tr> <tr> <td>TAKING TRANSPORT</td> <td>..... 1</td> <td>2</td> </tr> <tr> <td>WORK LOAD</td> <td>..... 1</td> <td>2</td> </tr> <tr> <td>GO ALONE</td> <td>..... 1</td> <td>2</td> </tr> <tr> <td>NO FEMALE PROV.</td> <td>..... 1</td> <td>2</td> </tr> <tr> <td>NO PROVIDER</td> <td>..... 1</td> <td>2</td> </tr> <tr> <td>NO DRUGS</td> <td>..... 1</td> <td>2</td> </tr> </table>		BIG	NOT A BIG		PROB-	PROB-		LEM	LEM	PERMISSION TO GO 1	2	GETTING MONEY 1	2	DISTANCE 1	2	TAKING TRANSPORT 1	2	WORK LOAD 1	2	GO ALONE 1	2	NO FEMALE PROV. 1	2	NO PROVIDER 1	2	NO DRUGS 1	2	
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NO FEMALE PROV. 1	2																																					
NO PROVIDER 1	2																																					
NO DRUGS 1	2																																					
1009	Are you covered by any health insurance?	YES 1 NO 2	→ 1101																																				
1010	What type of health insurance are you covered by? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B SOCIAL SECURITY C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE. D OTHER X (SPECIFY)																																					

SECTION 11. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1101	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/> <input type="text"/>						
1102	CHECK 1101: TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>							→ 1114
1103	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>						
1104	What was the name given to your oldest (next oldest) brother or sister?	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____	
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1106	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (2)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (3)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (4)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (5)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (6)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (7)	
1107	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (2)	<input type="text"/> <input type="text"/> GO TO (3)	<input type="text"/> <input type="text"/> GO TO (4)	<input type="text"/> <input type="text"/> GO TO (5)	<input type="text"/> <input type="text"/> GO TO (6)	<input type="text"/> <input type="text"/> GO TO (7)	
1108	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
1109	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)	
1110	Was (NAME) pregnant when she died?	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	
1111	Did (NAME) die during childbirth?	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
1113	How many live born children did (NAME) give birth to during her lifetime?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
IF NO MORE BROTHERS OR SISTERS, GO TO 1114.								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1104	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____	
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1106	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (8)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (9)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (10)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (11)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (12)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (13)	
1107	How old is (NAME)?	<input type="text"/> GO TO (8)	<input type="text"/> GO TO (9)	<input type="text"/> GO TO (10)	<input type="text"/> GO TO (11)	<input type="text"/> GO TO (12)	<input type="text"/> GO TO (13)	
1108	How many years ago did (NAME) die?	<input type="text"/> GO TO (8)	<input type="text"/> GO TO (9)	<input type="text"/> GO TO (10)	<input type="text"/> GO TO (11)	<input type="text"/> GO TO (12)	<input type="text"/> GO TO (13)	
1109	How old was (NAME) when he/she died?	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)	
1110	Was (NAME) pregnant when she died?	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	
1111	Did (NAME) die during childbirth?	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
1113	How many live born children did (NAME) give birth to during her lifetime?	<input type="text"/> GO TO (8)	<input type="text"/> GO TO (9)	<input type="text"/> GO TO (10)	<input type="text"/> GO TO (11)	<input type="text"/> GO TO (12)	<input type="text"/> GO TO (13)	
IF NO MORE BROTHERS OR SISTERS, GO TO 1114.								
1114	RECORD THE TIME. MORNING = 1 EVENING = 2	MORNING/EVENING HOUR MINUTES						<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:
 ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
 ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

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 MALE CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM/FOAM/JELLY
- J STANDARD DAYS METHOD
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER MODERN _____

(SPECIFY)

OTHER TRADITIONAL _____
 (SPECIFY)

13	PAG	01		
12	NEH	02		
11	HAM	03		
10	SENE	04		
09	GEN	05		
2	08	MEI	06	2
0	07	MEG	07	0
0	06	YEK	08	0
3	05	TIRR	09	3
E.	04	TAH	10	E.
C.	03	HID	11	C.
	02	TIK	12	
	01	MES	13	
<hr/>				
13	PAG	14		
12	NEH	15		
11	HAM	16		
10	SENE	17		
2	09	GEN	18	2
0	08	MEI	19	0
0	07	MEG	20	0
2	06	YEK	21	2
E.	05	TIRR	22	E.
C.	04	TAH	23	C.
	03	HID	24	
	02	TIK	25	
	01	MES	26	
<hr/>				
13	PAG	27		
12	NEH	28		
11	HAM	29		
10	SENE	30		
2	09	GEN	31	2
0	08	MEI	32	0
0	07	MEG	33	0
1	06	YEK	34	1
E.	05	TIRR	35	E.
C.	04	TAH	36	C.
	03	HID	37	
	02	TIK	38	
	01	MES	39	
<hr/>				
13	PAG	40		
12	NEH	41		
11	HAM	42		
10	SENE	43		
09	GEN	44		
2	08	MEI	45	2
0	07	MEG	46	0
0	06	YEK	47	0
0	05	TIRR	48	0
E.	04	TAH	49	E.
C.	03	HID	50	C.
	02	TIK	51	
	01	MES	52	
<hr/>				
13	PAG	53		
12	NEH	54		
11	HAM	55		
10	SENE	56		
09	GEN	57		
1	08	MEI	58	1
9	07	MEG	59	9
9	06	YEK	60	9
9	05	TIRR	61	9
E.	04	TAH	62	E.
C.	03	HID	63	C.
	02	TIK	64	
	01	MES	65	
<hr/>				
13	PAG	66		
12	NEH	67		
11	HAM	68		
10	SENE	69		
09	GEN	70		
1	08	MEI	71	1
9	07	MEG	72	9
9	06	YEK	73	9
8	05	TIRR	74	8
E.	04	TAH	75	E.
C.	03	HID	76	C.
	02	TIK	77	
	01	MES	78	