

**DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE**

**ETHIOPIA
CENTRAL STATISTICAL AGENCY (CSA)**

IDENTIFICATION										
LOCALITY NAME _____										
NAME OF HOUSEHOLD HEAD _____										
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> </table>						
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> </table>						
NAME AND LINE NUMBER OF WOMAN				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> </table>						
HOUSEHOLD SELECTED FOR FEMALE GENITAL MUTILATION AND DV? (1=YES, 2=NO)										
INTERVIEWER VISITS										
	1	2	3	FINAL VISIT						
DATE	_____	_____	_____	DAY <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> </table>						
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>						
RESULT*	_____	_____	_____	YEAR <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>						
NEXT VISIT: DATE	_____	_____		INT. NO. <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>						
TIME	_____	_____		RESULT* <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> </table>						
				TOTAL NUMBER OF VISITS <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td></tr> </table>						
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____										
LANGUAGE OF QUESTIONNAIRE** <table border="1" style="width: 20px; height: 20px; text-align: center;">0</table> <table border="1" style="width: 20px; height: 20px; text-align: center;">1</table>										
LANGUAGE OF INTERVIEW** <table border="1" style="width: 20px; height: 20px;"> </table> <table border="1" style="width: 20px; height: 20px;"> </table>										
NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="width: 20px; height: 20px;"> </table> <table border="1" style="width: 20px; height: 20px;"> </table>										
TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="width: 20px; height: 20px;"> </table>										
LANGUAGE OF QUESTIONNAIRE** ENGLISH										
**LANGUAGE CODES: 01 ENGLISH 03 TIGRIGNA 05 LANGUAGE 5 02 AMHARIC 04 OROMIFFA 06 LANGUAGE 6										
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR						
<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td></tr> </table>				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td></tr> </table>				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td></tr> </table>		
NAME		NUMBER		NUMBER						
NAME		NUMBER		NUMBER						

INTRODUCTION AND CONSENT

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

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

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

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED .. 1

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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	<input type="checkbox"/> → 105
103	Just before you moved here, did you live in an urban or in a rural area?	URBAN AREA 1 RURAL AREA 2	
104	Before you moved here, which region and zone did you live in?	REGION CODE <input type="text"/> <input type="text"/> ZONE CODE <input type="text"/> <input type="text"/> OUTSIDE OF ETHIOPIA 96	
105	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES 1 NO 2	<input type="checkbox"/> → 111
108	What is the highest level of school you attended: primary, secondary, technical/vocational or higher?	PRIMARY 1 SECONDARY 2 TECHNICAL/VOCATIONAL 3 HIGHER 4	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	What is the highest [GRADE/YEARS] you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[GRADE/YEARS] <input type="text"/> <input type="text"/>	
110	CHECK 108: PRIMARY, SECONDARY OR <input type="checkbox"/> TECHNICAL/VOCATIONAL ↓	HIGHER <input type="checkbox"/> → 113	
111	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
112	CHECK 111: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED ↓	CODE '1' OR '5' CIRCLED <input type="checkbox"/> → 114	
113	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
114	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
115	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
116	Do you own a mobile telephone?	YES 1 NO 2	→ 118
117	Do you use your mobile phone for any financial transactions?	YES 1 NO 2	
118	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	
119	Have you ever used the internet?	YES 1 NO 2	→ 122
120	In the last 13 months, have you used the internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 122
121	During the last one month, how often did you use the internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
122	What is your religion?	ORTHODOX 1 CATHOLIC 2 PROTESTANT 3 MUSLIM 4 TRADITIONAL 5 OTHER 96	
123	What is your ethnicity? RECORD THE MAJOR ETHNIC GROUP	ETHNICITY <input type="text"/> <input type="text"/>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME <table border="1" data-bbox="1190 344 1323 405"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS AT HOME <table border="1" data-bbox="1190 405 1323 465"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <table border="1" data-bbox="1190 598 1323 658"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" data-bbox="1190 658 1323 719"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2	→ 208								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <table border="1" data-bbox="1190 956 1323 1016"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) GIRLS DEAD <table border="1" data-bbox="1190 1016 1323 1077"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <table border="1" data-bbox="1190 1124 1323 1184"><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								

SECTION 2. REPRODUCTION

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

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER.	Is (NAME) a boy or a girl?	Were any of these births twins?	On what day, month, and year was (NAME) born?	Is (NAME) still alive?	How old was (NAME) at (NAME)'s last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	How old was (NAME) when (he/she) died? IF '13 months' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	
02	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
03	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
04	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
05	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2

212 What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER.	213 Is (NAME) a boy or a girl?	214 Were any of these births twins?	215 On what day, month, and year was (NAME) born?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at (NAME)'s last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	220 IF DEAD: How old was (NAME) when (he/she) died? IF '13 months' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	221 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
06	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
07	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
08	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
09	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
10	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES 1 (RECORD BIRTH(S) IN TABLE) ← NO 2	
223	COMPARE 208 WITH NUMBER OF BIRTHS IN BIRTH HISTORY NUMBERS ARE SAME <input type="checkbox"/> ↓ NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) ←		
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2003-2008	NUMBER OF BIRTHS <input type="text"/> NONE 0 → 226	
225	C FOR EACH BIRTH IN 2003-2008, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF COMPLETED MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8 → 230	
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
228	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2 → 230	
229	CHECK 208: TOTAL NUMBER OF BIRTHS ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> a) Did you want to have a baby later on or did you not want any more children? b) Did you want to have a baby later on or did you not want any children?	LATER 1 NO MORE/NONE 2	
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2 → 239	
231	When did the last such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
232	CHECK 231: LAST PREGNANCY ENDED IN 2003-2008 <input type="checkbox"/>	LAST PREGNANCY ENDED IN 2002 OR EARLIER <input type="checkbox"/>		→ 234 → 239
LINE NO.	233 In what month and year did the preceding such pregnancy end?	234 How many months pregnant were you when that pregnancy ended?	235 Since January 2003, have you had any other pregnancies that did not result in a live birth?	
01		<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 NO 2	→ NEXT LINE → 236
02	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 NO 2	→ NEXT LINE → 236
03	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 NO 2	→ NEXT LINE → 236
04	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 NO 2	→ 236
236	<p>C FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2003-2008 OR LATER, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.</p> <p>IF THERE ARE MORE THAN FOUR PREGNANCIES THAT DID NOT END IN A LIVE BIRTH, USE AN ADDITIONAL QUESTIONNAIRE STARTING ON THE SECOND LINE.</p>			
237	Did you have any miscarriages, abortions or stillbirths that ended before 2003?	YES 1 NO 2		→ 239
238	When did the last such pregnancy that terminated before 2003 end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
239	When did your last menstrual period start? <hr/> (DATE, IF GIVEN)	<table border="0"> <tr> <td>DAYS AGO</td> <td>1</td> <td rowspan="4" style="border: 1px solid black; width: 40px; height: 40px;"></td> </tr> <tr> <td>WEEKS AGO</td> <td>2</td> </tr> <tr> <td>MONTHS AGO</td> <td>3</td> </tr> <tr> <td>YEARS AGO</td> <td>4</td> </tr> <tr> <td>IN MENOPAUSE/ HAS HAD HYSTERECTOMY</td> <td>994</td> <td></td> </tr> <tr> <td>BEFORE LAST BIRTH</td> <td>995</td> <td></td> </tr> <tr> <td>NEVER MENSTRUATED</td> <td>996</td> <td></td> </tr> </table>	DAYS AGO	1		WEEKS AGO	2	MONTHS AGO	3	YEARS AGO	4	IN MENOPAUSE/ HAS HAD HYSTERECTOMY	994		BEFORE LAST BIRTH	995		NEVER MENSTRUATED	996		
DAYS AGO	1																				
WEEKS AGO	2																				
MONTHS AGO	3																				
YEARS AGO	4																				
IN MENOPAUSE/ HAS HAD HYSTERECTOMY	994																				
BEFORE LAST BIRTH	995																				
NEVER MENSTRUATED	996																				
240	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	<table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td>DON'T KNOW</td> <td>8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8	<input type="checkbox"/> → 242												
YES	1																				
NO	2																				
DON'T KNOW	8																				
241	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	<table border="0"> <tr> <td>JUST BEFORE HER PERIOD BEGINS</td> <td>1</td> </tr> <tr> <td>DURING HER PERIOD</td> <td>2</td> </tr> <tr> <td>RIGHT AFTER HER PERIOD HAS ENDED</td> <td>3</td> </tr> <tr> <td>HALFWAY BETWEEN TWO PERIODS</td> <td>4</td> </tr> <tr> <td>OTHER _____</td> <td>6</td> </tr> <tr> <td align="center">(SPECIFY)</td> <td></td> </tr> <tr> <td>DON'T KNOW</td> <td>8</td> </tr> </table>	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					
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																				
242	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	<table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td>DON'T KNOW</td> <td>8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8													
YES	1																				
NO	2																				
DON'T KNOW	8																				

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/> →	312
303	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 312
304	Which method are you using? RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F MALE CONDOM G FEMALE CONDOM H EMERGENCY CONTRACEPTION I STANDARD DAYS METHOD J LACTATIONAL AMENORRHEA METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ 307 → 309 → 306 → 309
305	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	CHOICE 01 IPLAN 02 STYLE 03 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 309
306	What is the brand name of the condoms you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	SENSATION 01 HIWOT TRUST 02 MEMBERS ONLY 03 GOLD 04 GEANS 05 DUREX 06 MOODS 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 309

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
307	<p>In what facility did the sterilization take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH STATION/CENTER . . 12</p> <p>GOVERNMENT HEALTH POST 13</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16</p> <p align="center">(SPECIFY)</p> <p>NGO</p> <p>HEALTH FACILITY 21</p> <p>OTHER NGO HEALTH FACILITY</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>							
308	<p>In what month and year was the sterilization performed?</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>							<p align="right">} → 310</p>
309	<p>Since what month and year have you been using (CURRENT METHOD) without stopping?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>							
310	<p>CHECK 308 AND 309, 215 AND 231: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308 OR 309</p> <p align="center"> <input type="checkbox"/> NO ↓ </p> <p align="center"> YES <input type="checkbox"/> ← </p> <p align="center">GO BACK TO 308 OR 309, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY)</p>								

SECTION 3. CONTRACEPTION (CAPI OPTION)

311	<p>CHECK 308 AND 309:</p> <p>YEAR IS 2003-2008 <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>THEN CONTINUE</p>	<p>YEAR IS 2002 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2003 .</p> <p>THEN</p> <p>(SKIP TO 324) ←</p>		
312	<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>C USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2003. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p>			
		COLUMN 1	COLUMN 2	COLUMN 3
312A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	<p>MONTH <input type="text"/></p> <p><input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>MONTH <input type="text"/></p> <p><input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>MONTH <input type="text"/></p> <p><input type="text"/></p> <p>YEAR <input type="text"/></p>
312B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your partner use any method of contraception?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 312I) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 312I) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 312I) ←</p>
312C	Which method was that?	METHOD CODE .. <input type="text"/>	METHOD CODE .. <input type="text"/>	METHOD CODE .. <input type="text"/>
312D	How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.	<p>IMMEDIATELY 00</p> <p>MONTHS .. <input type="text"/></p> <p>(SKIP TO 312F) ←</p> <p>DATE GIVEN 95</p>	<p>IMMEDIATELY 00</p> <p>MONTHS .. <input type="text"/></p> <p>(SKIP TO 312F) ←</p> <p>DATE GIVEN 95</p>	<p>IMMEDIATELY 00</p> <p>MONTHS .. <input type="text"/></p> <p>(SKIP TO 312F) ←</p> <p>DATE GIVEN 95</p>
312E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	<p>MONTH <input type="text"/></p> <p><input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>MONTH <input type="text"/></p> <p><input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>MONTH <input type="text"/></p> <p><input type="text"/></p> <p>YEAR <input type="text"/></p>
312F	For how many months did you use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.	<p>MONTHS .. <input type="text"/></p> <p>(SKIP TO 312H) ←</p> <p>DATE GIVEN 95</p>	<p>MONTHS .. <input type="text"/></p> <p>(SKIP TO 312H) ←</p> <p>DATE GIVEN 95</p>	<p>MONTHS .. <input type="text"/></p> <p>(SKIP TO 312H) ←</p> <p>DATE GIVEN 95</p>
312G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	<p>MONTH <input type="text"/></p> <p><input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>MONTH <input type="text"/></p> <p><input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>MONTH <input type="text"/></p> <p><input type="text"/></p> <p>YEAR <input type="text"/></p>
312H	Why did you stop using (METHOD)?	REASON STOPPED <input type="text"/>	REASON STOPPED <input type="text"/>	REASON STOPPED <input type="text"/>
312I	<p>GO BACK TO 312A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 313.</p>			

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p> <p>_____</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH STATION/CENTER . . 12</p> <p>GOVERNMENT HEALTH POST 13</p> <p>PUBLIC PHARMACY. 14</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16</p> <p align="center">(SPECIFY)</p> <p>NGO</p> <p>HEALTH FACILITY 21</p> <p>OTHER NGO HEALTH FACILITY</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>PRIVATE PHARMACY 33</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 41</p> <p>FRIEND/RELATI..... 42</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	<p>→ 327</p>
326	Do you know of a place where you can obtain a method of family planning?	<p>YES 1</p> <p>NO 2</p>	
327	In the last 13 months, were you visited by a health worker?	<p>YES 1</p> <p>NO 2</p>	→ 329
328	Did the health worker talk to you about family planning?	<p>YES 1</p> <p>NO 2</p>	
329	<p>CHECK 202: LIVING CHILDREN</p> <p align="center">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>a) In the last 13 months, have you visited a health facility for care for yourself or your children? b) In the last 13 months, have you visited a health facility for care for yourself?</p>	<p>YES 1</p> <p>NO 2</p>	→ 401
330	Did any staff member at the health facility speak to you about family planning methods?	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: ONE OR MORE BIRTHS IN 2003-2008 <input type="checkbox"/> NO BIRTHS IN 2003-2008 <input type="checkbox"/> → 472				
402	CHECK 215. RECORD THE BIRTH HISTORY NUMBER IN 403 AND THE NAME AND SURVIVAL STATUS IN 404 FOR EACH BIRTH IN 2003-2008. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)				
403	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.</td> <td style="width:33%; text-align: center;">LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></td> <td style="width:33%; text-align: center;">NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></td> </tr> </table>	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>			
404	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">FROM 212 AND 216:</td> <td style="width:33%;"> NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> </td> <td style="width:33%;"> NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> </td> </tr> </table>	FROM 212 AND 216:	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	
FROM 212 AND 216:	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>			
405	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">When you got pregnant with (NAME), did you want to get pregnant at that time?</td> <td style="width:33%;"> YES 1 NO 2 (SKIP TO 408) ← </td> <td style="width:33%;"> YES 1 NO 2 (SKIP TO 426) ← </td> </tr> </table>	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 NO 2 (SKIP TO 408) ←	YES 1 NO 2 (SKIP TO 426) ←	
When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 NO 2 (SKIP TO 408) ←	YES 1 NO 2 (SKIP TO 426) ←			
406	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; vertical-align: top;"> CHECK 208: ONLY ONE BIRTH <input type="checkbox"/> a) Did you want to have a baby later on, or did you not want any children? </td> <td style="width:33%; vertical-align: top;"> MORE THAN ONE BIRTH <input type="checkbox"/> b) Did you want to have a baby later on, or did you not want any more children? </td> <td style="width:33%;"> LATER 1 NO MORE/NONE 2 (SKIP TO 408) ← </td> <td style="width:33%;"> LATER 1 NO MORE/NONE 2 (SKIP TO 426) ← </td> </tr> </table>	CHECK 208: ONLY ONE BIRTH <input type="checkbox"/> a) Did you want to have a baby later on, or did you not want any children?	MORE THAN ONE BIRTH <input type="checkbox"/> b) Did you want to have a baby later on, or did you not want any more children?	LATER 1 NO MORE/NONE 2 (SKIP TO 408) ←	LATER 1 NO MORE/NONE 2 (SKIP TO 426) ←
CHECK 208: ONLY ONE BIRTH <input type="checkbox"/> a) Did you want to have a baby later on, or did you not want any children?	MORE THAN ONE BIRTH <input type="checkbox"/> b) Did you want to have a baby later on, or did you not want any more children?	LATER 1 NO MORE/NONE 2 (SKIP TO 408) ←	LATER 1 NO MORE/NONE 2 (SKIP TO 426) ←		
407	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">How much longer did you want to wait?</td> <td style="width:33%;"> MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998 </td> <td style="width:33%;"> MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998 </td> </tr> </table>	How much longer did you want to wait?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	
How much longer did you want to wait?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998			
408	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Did you see anyone for antenatal care for this pregnancy?</td> <td style="width:33%;"> YES 1 NO 2 (SKIP TO 414) ← </td> <td style="width:33%; background-color: #cccccc;"></td> </tr> </table>	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2 (SKIP TO 414) ←		
Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2 (SKIP TO 414) ←				
409	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; vertical-align: top;"> Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL </td> <td style="width:33%;"> HEALTH PERSONNEL DOCTOR A NURSE B MIDWIFE C HEALTH OFFICER D HEALTH EXTENSION WORKER E OTHER PERSON TRADITIONAL BIRTH ATTENDANT F OTHER _____ X (SPECIFY) </td> <td style="width:33%; background-color: #cccccc;"></td> </tr> </table>	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL	HEALTH PERSONNEL DOCTOR A NURSE B MIDWIFE C HEALTH OFFICER D HEALTH EXTENSION WORKER E OTHER PERSON TRADITIONAL BIRTH ATTENDANT F OTHER _____ X (SPECIFY)		
Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL	HEALTH PERSONNEL DOCTOR A NURSE B MIDWIFE C HEALTH OFFICER D HEALTH EXTENSION WORKER E OTHER PERSON TRADITIONAL BIRTH ATTENDANT F OTHER _____ X (SPECIFY)				

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
410	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME A</p> <p>OTHER HOME B</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ... C</p> <p>GOVERNMENT HEALTH CENTER/STATION D</p> <p>GOVERNMENT HEALTH POST E</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ F</p> <p>(SPECIFY)</p> <p>NGO</p> <p>HEALTH FACILITY G</p> <p>OTHER NGO HEALTH FACILITY H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL I</p> <p>PRIVATE CLINIC J</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ K</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
411	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
412	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
412A	<p>During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications or danger sign of pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p style="text-align: right;">412C ←</p>	
412B	<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 HEADACHE C</p> <p>BLURRED VISION D</p> <p>FEVER E</p> <p>ABDOMINAL PAIN F</p> <p>CONVULSION G</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
412C	<p>During any of your antenatal visit were you told about birth preparedness plan?</p>	<p>YES 1</p> <p>NO 2</p> <p style="text-align: right;">413 ←</p>	
412D	<p>Which plans were you told about?</p>	<p>PLACE OF BIRTH A</p> <p>SUPPLIES NEEDED FOR BIRTH B</p> <p>EMERGENCY TRANSPORTATION MONEY/EMERGENCY FUND C</p> <p>PEOPLE TO SUPPORT DURING AFTER BIRTH E</p> <p>POTENTIAL BLOOD DONORS F</p> <p>OTHERS _____ X</p> <p>(SPECIFY)</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
413	As part of your antenatal care during this pregnancy, were any of the following done at least once: a) Was your blood pressure measured? b) Did you give a urine sample? c) Did you give a blood sample? d) Did any health worker give you Nutritional Counseling?	<p style="text-align: center;">YES NO</p> a) BP 1 2 b) URINE 1 2 c) BLOOD 1 2 d) Nutritional Counseling 1 2	
414	During this pregnancy, were you given an injection in the arm or shoulder to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 417) ← DON'T KNOW 8	
414A	Did you ever receive a TT vaccination card?	YES, TT CARD SEEN 1 YES, TT CARD NOT SEEN 2 NEVER HAD A CARD 3	
415	During this pregnancy, how many times did you get a tetanus injection?	TIMES <input type="text"/> DON'T KNOW 8	
416	CHECK 415:	2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 420) ←	
417	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 (SKIP TO 420) ← DON'T KNOW 8	
418	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8	
419	CHECK 418: ONLY <input type="checkbox"/> ONE ↓ MORE THAN <input type="checkbox"/> ONE TIME ↓ a) How many years ago did you receive that tetanus injection? b) How many years ago did you receive the last tetanus injection prior to this pregnancy?	YEARS AGO <input type="text"/> <input type="text"/>	
420	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLETS/SYRUP.	YES 1 NO 2 (SKIP TO 422) ← DON'T KNOW 8	
421	During the whole pregnancy, for how many days did you take the tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
422	During this pregnancy, did you take any drug for intestinal worms?	YES 1 NO 2 DON'T KNOW 8	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
426	When (NAME) was born, was (NAME) very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
427	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 429) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 429) ← DON'T KNOW 8
428	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
429	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR A NURSE B MIDWIFE C HEALTH OFFICER D HEALTH EXTENSION WORKER E OTHER PERSON TRADITIONAL BIRTH ATTENDANT F OTHER X (SPECIFY) NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR A NURSE B MIDWIFE C HEALTH OFFICER D HEALTH EXTENSION WORKER E OTHER PERSON TRADITIONAL BIRTH ATTENDANT F OTHER X (SPECIFY) NO ONE ASSISTED Y
430	Where did you give birth to (NAME)? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME HER HOME 11 (SKIP TO 434) ← OTHER HOME 12 PUBLIC SECTOR GOVERNMENT HOSPITAL .. 21 GOVERNMENT HEALTH CENTER 22 GOVERNMENT HEALTH POST 23 OTHER PUBLIC SECTOR 26 (SPECIFY) NGO HEALTH FACILITY .. 31 OTHER NGO HEALTH FACILITY 36 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL... 41 PRIVATE CLINIC 42 OTHER PRIVATE MEDICAL SECTOR 46 (SPECIFY) OTHER 96 (SPECIFY) (SKIP TO 434) ←	HOME HER HOME 11 (SKIP TO 434) ← OTHER HOME 12 PUBLIC SECTOR GOVERNMENT HOSPITAL .. 21 GOVERNMENT HEALTH CENTER 22 GOVERNMENT HEALTH POST 23 OTHER PUBLIC SECTOR 26 (SPECIFY) NGO HEALTH FACILITY .. 31 OTHER NGO HEALTH FACILITY 36 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL... 41 PRIVATE CLINIC 42 OTHER PRIVATE MEDICAL SECTOR 46 (SPECIFY) OTHER 96 (SPECIFY) (SKIP TO 434) ←

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____
431	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		
		DAYS 2 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		
		WEEKS 3 <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		
		DON'T KNOW 998			
432	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES 1 NO 2 (SKIP TO 434) ←	YES 1 NO 2 (SKIP TO 434) ←	YES 1 NO 2 (SKIP TO 434) ←	YES 1 NO 2 (SKIP TO 434) ←
433	When was the decision made to have the caesarean section? Was it before or after your labor pains started?	BEFORE 1 AFTER 2	BEFORE 1 AFTER 2	BEFORE 1 AFTER 2	BEFORE 1 AFTER 2
433A	Immediately after birth was (NAME) given Vitamin K injection?	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
433B	Immediately after birth was TTC EYE ointment applied to (NAME)s eye?	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
434	Immediately after the birth, was (NAME) put directly on the bare skin of your chest?	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
434A	Was anything applied on the umbilical cord after (NAME)s delivery?	YES 1 NO 2 DON'T KNOW 8 434C ←	YES 1 NO 2 DON'T KNOW 8 434C ←	YES 1 NO 2 DON'T KNOW 8 434C ←	YES 1 NO 2 DON'T KNOW 8 434C ←
434B	What was applied?	ANY TYPE OF OIL..... A DUNG B ASH C OINTMENT D OTHER _____ X (SPECIFY)	ANY TYPE OF OIL..... A DUNG B ASH C OINTMENT D OTHER _____ X (SPECIFY)	ANY TYPE OF OIL..... A DUNG B ASH C OINTMENT D OTHER _____ X (SPECIFY)	ANY TYPE OF OIL..... A DUNG B ASH C OINTMENT D OTHER _____ X (SPECIFY)
434C	CHECK 430: PLACE OF DELIVERY	CODE 11, 12, OR 96 <input type="text"/> <input type="text"/> OTHER <input type="text"/> CIRCLED (SKIP TO 449) ←	CODE 11, 12, OR 96 <input type="text"/> <input type="text"/> OTHER <input type="text"/> CIRCLED (SKIP TO 449) ←	CODE 11, 12, OR 96 <input type="text"/> <input type="text"/> OTHER <input type="text"/> CIRCLED (SKIP TO 459) ←	CODE 11, 12, OR 96 <input type="text"/> <input type="text"/> OTHER <input type="text"/> CIRCLED (SKIP TO 459) ←

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____						
435	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?	YES 1 NO 2 (SKIP TO 438) ←							
436	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="895 405 1011 450"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="895 450 1011 495"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="895 495 1011 539"><tr><td></td><td></td></tr></table> DON'T KNOW 998							
437	Who checked on your health at that time? PROBE FOR MOST QUALIFIED	HEALTH PERSONNEL DOCTOR 11 NURSE 12 MIDWIFE 13 HEALTH OFFICER 14 HEALTH EXTENSION WORKER 15 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 OTHER _____ 96 (SPECIFY)							
437A	Before discharge from the health facility were you told of danger signs of maternal health after delivery?	YES 1 NO 2 (SKIP TO 438) ←							
437B	Which danger signs of maternal health were you told about?	HEAVY VAGINAL BLEEDING .. A FEVER .. B SMELLY VAGINAL BLEEDING .. C DEPRESSION .. D OTHER _____ X (SPECIFY)							
438	Now I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. Did anyone check on (NAME)'s health while you were still in the facility?	YES 1 NO 2 (SKIP TO 441) ← DON'T KNOW 8							
439	How long after delivery was (NAME)'s health first checked? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="895 1431 1011 1476"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="895 1476 1011 1520"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="895 1520 1011 1565"><tr><td></td><td></td></tr></table> DON'T KNOW 998							
440	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE 12 MIDWIFE 13 HEALTH OFFICER 14 HEALTH EXTENSION WORKER 15 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 OTHER _____ 96 (SPECIFY)							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH						
		NAME _____	NAME _____						
440A	Before discharge from the health facility were you told danger signs of newborn health?	YES 1 NO 2 (SKIP TO 440C) ←							
440B	Which danger signs of newborn health were you told about?	FEEDING LESS A TOO COLD OR TOO HOT B TOO SLEEPY C CONVULSION D FAST BREATHING E UMBILICUS RED/PU F PUS IN EYE G FEVER H OTHER _____ X (SPECIFY)							
440C	Were you informed when to return to the health facility?	YES 1 NO 2							
441	Now I want to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?	YES 1 NO 2 (SKIP TO 445) ←							
442	How long after delivery did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 998							
443	Who checked on your health at that time? PROBE FOR MOST QUALIFIED	HEALTH PERSONNEL DOCTOR 11 NURSE 12 MIDWIFE 13 HEALTH OFFICER 14 HEALTH EXTENSION WORKER 15 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 OTHER _____ 96 (SPECIFY)							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
444	<p>Where did the check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL .. 21</p> <p>GOVERNMENT HEALTH STATION/ 22</p> <p>GOVERNMENT HEALTH POST 23</p> <p>OTHER PUBLIC SECTOR _____ 26</p> <p>(SPECIFY)</p> <p>NGO</p> <p>HEALTH FACILITY .. 31</p> <p>OTHER NGO</p> <p>MEDICAL HEALTH FACILITY _____ 36</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 41</p> <p>PRIVATE CLINIC 42</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 43</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
445	<p>I would like to talk to you about checks on (NAME)'s health after you left (FACILITY IN 430). Did any health care provider or a traditional birth attendant check on (NAME)'s health in the two months after you left (FACILITY IN 430)?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 457) ←</p> <p>DON'T KNOW 8</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH												
		NAME _____	NAME _____												
446	<p>How many hours, days or weeks after the birth of (NAME) did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW 998</p>													
447	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE 12</p> <p>MIDWIFE 13</p> <p>HEALTH OFFICER 14</p> <p>HEALTH EXTENSION WORKER 15</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>OTHER 96 (SPECIFY) _____</p>													
448	<p>Where did this check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 21</p> <p>GOVERNMENT HEALTH CENTER 22</p> <p>GOVERNMENT HEALTH POST 23</p> <p>OTHER PUBLIC SECTOR 26 (SPECIFY) _____</p> <p>NGO</p> <p>HEALTH FACILITY 31</p> <p>OTHER NGO HEALTH FACILITY 36 (SPECIFY) _____</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 41</p> <p>PRIVATE CLINIC 42</p> <p>OTHER PRIVATE MEDICAL SECTOR 46 (SPECIFY) _____</p> <p>OTHER 96 (SPECIFY) _____</p> <p>(SKIP TO 457) ←</p>													
449	<p>I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 453) ←</p>													

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____												
450	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW 998</p>													
451	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE 12</p> <p>MIDWIFE 13</p> <p>HEALTH OFFICER 14</p> <p>HEALTH EXTENSION WORKER 15</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>OTHER 96 (SPECIFY)</p>													
452	<p>Where did this first check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL .. 21</p> <p>GOVERNMENT HEALTH CENTER 22</p> <p>GOVERNMENT HEALTH POST 23</p> <p>OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>NGO</p> <p>HEALTH FACILITY .. 31</p> <p>OTHER NGO HEALTH FACILITY _____ 36 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 41</p> <p>PRIVATE CLINIC 42</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 46 (SPECIFY)</p> <p>OTHER 96 (SPECIFY)</p>													
453	<p>I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME)'s health?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 457) ←</p> <p>DON'T KNOW 8</p>													

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
454	<p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS AFTER BIRTH 1</p> <p>DAYS AFTER BIRTH 2</p> <p>WEEKS AFTER BIRTH 3</p> <p>DON'T KNOW 998</p>	
455	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE 12</p> <p>MIDWIFE 13</p> <p>HEALTH OFFICER 14</p> <p>HEALTH EXTENSION WORKER 15</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>OTHER _____ 96 (SPECIFY)</p>	
456	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ... 21</p> <p>GOVERNMENT HEALTH STATION/ 22</p> <p>GOVERNMENT HEALTH POST 23</p> <p>OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>NGO</p> <p>HEALTH FACILITY .. 31</p> <p>OTHER NGO HEALTH FACILITY _____ 36 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 41</p> <p>PRIVATE CLINIC 42</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 46 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH			NEXT-TO-LAST BIRTH			
		NAME _____			NAME _____			
457	During the first two days after (NAME)'s birth, did any health care provider do the following: a) Examine the cord? b) Measure (NAME)'s temperature? c) Counsel you on danger signs for newborns? d) Counsel you on breastfeeding? e) Observe (NAME) breastfeeding?		YES	NO	DK			
		a) CORD	1	2	8			
		b) TEMP.	1	2	8			
		c) SIGNS	1	2	8			
		d) COUNSEL BREAST-FEED	1	2	8			
		e) OBSERVE BREAST-FEED	1	2	8			
458	Has your menstrual period returned since the birth of (NAME)?	YES	1					
		(SKIP TO 460) ←						
		NO	2					
		(SKIP TO 461) ←						
459	Did your period return between the birth of (NAME) and your next pregnancy?					YES	1	
						NO	2	
						(SKIP TO 463) ←		
460	For how many months after the birth of (NAME) did you not have a period?	MONTHS	<input type="text"/>	<input type="text"/>		MONTHS	<input type="text"/>	<input type="text"/>
		DON'T KNOW			98	DON'T KNOW		
461	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/>		PREGNANT OR UNSURE <input type="checkbox"/>				
		(SKIP TO 463) ←						
462	Have you had sexual intercourse since the birth of (NAME)?	YES	1					
		NO	2			(SKIP TO 464) ←		
463	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS	<input type="text"/>	<input type="text"/>		MONTHS	<input type="text"/>	<input type="text"/>
		DON'T KNOW			98	DON'T KNOW		
464	Did you ever breastfeed (NAME)?	YES	1			YES	1	
		(SKIP TO 466) ←				NO	2	
		NO	2					
465	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/>		DEAD <input type="checkbox"/>				
		(SKIP TO 470) ←		(GO TO 471) ←				
466	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY			000			
		HOURS	1	<input type="text"/>	<input type="text"/>			
		DAYS	2	<input type="text"/>	<input type="text"/>			
467	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES	1					
		NO	2					

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
468	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> ↓	DEAD <input type="checkbox"/> (GO TO 471) ←	LIVING <input type="checkbox"/> ↓	DEAD <input type="checkbox"/> (GO TO 471) ←
469	Are you still breastfeeding (NAME)?	YES 1 NO 2			
470	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8		YES 1 NO 2 DON'T KNOW 8	
471		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 472.		GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 472.	

FISTULA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
472	<p>Sometimes a woman can have a problem of constant (use continuous) leakage of urine and/or stool from her vagina during the day and night, in sitting and stading position. This problem usually occurs after a prolonged and difficult childbirth, but may also occur after a sexual assault, after pelvic surgery, or after other trauma.</p> <p>Have you ever experienced a constant (a continuous) leakage of urine and/or stool from your vagina during the day and night?</p>	<p>YES 1</p> <p>NO 2</p>	→ 474
473	Have you ever heard of this problem?	<p>YES 1</p> <p>NO 2</p>	→ 501
474	Did this problem start after you delivered a baby or had a stillbirth?	<p>AFTER DELIVERED BABY 1</p> <p>AFTER HAD STILLBIRT 2</p> <p>NEITHER 3</p>	→ 476
475	Did this problem start after a normal labor and delivery, or you had a prolonged and difficult labor to deliver your baby or had stillbirth?	<p>NORMAL LABOR/DELIVERY 1</p> <p>PROLONGED AND VERY DIFFICULT LABOR/DELIVERY 2</p>	→ 477
476	What do you think caused this problem?	<p>SEXUAL ASSAULT 1</p> <p>PELVIC SURGERY 2</p> <p>OTHER _____ 6 (SPECIFY)</p> <p>DON'T KNOW 8</p>	→ 478
477	How many days after [CAUSE OF PROBLEM FROM 474 OR 476] did the leakage start?	<p>NUMBER OF DAYS AFTER DELIVERY/OTHER EVENT <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>(ENTER 90 IF 90 DAYS OR MORE)</p>	
478	Have you sought treatment for this condition?	<p>YES 1</p> <p>NO 2</p>	→ 480
479	<p>Why have you not sought treatment?</p> <p>RECORD ALL MENTIONED.</p>	<p>DO NOT KNOW CAN BE FIXEC A</p> <p>DO NOT KNOW WHERE TO GO B</p> <p>TOO EXPENSIVE C</p> <p>TOO FAR D</p> <p>POOR QUALITY OF CARE E</p> <p>COULD NOT GET PERMISSION F</p> <p>EMBARRASSMENT G</p> <p>PROBLEM DISAPPEAREL H</p> <p>OTHER _____ X (SPECIFY)</p>	→ 501
480	<p>From whom (WHERE) did you last seek treatment?</p> <p>PROBE AND RECORD ALL MENTIONED.</p>	<p>HEALTH FACILITY 1</p> <p>RELIGION/TRADITIO 2</p> <p>OTHER _____ 96 (SPECIFY)</p>	
481	Did you have an operation to fix the problem?	<p>YES 1</p> <p>NO 2</p>	→ 483
482	<p>Did the treatment stop the leakage completely?</p> <p>IF NO: Did the treatment reduce the leakage?</p>	<p>YES, STOPPED COMPLETELY 1</p> <p>NOT STOPPED BUT REDUCEI 2</p> <p>NOT STOPPED AT ALL 3</p> <p>DID NOT RECEIVE TREATMEN 4</p>	
483	Were you supported by your husband/partner while you experieined a constant leakage of urine or stool from you vagina.	<p>YES 1</p> <p>NO 2</p>	

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501A	CHECK 215 IN THE BIRTH HISTORY: ANY BIRTHS IN 2005-2008? ONE OR MORE BIRTHS IN 2005-2008 <input type="checkbox"/> NO BIRTHS IN 2005-2008 <input type="checkbox"/>		→ 601
502A	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE LAST CHILD BORN IN 2005-2008. NAME OF LAST BIRTH _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>		
503A	CHECK 216 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		→ 501B
504A	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD 1 YES, HAS ONLY AN OTHER DOCUMENT 2 YES, HAS CARD AND OTHER DOCUMENT 3 NO, NO CARD AND NO OTHER DOCUMENT ... 4	→ 507A → 507A
505A	Did you ever have a vaccination card for (NAME)?	YES 1 NO 2	
506A	CHECK 504A: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/>		→ 511A
507A	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, CARD AND OTHER DOCUMENT SEEN ... 3 NO CARD AND NO OTHER DOCUMENT SEEN .. 4	→ 511A

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			

508A	COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th colspan="2">DAY</th> <th colspan="2">MONTH</th> <th colspan="3">YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MEASLES</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		DAY		MONTH		YEAR			BCG								ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)								ORAL POLIO VACCINE (OPV) 1								ORAL POLIO VACCINE (OPV) 2								ORAL POLIO VACCINE (OPV) 3								DPT-HEP.B-HIB (PENTAVALENT) 1								DPT-HEP.B-HIB (PENTAVALENT) 2								DPT-HEP.B-HIB (PENTAVALENT) 3								PNEUMOCOCCAL 1								PNEUMOCOCCAL 2								PNEUMOCOCCAL 3								ROTAVIRUS 1								ROTAVIRUS 2								MEASLES								VITAMIN A (MOST RECENT)								
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509A	CHECK 508A: 'BCG' TO '[MEASLES CONTAINING VACCINE] 2' ALL RECORDED?	YES <input type="checkbox"/> → 525A	
	NO <input type="checkbox"/> ↓		

510A	In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days?	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508A)	
	RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508A THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	(THEN SKIP TO 525A)	
		NO 2 DON'T KNOW 8	→ 525A

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
511A	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES 1 NO 2 DON'T KNOW 8	→ 525A
512A	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	
514A	Has (NAME) ever received oral polio vaccine, that is, two drops in the mouth to prevent polio?	YES 1 NO 2 DON'T KNOW 8	→ 517A
515A	Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS 1 LATER 2	
516A	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES <input type="text"/>	
517A	Has (NAME) ever received a pentavalent vaccination, that is, an injection usually given on the left upper thigh sometimes at the same time as polio drops?	YES 1 NO 2 DON'T KNOW 8	→ 519A
518A	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES <input type="text"/>	
519A	Has (NAME) ever received a pneumococcal vaccination, that is, an injection usually given on the right upper thigh to prevent pneumonia?	YES 1 NO 2 DON'T KNOW 8	→ 521A
520A	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES <input type="text"/>	
521A	Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea?	YES 1 NO 2 DON'T KNOW 8	→ 523A
522A	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES <input type="text"/>	
523A	Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles given at 9 months?	YES 1 NO 2 DON'T KNOW 8	
525A	In the last 7 days was (NAME) given: a) PLUMPY'NUT? b) PLUMPY'DOZ?	YES NO DK a) PLUMPY'NUT 1 2 8 b) PLUMPY'DOZ 1 2 8	
526A	CONTINUE WITH 501B.		

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501B	CHECK 215 IN THE BIRTH HISTORY: ANY MORE BIRTHS IN 2005-2008? MORE BIRTHS IN 2005-2008 <input type="checkbox"/> NO MORE BIRTHS IN 2005-2008 <input type="checkbox"/>		→ 601
502B	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE NEXT-TO-LAST CHILD BORN IN 2005-2008. NAME OF NEXT-TO-LAST BIRTH _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>		
503B	CHECK 216 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		→ 526B
504B	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD 1 YES, HAS ONLY AN OTHER DOCUMENT 2 YES, HAS CARD AND OTHER DOCUMENT 3 NO, NO CARD AND NO OTHER DOCUMENT ... 4	→ 507B → 507B
505B	Did you ever have a vaccination card for (NAME)?	YES 1 NO 2	
506B	CHECK 504B: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/>		→ 511B
507B	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, CARD AND OTHER DOCUMENT SEEN ... 3 NO CARD AND NO OTHER DOCUMENT SEEN .. 4	→ 511B

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
511B	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES 1 NO 2 DON'T KNOW 8	→ 525B
512B	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	
514B	Has (NAME) ever received oral polio vaccine, that is, two drops in the mouth to prevent polio?	YES 1 NO 2 DON'T KNOW 8	→ 517B
515B	Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS 1 LATER 2	
516B	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES <input type="text"/>	
517B	Has (NAME) ever received a pentavalent vaccination, that is, an injection usually given on the left upper thigh sometimes at the same time as polio drops?	YES 1 NO 2 DON'T KNOW 8	→ 519B
518B	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES <input type="text"/>	
519B	Has (NAME) ever received a pneumococcal vaccination, that is, an injection usually given on the right upper thigh to prevent pneumonia?	YES 1 NO 2 DON'T KNOW 8	→ 521B
520B	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES <input type="text"/>	
521B	Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea?	YES 1 NO 2 DON'T KNOW 8	→ 523B
522B	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES <input type="text"/>	
523B	Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles given at nine months?	YES 1 NO 2 DON'T KNOW 8	
525B	In the last 7 days was (NAME) given: a) PLUMPY'NUT? b) PLUMPY'DOZ?	YES NO DK a) PLUMPY'NUT 1 2 8 b) PLUMPY'DOZ 1 2 8	
526B	CHECK 215 IN BIRTH HISTORY: ANY MORE BIRTHS IN 2005-2008? MORE BIRTHS IN 2005-2008 <input type="checkbox"/> (GO TO 502B IN AN ADDITIONAL QUESTIONNAIRE) ←	NO MORE BIRTHS IN 2005-2008 <input type="checkbox"/> →	→ 601

SECTION 6. CHILD HEALTH AND NUTRITION

601	<p>CHECK 224:</p> <p style="text-align: center;">ONE OR MORE BIRTHS <input type="checkbox"/> IN 2003-2008</p> <p style="text-align: center;">NO BIRTHS <input type="checkbox"/> IN 2003-2008</p> <p style="text-align: right;">→ 648</p>	
602	<p>CHECK 215: RECORD THE BIRTH HISTORY NUMBER IN 603 AND THE NAME AND SURVIVAL STATUS IN 604 FOR EACH BIRTH IN 2003-2008. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S).</p> <p>Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)</p>	
603	<p style="text-align: center;">LAST BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>	<p style="text-align: center;">NEXT-TO-LAST BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>
604	<p>FROM 212 AND 216:</p> <p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(SKIP TO 646) ←</p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(SKIP TO 646) ←</p>
605	<p>In the last six months, was (NAME) given a vitamin A dose like [this/any of these]?</p> <p>SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.</p> <p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>
606	<p>In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like [this/any of these]?</p> <p>SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS.</p> <p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>
607	<p>Was (NAME) given any drug for intestinal worms in the last six months?</p> <p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>
608	<p>Has (NAME) had diarrhea in the last 2 weeks?</p> <p>YES 1 NO 2 DON'T KNOW 8</p> <p style="text-align: center;">(SKIP TO 618) ←</p>	<p>YES 1 NO 2 DON'T KNOW 8</p> <p style="text-align: center;">(SKIP TO 618) ←</p>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
609	<p>CHECK 464: EVER BREASTFED?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>a) Now I would like to know how much (NAME) was given to drink during the diarrhea including breastmilk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p> <p>b) Now I would like to know how much (NAME) was given to drink during the diarrhea. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>
610	<p>When (NAME) had diarrhea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>
611	<p>Did you seek advice or treatment for the diarrhea from any source?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 615) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 615) ←</p>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
612	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ... A</p> <p>GOVERNMENT HEALTH CENTER B</p> <p>GOVERNMENT HEALTH POST C</p> <p>OTHER PUBLIC SECTOR _____ D</p> <p>(SPECIFY)</p> <p>NGO</p> <p>HEALTH FACILITY E</p> <p>OTHER NGO HEALTH FACILITY _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL G</p> <p>PRIVATE CLINIC H</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ I</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/DRUG VENDOR J</p> <p>TRADITIONAL PRACTITIONER K</p> <p>MARKET L</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ... A</p> <p>GOVERNMENT HEALTH CENTER B</p> <p>GOVERNMENT HEALTH POST C</p> <p>OTHER PUBLIC SECTOR _____ D</p> <p>(SPECIFY)</p> <p>NGO</p> <p>HEALTH FACILITY E</p> <p>OTHER NGO HEALTH FACILITY _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL G</p> <p>PRIVATE CLINIC H</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ I</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/DRUG VENDOR J</p> <p>TRADITIONAL PRACTITIONER K</p> <p>MARKET L</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
613	CHECK 612:	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 615) ←</p>	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 615) ←</p>
614	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 612.</p>	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH			NEXT-TO-LAST BIRTH		
		NAME _____			NAME _____		
615	<p>Was (NAME) given any of the following at any time since (NAME) started having the diarrhea:</p> <p>a) A fluid made from a special packet called LEMLEM?</p> <p>b) A government-recommended homemade fluid?</p> <p>c) Zinc tablets or syrup?</p>		<p>YES NO DK</p> <p>a) FLUID FROM ORS PACKET .. 1 2 8</p> <p>b) HOMEMADE FLUID 1 2 8</p> <p>c) ZINC 1 2 8</p>		<p>YES NO DK</p> <p>a) FLUID FROM ORS PACKET .. 1 2 8</p> <p>b) HOMEMADE FLUID 1 2 8</p> <p>c) ZINC 1 2 8</p>		
616	<p>CHECK 615:</p> <p>ANY 'YES' <input type="checkbox"/> ↓</p> <p>a) Was anything else given to treat the diarrhea?</p> <p>ALL 'NO' OR 'DK' <input type="checkbox"/> ↓</p> <p>b) Was anything given to treat the diarrhea?</p>		<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 618) ←</p> <p>DON'T KNOW 8</p>		<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 618) ←</p> <p>DON'T KNOW 8</p>		
617	<p>CHECK 615:</p> <p>ANY 'YES' <input type="checkbox"/> ↓</p> <p>a) What else was given to treat the diarrhea?</p> <p>Anything else?</p> <p>ALL 'NO' OR 'DK' <input type="checkbox"/> ↓</p> <p>b) What 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>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C</p> <p>UNKNOWN PILL OR SYRUP D</p> <p>INJECTION</p> <p>ANTIBIOTIC E</p> <p>NON-ANTIBIOTIC F</p> <p>UNKNOWN INJECTION G</p> <p>(IV) INTRAVENOUS H</p> <p>HOME REMEDY/ HERBAL MEDICINE I</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>		<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C</p> <p>UNKNOWN PILL OR SYRUP D</p> <p>INJECTION</p> <p>ANTIBIOTIC E</p> <p>NON-ANTIBIOTIC F</p> <p>UNKNOWN INJECTION G</p> <p>(IV) INTRAVENOUS H</p> <p>HOME REMEDY/ HERBAL MEDICINE I</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>		
618	<p>Has (NAME) been ill with a fever at any time in the last 2 weeks?</p>		<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>		<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>		
620	<p>Has (NAME) had an illness with a cough at any time in the last 2 weeks?</p>		<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>		<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>		
621	<p>Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?</p>		<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 623) ←</p> <p>DON'T KNOW 8</p>		<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 623) ←</p> <p>DON'T KNOW 8</p>		

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
627	Where did you first seek advice or treatment? USE LETTER CODE FROM 625.	FIRST PLACE <input type="checkbox"/>		FIRST PLACE <input type="checkbox"/>	
628	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/>		DAYS <input type="text"/> <input type="text"/>	
629	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (SKIP TO 646) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 646) ← DON'T KNOW 8	
630	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	<p>ANTIMALARIAL DRUGS</p> <p>ARTEMISININ COMBINATION THERAPY (ACT) A SP/FANSIDAR B CHLOROQUINE C AMODIAQUINE D QUININE PILLS E INJECTION/IV F ARTESUNATE RECTAL G INJECTION/IV H</p> <p>OTHER ANTIMALARIAL _____ I (SPECIFY)</p> <p>ANTIBIOTIC DRUGS</p> <p>PILL/SYRUP J INJECTION/IV K</p> <p>OTHER DRUGS</p> <p>ASPIRIN L ACETAMINOPHEN M IBUPROFEN N</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>		<p>ANTIMALARIAL DRUGS</p> <p>ARTEMISININ COMBINATION THERAPY (ACT) A SP/FANSIDAR B CHLOROQUINE C AMODIAQUINE D QUININE PILLS E INJECTION/IV F ARTESUNATE RECTAL G INJECTION/IV H</p> <p>OTHER ANTIMALARIAL _____ I (SPECIFY)</p> <p>ANTIBIOTIC DRUGS</p> <p>PILL/SYRUP J INJECTION/IV K</p> <p>OTHER DRUGS</p> <p>ASPIRIN L ACETAMINOPHEN M IBUPROFEN N</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
646		GO BACK TO 604 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 647.		GO TO 604 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 647.	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
647	CHECK 615(a), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/>	ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/>	→ 649
648	Have you ever heard of a special product called LEMLEM OR PRE-PACKAGED ORS LIQUID] you can get for the treatment of diarrhea?	YES 1 NO 2	
649	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2006-2008 LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> ↓ _____ (NAME OF YOUNGEST CHILD LIVING WITH HER) ↓	NONE <input type="checkbox"/>	→ 701

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
650	<p>Now I would like to ask you about liquids or foods that (NAME FROM 649) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods. Did (NAME FROM 649) drink or eat:</p> <p>a) Plain water?</p> <p>b) Juice or juice drinks?</p> <p>c) Clear broth?</p> <p>d) Milk such as tinned, powdered, or fresh animal milk? IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.</p> <p>e) Infant formula such as Plan, S-26? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.</p> <p>f) Any other liquids?</p> <p>g) Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.</p> <p>h) Any commercially fortified baby food like Fafa, Hilina, Cerilak, Cerifam, Mother Choice?</p> <p>i) Injera, bread, rice, noodles, porridge, or other foods made from grains such as tef, oats, maize, barley,</p> <p>j) Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?</p> <p>k) White potatoes, white yams, bulla, kocho, manioc, cassava, or any other foods made from roots?</p> <p>l) Any dark green, leafy vegetables like kale, spinach,</p> <p>m) Ripe mangoes, papayas?</p> <p>n) Any other fruits or vegetables?</p> <p>o) Liver, kidney, heart, or other organ meats?</p> <p>p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?</p> <p>q) Eggs?</p> <p>r) Fresh or dried fish or shellfish?</p> <p>s) Any foods made from beans, peas, lentils, or nuts?</p> <p>t) Cheese or other food made from milk?</p> <p>u) Any other solid, semi-solid, or soft food?</p>	<p>YES NO DK</p> <p>a) 1 2 8</p> <p>b) 1 2 8</p> <p>c) 1 2 8</p> <p>d) 1 2 8</p> <p>NUMBER OF TIMES DRANK <input type="text"/></p> <p>e) 1 2 8</p> <p>NUMBER OF TIMES DRANK <input type="text"/></p> <p>f) 1 2 8</p> <p>g) 1 2 8</p> <p>NUMBER OF TIMES ATE <input type="text"/></p> <p>h) 1 2 8</p> <p>i) 1 2 8</p> <p>j) 1 2 8</p> <p>k) 1 2 8</p> <p>l) 1 2 8</p> <p>m) 1 2 8</p> <p>n) 1 2 8</p> <p>o) 1 2 8</p> <p>p) 1 2 8</p> <p>q) 1 2 8</p> <p>r) 1 2 8</p> <p>s) 1 2 8</p> <p>t) 1 2 8</p> <p>u) 1 2 8</p>	
651	<p>CHECK 650 (CATEGORIES 'g' THROUGH 'u'):</p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>	<p>AT LEAST ONE 'YES' <input type="checkbox"/></p>	<p>→ 653</p>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
652	<p>Did (NAME FROM 649) eat any solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?</p>	<p>YES 1</p> <p>(GO BACK TO 650 TO RECORD FOOD EATEN YESTERDAY)</p> <p>(THEN CONTINUE TO 653)</p> <p>NO 2</p>	<p>→ 654</p>
653	<p>How many times did (NAME FROM 649) eat solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES <input type="text"/></p> <p>DON'T KNOW 8</p>	
654	<p>The last time (NAME FROM 649) passed stools, what was done to dispose of the stools?</p>	<p>CHILD USED TOILET OR LATRINE 01</p> <p>PUT/RINSED INTO TOILET OR LATRINE 02</p> <p>PUT/RINSED INTO DRAIN OR DITCH 03</p> <p>THROWN INTO GARBAGE 04</p> <p>BURIED 05</p> <p>LEFT IN THE OPEN 06</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	→ 704
702	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 712
703	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 709
704	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
705	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
706	Does your (husband/partner) have other wives or does he live with other women as if married?	YES 1 NO 2 DON'T KNOW 8	→ 709
707	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/> DON'T KNOW 98	
708	Are you the first, second, ... wife?	RANK <input type="text"/> <input type="text"/>	
709	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
710	CHECK 709: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE ↓ <input type="checkbox"/></p> </div> <div style="border-left: 1px dashed black; width: 1px; height: 100px;"></div> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE ↓ <input type="checkbox"/></p> </div> </div> <p>a) In what month and year did you start living with your (husband/partner)?</p> <p>b) Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?</p>	MONTH <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	→ 711A
711	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
711A	The first time you got married who decide on your marriage?	MYSELF 1 PARENTS 2 OTHER FAMILY/RELATIVES 3 OTHER _____ 6 (SPECIFY)	
711B	Were you attending school before your marriage?	YES 1 NO 2	→ 712

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711C	Did you continue to attend school after your marriage?	YES 1 NO 2	→ 712
711D	Why did you stop attending school after your marriage?	GRADUATED FROM SCHOOL 1 TOO BUSY WITH FAMILY LIFE 2 HUSBAND DID NOT WANT ME TO GO 3 OTHER _____ 6 (SPECIFY)	
712 CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.			
713	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> <input type="text"/>	→ 731
714	I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse? IF LESS THAN 13 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 13 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	<input type="text"/> <input type="text"/> <input type="text"/> → 716 <input type="text"/> <input type="text"/> → 727

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
715	When was the last time you had sexual intercourse with this person?		DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/>	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/>
716	The last time you had sexual intercourse with this person, was a condom used?	YES 1 NO 2 (SKIP TO 718) ←	YES 1 NO 2 (SKIP TO 718) ←	YES 1 NO 2 (SKIP TO 718) ←
717	Was a condom used every time you had sexual intercourse with this person in the last 13 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
718	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	HUSBAND 1 LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY)	HUSBAND 1 LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY)	HUSBAND 1 LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY)
719	How long ago did you first have sexual intercourse with this person?	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> YEARS AGO .. 4 <input type="text"/> <input type="text"/>	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> YEARS AGO .. 4 <input type="text"/> <input type="text"/>	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> YEARS AGO .. 4 <input type="text"/> <input type="text"/>
720	How many times during the last 13 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, RECORD '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
721	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98
722	Apart from this person, have you had sexual intercourse with any other person in the last 13 months?	YES 1 (GO BACK TO 715 IN NEXT COLUMN) ← NO 2 (SKIP TO 724) ←	YES 1 (GO BACK TO 715 IN NEXT COLUMN) ← NO 2 (SKIP TO 724) ←	
723	In total, with how many different people have you had sexual intercourse in the last 13 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.			NUMBER OF PARTNERS LAST 12 MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	CHECK 106: AGE 15-24 <input type="checkbox"/> ↓	AGE 25-49 <input type="checkbox"/> → 727	
725	CHECK 701: NOT IN A UNION <input type="checkbox"/> ↓	CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> → 727	
726	In the past 13 months have you had sex or been sexually involved with anyone because he gave you or told you he would give you gifts, cash, or anything else?	YES 1 NO 2	
727	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98	
728	CHECK 716, MOST RECENT PARTNER (FIRST COLUMN): YES, CONDOM USED <input type="checkbox"/> ↓	NO, CONDOM NOT USED <input type="checkbox"/> → 731 NOT ASKED <input type="checkbox"/> → 731	
729	You told me that a condom was used the last time you had sex. What is the brand name of the condom used at that time? IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	SENSATION 01 HIWOT TRUST 02 MEMBERS ONLY 03 GOLD 04 GEANS 05 DUREX 06 MOODS 07 OTHER 96 (SPECIFY) DON'T KNOW 98	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
730	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOV .HEALTH CENTER..... 12</p> <p>GOV. HEALTH POST..... 13</p> <p>PUBLIC PHARMACY..... 14</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16</p> <p align="center">(SPECIFY)</p> <p>NGO</p> <p>HEALTH FACILITY 21</p> <p>OTHER NGO MEDICAL SECTOR</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL..... 31</p> <p>PRIVATE CLINIC..... 32</p> <p>PRIVATE PHARMACY 33</p> <p>OTHER PRIVATE</p> <p>MEDICAL SECTOR 36</p> <p>_____</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 41</p> <p>BAR/HOTEL/GROCERY..... 42</p> <p>FRIEND/RELATIVE 43</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>													
731	<p>PRESENCE OF OTHERS DURING THIS SECTION.</p>	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>CHILDREN <10</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>MALE ADULTS</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>FEMALE ADULTS</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	CHILDREN <10	1	2	MALE ADULTS	1	2	FEMALE ADULTS	1	2	
	YES	NO													
CHILDREN <10	1	2													
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FEMALE ADULTS	1	2													

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
801	CHECK 304: NEITHER <input type="checkbox"/> STERILIZED ↓	HE OR SHE <input type="checkbox"/> STERILIZED →	813								
802	CHECK 226: PREGNANT <input type="checkbox"/> ↓	NOT PREGNANT <input type="checkbox"/> OR UNSURE →	804								
803	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 805 → 812								
804	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8	→ 807 → 813 → 811								
805	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓ PREGNANT <input type="checkbox"/> ↓ a) How long would you like to wait from now before the birth of (a/another) child? b) After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 (SPECIFY) DON'T KNOW 998									→ 811 → 813 → 811
806	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/> →	812								
807	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY <input type="checkbox"/> USING ↓	CURRENTLY <input type="checkbox"/> USING →	813								
808	CHECK 805: '24' OR MORE MONTHS <input type="checkbox"/> OR '02' OR MORE YEARS ↓ NOT <input type="checkbox"/> ASKED ↓	'00-23' MONTHS <input type="checkbox"/> OR '00-01' YEAR →	812								
809	CHECK 714: DAYS, WEEKS OR <input type="checkbox"/> MONTHS AGO ↓	YEARS <input type="checkbox"/> AGO → NOT <input type="checkbox"/> ASKED →	→ 811 → 811								

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
815	In the last few months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Read about family planning in a pamphlet/posters/leaflets? e) Heard about family planning at community event/conversation? f) Received a voice or text message about family planning on a mobile phone? g) Seen anything about family planning on the internet?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) RADIO</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) TELEVISION</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c) NEWSPAPER OR MAGAZINE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) PAMPHLET/POSTERS/LEAFLETS</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>e) COMMUNITY EVENT/CONV.</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>f) MOBILE PHONE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>g) INTERNET</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	a) RADIO	1	2	b) TELEVISION	1	2	c) NEWSPAPER OR MAGAZINE	1	2	d) PAMPHLET/POSTERS/LEAFLETS	1	2	e) COMMUNITY EVENT/CONV.	1	2	f) MOBILE PHONE	1	2	g) INTERNET	1	2	
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817	CHECK 701: <table border="0"> <tr> <td align="center">YES, <input type="checkbox"/> CURRENTLY MARRIED ↓</td> <td align="center">YES, <input type="checkbox"/> LIVING WITH A MAN ↓</td> <td align="center">NO, <input type="checkbox"/> NOT IN A UNION</td> </tr> </table>	YES, <input type="checkbox"/> CURRENTLY MARRIED ↓	YES, <input type="checkbox"/> LIVING WITH A MAN ↓	NO, <input type="checkbox"/> NOT IN A UNION	<table border="0"> <tr> <td></td> <td align="right">→ 901</td> </tr> </table>		→ 901																				
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818	CHECK 303: USING A CONTRACEPTIVE METHOD? <table border="0"> <tr> <td align="center">CURRENTLY <input type="checkbox"/> USING ↓</td> <td align="center">NOT <input type="checkbox"/> CURRENTLY USING</td> <td align="center">NOT <input type="checkbox"/> ASKED</td> </tr> </table>	CURRENTLY <input type="checkbox"/> USING ↓	NOT <input type="checkbox"/> CURRENTLY USING	NOT <input type="checkbox"/> ASKED	<table border="0"> <tr> <td></td> <td align="right">→ 820</td> </tr> <tr> <td></td> <td align="right">→ 822</td> </tr> </table>		→ 820		→ 822																		
CURRENTLY <input type="checkbox"/> USING ↓	NOT <input type="checkbox"/> CURRENTLY USING	NOT <input type="checkbox"/> ASKED																									
	→ 820																										
	→ 822																										
819	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	<table border="0"> <tr> <td>MAINLY RESPONDENT</td> <td align="right">1</td> </tr> <tr> <td>MAINLY HUSBAND/PARTNER</td> <td align="right">2</td> </tr> <tr> <td>JOINT DECISION</td> <td align="right">3</td> </tr> <tr> <td>OTHER _____</td> <td align="right">6</td> </tr> <tr> <td align="center" colspan="2">(SPECIFY)</td> </tr> </table>	MAINLY RESPONDENT	1	MAINLY HUSBAND/PARTNER	2	JOINT DECISION	3	OTHER _____	6	(SPECIFY)		<table border="0"> <tr> <td align="right">} → 821</td> </tr> </table>	} → 821													
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MAINLY HUSBAND/PARTNER	2																										
JOINT DECISION	3																										
OTHER _____	6																										
(SPECIFY)																											
} → 821																											
820	Would you say that not using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	<table border="0"> <tr> <td>MAINLY RESPONDENT</td> <td align="right">1</td> </tr> <tr> <td>MAINLY HUSBAND/PARTNER</td> <td align="right">2</td> </tr> <tr> <td>JOINT DECISION</td> <td align="right">3</td> </tr> <tr> <td>OTHER _____</td> <td align="right">6</td> </tr> <tr> <td align="center" colspan="2">(SPECIFY)</td> </tr> </table>	MAINLY RESPONDENT	1	MAINLY HUSBAND/PARTNER	2	JOINT DECISION	3	OTHER _____	6	(SPECIFY)																
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821	CHECK 304: <table border="0"> <tr> <td align="center">NEITHER ARE <input type="checkbox"/> STERILIZED ↓</td> <td align="center">HE OR SHE ARE <input type="checkbox"/> STERILIZED</td> </tr> </table>	NEITHER ARE <input type="checkbox"/> STERILIZED ↓	HE OR SHE ARE <input type="checkbox"/> STERILIZED	<table border="0"> <tr> <td></td> <td align="right">→ 901</td> </tr> </table>		→ 901																					
NEITHER ARE <input type="checkbox"/> STERILIZED ↓	HE OR SHE ARE <input type="checkbox"/> STERILIZED																										
	→ 901																										
822	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	<table border="0"> <tr> <td>SAME NUMBER</td> <td align="right">1</td> </tr> <tr> <td>MORE CHILDREN</td> <td align="right">2</td> </tr> <tr> <td>FEWER CHILDREN</td> <td align="right">3</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">8</td> </tr> </table>	SAME NUMBER	1	MORE CHILDREN	2	FEWER CHILDREN	3	DON'T KNOW	8																	
SAME NUMBER	1																										
MORE CHILDREN	2																										
FEWER CHILDREN	3																										
DON'T KNOW	8																										

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	NOT IN <input type="checkbox"/> UNION	→ 909
902	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
903	Did your (husband/partner) ever attend school?	YES 1 NO 2	→ 906
904	What was the highest level of school he attended: primary, secondary, technical/vocational or higher?	PRIMARY 1 SECONDARY 2 TECHNICAL/VOCATIONAL 3 HIGHER 4 DON'T KNOW 8	
905	What was the highest [GRADE/YEARS] he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[GRADE/YEARS] <input type="text"/> <input type="text"/> DON'T KNOW 98	
906	Has your (husband/partner) done any work in the last 7 days?	YES 1 NO 2 DON'T KNOW 8	→ 908
907	Has your (husband/partner) done any work in the last 13 months?	YES 1 NO 2 DON'T KNOW 8	→ 909
908	What is your (husband's/partner's) occupation? That is, what kind of work does he mainly do?	_____ _____ <input type="text"/> <input type="text"/> _____	
909	Aside from your own housework, have you done any work in the last seven days?	YES 1 NO 2	→ 913
910	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES 1 NO 2	→ 913
911	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES 1 NO 2	→ 913
912	Have you done any work in the last 13 months?	YES 1 NO 2	→ 917
913	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ <input type="text"/> <input type="text"/> _____	

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

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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
924	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6																									
924A	Does your husband help you with household chores like looking after children, cooking, cleaning the house and doing other work around the house?	YES 1 NO 2 NOT LIVING HUSBAND/PARTNER 3	→ 925																								
924B	Does he help you almost every day, at least once a week or rarely?	ALMOST EVERY 1 ATLEAST ONCE A WEEK 2 RARELY 3																									
925	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	→ 928																								
926	Do you have a title deed for any house you own?	YES 1 NO 2 DON'T KNOW 8	→ 928																								
927	Is your name on the title deed?	YES 1 NO 2 DON'T KNOW 8																									
928	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	→ 931																								
929	Do you have a title deed for any land you own?	YES 1 NO 2 DON'T KNOW 8	→ 931																								
930	Is your name on the title deed?	YES 1 NO 2 DON'T KNOW 8																									
931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="1"> <thead> <tr> <th></th> <th>PRES./ 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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HUSBAND	1	2	3																								
OTHER MALES	1	2	3																								
OTHER FEMALES	1	2	3																								
932	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) NEGLECTS CHILDREN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) BURNS FOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) GOES OUT	1	2	8	b) NEGLECTS CHILDREN	1	2	8	c) ARGUES	1	2	8	d) REFUSES SEX	1	2	8	e) BURNS FOOD	1	2	8	
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SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1001	Now I would like to talk about something else. Have you ever heard of HIV or AIDS?	YES 1 NO 2	→ 1042																
1002	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8																	
1003	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
1004	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
1005	Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DON'T KNOW 8																	
1006	Can people get HIV because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
1007	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DON'T KNOW 8																	
1008	Can HIV be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) DURING PREGNANCY ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) DURING DELIVERY ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) BREASTFEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) DURING PREGNANCY ..	1	2	8	b) DURING DELIVERY ..	1	2	8	c) BREASTFEEDING	1	2	8	
	YES	NO	DK																
a) DURING PREGNANCY ..	1	2	8																
b) DURING DELIVERY ..	1	2	8																
c) BREASTFEEDING	1	2	8																
1009	CHECK 1008: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> AT LEAST ONE 'YES' <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> OTHER <input type="checkbox"/> → 1011 </div> </div>																		
1010	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
1011	CHECK 208 AND 215: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> LAST BIRTH IN 2006-2008 <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO BIRTHS <input type="checkbox"/> → 1027 </div> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;"> LAST BIRTH IN 2005 OR EARLIER <input type="checkbox"/> → 1027 </div> </div>																		
1012	CHECK 408 FOR LAST BIRTH: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HAD ANTENATAL CARE <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO ANTENATAL CARE <input type="checkbox"/> → 1020 </div> </div>																		
1013	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
1014	During any of the antenatal visits for your last birth were you given any information about: a) Babies getting HIV from their mother? b) Things that you can do to prevent getting HIV? c) Getting tested for HIV?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) HIV FROM MOTHER ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) THINGS TO DO</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) TESTED FOR HIV</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) HIV FROM MOTHER ..	1	2	8	b) THINGS TO DO	1	2	8	c) TESTED FOR HIV	1	2	8	
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a) HIV FROM MOTHER ..	1	2	8																
b) THINGS TO DO	1	2	8																
c) TESTED FOR HIV	1	2	8																

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1015	Were you offered a test for HIV as part of your antenatal care?	YES 1 NO 2	
1016	I don't want to know the results, but were you tested for HIV as part of your antenatal care?	YES 1 NO 2	→ 1020
1017	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL 11 GOV. HEALTH CENTER 12 GOV. HEALTH POST. 13 OTHER PUBLIC SECTOR _____ (SPECIFY) 16 NGO HEALTH FACILITY 21 OTHER NGO MEDICAL SECTOR _____ (SPECIFY) 26 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 31 PRIVATE CLINIC 32 OTHER PRIVATE MEDICAL SECTOR 36 _____ (SPECIFY) OTHER SOURCE WORKPLACE 41 CORRECTIONAL FACILITY 42 OTHER 96 _____ (SPECIFY)	
1018	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	→ 1020
1019	All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling?	YES 1 NO 2 DON'T KNOW 8	
1020	CHECK 430 FOR LAST BIRTH: ANY CODE <input type="checkbox"/> '21-36' CIRCLED OTHER <input type="checkbox"/>		→ 1024
1021	Between the time you went for delivery but before the baby was born, were you offered an HIV test?	YES 1 NO 2	
1022	I don't want to know the results, but were you tested for HIV at that time?	YES 1 NO 2	→ 1024
1023	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	→ 1025
1024	CHECK 1016: YES <input type="checkbox"/> NO OR NOT ASKED <input type="checkbox"/>		→ 1027
1025	Have you been tested for HIV since that time you were tested during your pregnancy?	YES 1 NO 2	→ 1028
1026	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95	→ 1035

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1027	I don't want to know the results, but have you ever been tested for HIV?	YES 1 NO 2	→ 1031
1028	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95	
1029	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
1030	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL 11 GOV .HEALTH CENTER 12 GOV. HEALTH POST..... 13 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) NGO HEALTH FACILITY 21 OTHER NGO MEDICAL SECTOR 26 _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 31 PRIVATE CLINIC 32 OTHER PRIVATE MEDICAL SECTOR 36 _____ (SPECIFY) OTHER SOURCE HOME 41 WORKPLACE 42 CORRECTIONAL FACILITY 43 OTHER _____ 96 (SPECIFY)	→ 1035
1031	Do you know of a place where people can go to get an HIV test?	YES 1 NO 2	→ 1035
1032	Where is that? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL A GOV .HEALTH CENTER B GOV. HEALTH POST..... C OTHER PUBLIC SECTOR _____ D (SPECIFY) NGO HEALTH FACILITY E OTHER NGO MEDICAL SECTOR _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL G PRIVATE CLINIC H OTHER PRIVATE MEDICAL SECTOR _____ I (SPECIFY) OTHER _____ X (SPECIFY)	
1035	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1036	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1037	Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1038	Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1039	Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1040	Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV.	AGREE 1 DISAGREE 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1041	Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES 1 NO 2 SAYS SHE HAS HIV 3 DON'T KNOW/NOT SURE/DEPENDS 8	
1042	CHECK 1001: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> HEARD ABOUT HIV OR AIDS <input type="checkbox"/> ↓ a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> NOT HEARD ABOUT HIV OR AIDS <input type="checkbox"/> ↓ b) Have you heard about infections that can be transmitted through sexual contact? </div> </div>	YES 1 NO 2	
1043	CHECK 713: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/> → 1051 </div> </div>		
1044	CHECK 1042: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> YES <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO <input type="checkbox"/> → 1046 </div> </div>		

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1045	Now I would like to ask you some questions about your health in the last 13 months. During the last 13 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
1046	Sometimes women experience a bad-smelling abnormal genital discharge. During the last 13 months, have you had a bad-smelling abnormal genital discharge?	YES 1 NO 2 DON'T KNOW 8	
1047	Sometimes women have a genital sore or ulcer. During the last 13 months, have you had a genital sore or ulcer?	YES 1 NO 2 DON'T KNOW 8	
1048	CHECK 1045, 1046, AND 1047: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/>	HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>	→ 1051
1049	The last time you had (PROBLEM FROM 1045/1046/1047), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 1051
1050	Where did you go? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL A GOV .HEALTH CENTER B GOV. HEALTH POST. C PUBLIC PHARMACY D OTHER PUBLIC SECTOR _____ E (SPECIFY) NGO HEALTH FACILITY F OTHER NGO MEDICAL SECTOR G _____ G (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL H PRIVATE CLINIC I PRIVATE PHARMACY J OTHER PRIVATE MEDICAL SECTOR _____ K (SPECIFY) OTHER SOURCE SHOP/MARKET L TRADITIONAL PRACTITIONER M OTHER _____ X (SPECIFY)	
1051	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DON'T KNOW 8	
1052	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES 1 NO 2 DON'T KNOW 8	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1053	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	NOT IN UNION <input type="checkbox"/>	→ 1101
1054	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?	YES 1 NO 2 DEPENDS/NOT SURE 8	
1055	Could you ask your (husband/partner) to use a condom if you wanted him to?	YES 1 NO 2 DEPENDS/NOT SURE 8	
1056	Have you had a pre-marital HIV testing as a couple or individual, before you were married or started living with your husband/partner to prevent HIV infection between partners?	YES 1 NO 2	
1057	CHECK 217: CHILDREN UNDER 15 YEARS OLD <input type="checkbox"/>	NO CHILD UNDER 15 YEARS OLD <input type="checkbox"/>	→ 1101
1058	How many of your children under 15 years old have been tested for HIV?	NUMBER OF CHILDREN TESTED <input type="text"/> <input type="text"/> DON'T KNOW 8	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	<p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 13 months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 1104
1102	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 1104
1103	<p>The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1104	<p>Do you currently smoke cigarettes every day, some days, or not at all?</p>	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p>	→ 1106
1105	<p>On average, how many cigarettes do you currently smoke each day?</p>	<p>NUMBER OF CIGARETTES <input type="text"/> <input type="text"/></p>	
1106	<p>Do you currently smoke or use any other type of tobacco every day, some days, or not at all?</p>	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p>	→ 1107A
1107	<p>What other type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED.</p>	<p>PIPE A</p> <p>CHEWING TOBACCO B</p> <p>SNUFF/SURET C</p> <p>SHISHA D</p> <p>GAYA E</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
1107A	<p>Have you ever chewed Chat?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1107C
1107B	<p>During the last 30 days how many days did you chew Chat?</p>	<p>NUMBER OF DAYS <input type="text"/> <input type="text"/></p> <p>NONE IN THE LAST 30 DAYS 00</p>	
1107C	<p>Have you ever taken a drink that contains alcohol (Tella/Tegil/Areke/Beer/Wine, etc...)?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1108
1107D	<p>During the last 30 days, how many days did you have a drink that contains alcohol?</p>	<p>NUMBER OF DAYS <input type="text"/> <input type="text"/></p> <p>NONE IN THE LAST 30 DAYS 00</p>	
1107E	<p>During the last 13 months, how often did you take a drink that contains alcohol?</p>	<p>ALMOST EVERY DAY 1</p> <p>AT LEAST ONCE A WEEK 2</p> <p>LESS THAN ONCE A WEEK 3</p> <p>NONE IN THE LAST 13 MONTHS 4</p>	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
1108	<p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not a big problem:</p> <p>a) Getting permission to go to the doctor?</p> <p>b) Getting money needed for advice or treatment?</p> <p>c) The distance to the health facility?</p> <p>d) Not wanting to go alone?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">BIG PROBLEM</th> <th style="width: 20%; text-align: center;">NOT A BIG PROBLEM</th> </tr> </thead> <tbody> <tr> <td>a) PERMISSION TO GO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) GETTING MONEY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) DISTANCE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) GO ALONE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		BIG PROBLEM	NOT A BIG PROBLEM	a) PERMISSION TO GO	1	2	b) GETTING MONEY	1	2	c) DISTANCE	1	2	d) GO ALONE	1	2	
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a) PERMISSION TO GO	1	2																
b) GETTING MONEY	1	2																
c) DISTANCE	1	2																
d) GO ALONE	1	2																
1109	<p>Are you covered by any health insurance?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 1201</p>															
1110	<p>What type of health insurance are you covered by?</p> <p>RECORD ALL MENTIONED.</p>	<p>MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A</p> <p>HEALTH INSURANCE THROUGH EMPLOYER B</p> <p>SOCIAL SECURITY C</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D</p> <p>OTHER _____ X (SPECIFY)</p>																

SECTION 12. MATERNAL MORTALITY

NO.		CODING CATEGORIES						SKIP
1201	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"/>						
1202	CHECK 1201: TWO OR MORE BIRTHS <input type="checkbox"/>	ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>						NEXT 1301
1203	How many births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>						
1204	What was the name given to your (oldest/ next oldest) brother or sister?	(1)	(2)	(3)	(4)	(5)	(6)	
1205	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	
1206	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 1208 DK ... 8 GO TO (2)	YES ... 1 NO ... 2 GO TO 1208 DK ... 8 GO TO (3)	YES ... 1 NO ... 2 GO TO 1208 DK ... 8 GO TO (4)	YES ... 1 NO ... 2 GO TO 1208 DK ... 8 GO TO (5)	YES ... 1 NO ... 2 GO TO 1208 DK ... 8 GO TO (6)	YES ... 1 NO ... 2 GO TO 1208 DK ... 8 GO TO (7)	
1207	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)	
1208	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"/>	
1209	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)	
1210	Was (NAME) pregnant when she died?	YES ... 1 GO TO 1213 NO ... 2	YES ... 1 GO TO 1213 NO ... 2	YES ... 1 GO TO 1213 NO ... 2	YES ... 1 GO TO 1213 NO ... 2	YES ... 1 GO TO 1213 NO ... 2	YES ... 1 GO TO 1213 NO ... 2	
1211	Did (NAME) die during childbirth?	YES ... 1 GO TO 1213 NO ... 2	YES ... 1 GO TO 1213 NO ... 2	YES ... 1 GO TO 1213 NO ... 2	YES ... 1 GO TO 1213 NO ... 2	YES ... 1 GO TO 1213 NO ... 2	YES ... 1 GO TO 1213 NO ... 2	
1212	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	
1213	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 NEXT SECTION.								

1204	What was the name given to your (oldest/ next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
1205	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
1206	Is (NAME) still alive?	YES... 1 NO... 2 GO TO 1208 DK... 8 GO TO (8)	YES... 1 NO... 2 GO TO 1208 DK... 8 GO TO (9)	YES... 1 NO... 2 GO TO 1208 DK... 8 GO TO (10)	YES... 1 NO... 2 GO TO 1208 DK... 8 GO TO (11)	YES... 1 NO... 2 GO TO 1208 DK... 8 GO TO (12)	YES... 1 NO... 2 GO TO 1208 DK... 8 GO TO (13)
1207	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (8)	<input type="text"/> <input type="text"/> GO TO (9)	<input type="text"/> <input type="text"/> GO TO (10)	<input type="text"/> <input type="text"/> GO TO (11)	<input type="text"/> <input type="text"/> GO TO (12)	<input type="text"/> <input type="text"/> GO TO (13)
1208	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"/>
1209	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 (8)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
1210	Was (NAME) pregnant when she died?	YES... 1 GO TO 1213 NO... 2	YES... 1 GO TO 1213 NO... 2	YES... 1 GO TO 1213 NO... 2	YES... 1 GO TO 1213 NO... 2	YES... 1 GO TO 1213 NO... 2	YES... 1 GO TO 1213 NO... 2
1211	Did (NAME) die during childbirth?	YES... 1 GO TO 1213 NO... 2	YES... 1 GO TO 1213 NO... 2	YES... 1 GO TO 1213 NO... 2	YES... 1 GO TO 1213 NO... 2	YES... 1 GO TO 1213 NO... 2	YES... 1 GO TO 1213 NO... 2
1212	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
1213	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 NEXT SECTION.							

SECTION 13. FEMALE GENITAL MUTILATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1300	CHECK COVER PAGE OF QUESTIONNAIRE: HOUSEHOLD SELECTED FOR FEMALE GENITAL MUTILATION MODULE (FGM) AND DOMESTIC VIOLENCE (DV)? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 1500
1301	Now I would like to ask some questions about a practice known as female circumcision. Have you ever heard of female circumcision?	YES 1 NO 2	→ 1303
1302	In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES 1 NO 2	→ 1400
1303	Have you yourself ever been circumcised?	YES 1 NO 2	→ 1309
1304	Now I would like to ask you what was done to you at that time. Was any flesh removed from the genital area?	YES 1 NO 2 DON'T KNOW 8	→ 1306
1305	Was the genital area just nicked without removing any flesh?	YES 1 NO 2 DON'T KNOW 8	
1306	Was your genital area sewn closed?	YES 1 NO 2 DON'T KNOW 8	
1307	How old were you when you were circumcised? IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> AS A BABY/DURING INFANCY 95 DON'T KNOW 98	
1308	Who performed the circumcision?	TRADITIONAL TRAD. CIRCUMCISER 11 TRAD. BIRTH ATTENDANT 12 OTHER TRAD. _____ 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 NURSE/MIDWIFE 22 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DON'T KNOW 98	
1309	CHECK 213, 215 AND 216: HAS ONE OR MORE LIVING DAUGHTERS BORN IN 1992 OR LATER <input type="checkbox"/> HAS NO LIVING DAUGHTERS BORN IN 1992 OR LATER <input type="checkbox"/>		→ 1317

CHECK 213, 215 AND 216: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER AND NAME OF EACH LIVING DAUGHTER BORN IN 1992 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE DAUGHTERS. BEGIN WITH THE YOUNGEST DAUGHTER. (IF THERE ARE MORE THAN 3 DAUGHTERS, USE ADDITIONAL QUESTIONNAIRES).				
1310	Now I would like to ask you some questions about your (daughter/daughters).			
1311	BIRTH HISTORY NUMBER AND NAME OF EACH LIVING DAUGHTER BORN IN 1992 OR LATER	YOUNGEST LIVING DAUGHTER BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/> NAME _____	NEXT-TO-YOUNGEST LIVING DAUGHTER BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/> NAME _____	SECOND-TO-YOUNGEST LIVING DAUGHTER BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/> NAME _____
1312	Is (NAME OF DAUGHTER) circumcised?	YES 1 NO 2 (GO TO 1311 ← IN NEXT COLUMN; OR IF NO MORE DAUGHTERS, GO TO 1316)	YES 1 NO 2 (GO TO 1311 ← IN NEXT COLUMN; OR IF NO MORE DAUGHTERS, GO TO 1316)	YES 1 NO 2 (GO TO 1311 ← IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE DAUGHTERS, GO TO 1316)
1313	How old was (NAME OF DAUGHTER) when she was circumcised? IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE IN COMPLETED YEARS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE IN COMPLETED YEARS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
1314	Was her genital area sewn closed?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
1315	Who performed the circumcision?	TRADITIONAL TRADITIONAL CIRCUMCISER 11 TRAD. BIRTH ATTENDANT 12 OTHER TRAD. _____ 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 NURSE/MIDWIFE 22 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DON'T KNOW 98	TRADITIONAL TRADITIONAL CIRCUMCISER 11 TRAD. BIRTH ATTENDANT 12 OTHER TRAD. _____ 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 NURSE/MIDWIFE 22 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DON'T KNOW 98	TRADITIONAL TRADITIONAL CIRCUMCISER 11 TRAD. BIRTH ATTENDANT 12 OTHER TRAD. _____ 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 NURSE/MIDWIFE 22 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DON'T KNOW 98
1316		GO BACK TO 1311 IN NEXT COLUMN; OR, IF NO MORE DAUGHTERS, GO TO 1317.	GO BACK TO 1311 IN NEXT COLUMN; OR, IF NO MORE DAUGHTERS, GO TO 1317.	GO TO 1311 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE DAUGHTERS, GO TO 1317.
1317	Do you believe that female circumcision is required by your religion?		YES 1 NO 2 NO RELIGION 3 DON'T KNOW 8	
1318	Do you think that female circumcision should be continued, or should it be stopped?		CONTINUED 1 STOPPED 2 DEPENDS 3 DON'T KNOW 8	

SECTION 14. VIOLENCE AGAINST WOMEN MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																			
1400	<p>CHECK COVER PAGE OF QUESTIONNAIRE: HOUSEHOLD SELECTED FOR FEMALE GENITAL MUTILATION MODULE (FGM) AND DOMESTIC VIOLENCE (DV)?</p> <p>WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/> WOMAN NOT SELECTED <input type="checkbox"/></p>		→ 1500																																			
1401	<p>CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.</p> <p>PRIVACY OBTAINED 1 PRIVACY NOT POSSIBLE 2</p>		→ 1432																																			
1401A	<p>READ TO THE RESPONDENT: Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Ethiopia. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.</p>																																					
1402	<p>CHECK 701 AND 702:</p> <p>CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH HUSBAND/PARTNER) <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p>		→ 1416																																			
1403	<p>First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) (husband/partner)?</p> <p>a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times?</p>	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>JEALOUS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ACCUSES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NOT MEET FRIENDS...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NO FAMILY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WHERE YOU ARE</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	JEALOUS	1	2	8	ACCUSES	1	2	8	NOT MEET FRIENDS...	1	2	8	NO FAMILY	1	2	8	WHERE YOU ARE	1	2	8												
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NOT MEET FRIENDS...	1	2	8																																			
NO FAMILY	1	2	8																																			
WHERE YOU ARE	1	2	8																																			
1404	<p>Now I need to ask some more questions about your relationship with your (last) (husband/partner).</p> <p>A. Did your (last) (husband/partner) ever:</p> <p>a) say or do something to humiliate you in front of others? b) threaten to hurt or harm you or someone you care about? c) insult you or make you feel bad about yourself?</p>	<p>B. How often did this happen during the last 13 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 13 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>a) NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 13 MONTHS	a) YES	1 →	1	2	3	a) NO	2				b) YES	1 →	1	2	3	b) NO	2 ↓				c) YES	1 →	1	2	3	c) NO	2 ↓				
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																											
1405	<p>A. Did your (last) (husband/partner) ever do any of the following things to you:</p> <p>a) push you, shake you, or throw something at you?</p> <p>b) slap you?</p> <p>c) twist your arm or pull your hair?</p> <p>d) punch you with his fist or with something that could hurt you?</p> <p>e) kick you, drag you, or beat you up?</p> <p>f) try to choke you or burn you on purpose?</p> <p>g) threaten or attack you with a knife, gun, or other weapon?</p> <p>h) physically force you to have sexual intercourse with him when you did not want to?</p> <p>i) physically force you to perform any other sexual acts you did not want to?</p> <p>j) force you with threats or in any other way to perform sexual acts you did not want to?</p>	<p>B. How often did this happen during the last 13 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 13 MONTHS</th> </tr> </thead> <tbody> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 13 MONTHS	YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				
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1406	<p>CHECK 1405A (a-j):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>	<p>→ 1409</p>																																																																												
1407	<p>How long after you first (got married/started living together) with your (last) (husband/partner) did (this/any of these things) first happen?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>NUMBER OF YEARS <input type="text"/> <input type="text"/></p> <p>BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95</p>																																																																												
1408	<p>Did the following ever happen as a result of what your (last) (husband/partner) did to you:</p> <p>a) You had cuts, bruises, or aches?</p> <p>b) You had eye injuries, sprains, dislocations, or burns?</p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</p>	<p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p>																																																																												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1409	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/partner) at times when he was not already beating or physically hurting you?	YES 1 NO 2	→ 1411
1410	In the last 13 months, how often have you done this to your (last) (husband/partner): often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
1411	Does (did) your (last) (husband/partner) drink alcohol?	YES 1 NO 2	→ 1413
1412	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3	
1413	Are (Were) you afraid of your (last) (husband/partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3	
1414	CHECK 709: MARRIED MORE THAN ONCE <input type="checkbox"/> MARRIED ONLY ONCE <input type="checkbox"/>		→ 1416
1415	A. So far we have been talking about the behavior of your (current/last) (husband/partner). Now I want to ask you about the behavior of any previous (husband/partner). a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically? b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?	B. How long ago did this last happen? EVER 0 - 11 MONTHS AGO 12+ MONTHS AGO DON'T REMEMBER <hr/> YES 1 → 1 2 3 NO 2 ↓ YES 1 → 1 2 3 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1416	<p>CHECK 701 AND 702:</p> <p>EVER MARRIED/EVER <input type="checkbox"/> LIVED WITH A MAN</p> <p>NEVER MARRIED/NEVER <input type="checkbox"/> LIVED WITH A MAN</p> <p>a) From the time you were 15 years old has anyone other than (your/any) (husband/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically?</p> <p>b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?</p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	<p>→ 1419</p>
1417	<p>Who has hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER/STEP-MOTHER A</p> <p>FATHER/STEP-FATHER B</p> <p>SISTER/BROTHER C</p> <p>DAUGHTER/SON D</p> <p>OTHER RELATIVE E</p> <p>CURRENT BOYFRIEND F</p> <p>FORMER BOYFRIEND G</p> <p>MOTHER-IN-LAW H</p> <p>FATHER-IN-LAW I</p> <p>OTHER IN-LAW J</p> <p>TEACHER K</p> <p>EMPLOYER/SOMEONE AT WOR L</p> <p>POLICE/SOLDIER M</p> <p>OTHER _____ X (SPECIFY)</p>	
1418	<p>In the last 13 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?</p>	<p>OFTEN 1</p> <p>SOMETIMES 2</p> <p>NOT AT ALL 3</p>	
1419	<p>CHECK 201, 226, AND 230:</p> <p>EVER BEEN <input type="checkbox"/> PREGNANT (YES ON 201 OR 226 OR 230)</p> <p>NEVER BEEN <input type="checkbox"/> PREGNANT</p>		<p>→ 1422</p>
1420	<p>Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 1422</p>
1420B	<p>Did you miscarry as a result of the violence?</p>	<p>YES 1</p> <p>NO 2</p>	
1421	<p>Who has done any of these things to physically hurt you while you were pregnant?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>CURRENT HUSBAND/PARTNER ... A</p> <p>MOTHER/STEP-MOTHER B</p> <p>FATHER/STEP-FATHER C</p> <p>SISTER/BROTHER D</p> <p>DAUGHTER/SON E</p> <p>OTHER RELATIVE F</p> <p>FORMER HUSBAND/PARTNER G</p> <p>CURRENT BOYFRIEND H</p> <p>FORMER BOYFRIEND I</p> <p>MOTHER-IN-LAW J</p> <p>FATHER-IN-LAW K</p> <p>OTHER IN-LAW L</p> <p>TEACHER M</p> <p>EMPLOYER/SOMEONE AT WORK . N</p> <p>POLICE/SOLDIER O</p> <p>OTHER _____ X (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1426	CHECK 1405A (a-j), 1415A (a,b), 1416, 1420, 1422A, AND 1422B: AT LEAST ONE <input type="checkbox"/> NOT A SINGLE <input type="checkbox"/> 'YES' 'YES'		1430
1427	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES 1 NO 2	1429
1428	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY A HUSBAND'S/PARTNER'S FAMILY ... B CURRENT/FORMER HUSBAND/PARTNER C CURRENT/FORMER BOYFRIEND . D FRIEND E NEIGHBOR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL ... H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION K COMMUNITY BASED ORGANIZATION L WOMEN AND YOUTH AFFAIR M OTHER _____ X (SPECIFY)	1429
1428A	Why didn't you seek help at that time?	EMBARRASSED A DIDN'T KNOW WHERE TO GO B DIDN'T KNOW WHO TO TELL C NOT NECESSARY D NOT WANTING TO TELL E AFRAID THEY MAY NOT BELIEVE ME F THINKING I WILL NOT GET SU..... G OTHER _____ X (SPECIFY)	
1429	Have you ever told anyone about this?	YES 1 NO 2	
1430	As far as you know, did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8	

THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.

1431	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="1"> <thead> <tr> <th></th> <th>YES ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT. . .</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT. . .	1	2	3	FEMALE ADULT	1	2	3	
	YES ONCE	YES, MORE THAN ONCE	NO																
HUSBAND	1	2	3																
OTHER MALE ADULT. . .	1	2	3																
FEMALE ADULT	1	2	3																
1432	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE _____ _____ _____																		

SECTION 15. INFORMATION ABOUT HEALTH FACILITY WHERE VACCINATION CARDS ARE KEPT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1500	CHECK 504A, 507A, 504B AND 507B: VACCINATION CARD SEEN? NO CARD AND NO OTHER DOCUMENT SEEN <input type="checkbox"/>	CARD OR OTHER DOCUMENT SEEN <input type="checkbox"/>	→ 1515
1501	Did any of your children born between 2005-2008 ever receive any vaccination at a health facility (including government hospitals, health centers/posts, NGO facilities, or private hospitals/clinics)?	YES 1 NO 2 DON'T KNOW 8	→ 1515
1502	<div style="border: 1px solid black; padding: 5px;"> <p>ASK RESPONDENT FOR CONSENT TO COPY VACCINATION DATES FROM THE CHILDREN'S HEALTH CARDS KEPT IN A HEALTH FACILITY</p> <p>As part of this survey, we would like to visit the health facility in which your children got vaccinated. With your permission, our health facility team will visit the health center and copy the vaccination records from the health cards directly to the same questionnaire I am using right now for our interview. The information will be kept confidential and will not be shared with anyone other than members of our survey team. We hope you will allow access to the health cards because information about your children's vaccinations is very important. The information will complement the information that we obtained from you in this interview. Many dangerous childhood illnesses such as measles or tetanus can be prevented through timely and effective vaccination. The information from the cards will assist the government to develop programs to protect children from vaccine preventable diseases and reduce childhood mortality and morbidity in Ethiopia.</p> <p>Do you have any questions?</p> <p>Will you allow (NAME OF CHILD) to have his/her vaccination records copied from his/her health card kept at the health facility?</p> </div>		
1503	CIRCLE THE CODE AND SIGN YOUR NAME.	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>(LAST BIRTH)</p> <p>GRANTED 1</p> <p>_____ (SIGN) ←</p> <p>REFUSED 2</p> <p>(THEN SKIP TO 1514) ←</p> </div>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>(NEXT-TO-LAST BIRTH)</p> <p>GRANTED 1</p> <p>_____ (SIGN) ←</p> <p>REFUSED 2</p> <p>(THEN SKIP TO 1514) ←</p> </div>
<p align="center">RECORD CHILD'S FULL NAME, MOTHER'S FULL NAME, FATHER'S FULL NAME, CHILD'S KEBELE, TOWN, AND REGION, AND NAME OF HEALTH FACILITY WHERE CHILD'S LAST VACCINATION WAS ADMINISTERED. BE SURE TO TAKE ADDRESS AND LOCATION DESCRIPTION OF HEALTH FACILITY.</p>			
1504	BIRTH HISTORY NUMBER OF EACH CHILD BORN IN 2005 OR LATER FROM 212 IN BIRTH HISTORY.	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>
1505	On what day, month, and year was (NAME) born?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1506	How old was (NAME) at (NAME's) last birthday?	AGE <input type="text"/>	AGE <input type="text"/>
1507	What name was used at the health facility where (NAME) was last vaccinated?	_____ _____	
1508	What is your first and last name?	_____ _____	
1509	What is the first and last name of (NAME's) father?	_____ _____	
1510	What is the name of the health facility where (NAME's) last vaccination was administered?	_____ NAME OF HEALTH FACILITY	_____ NAME OF HEALTH FACILITY

SECTION 15. INFORMATION ABOUT HEALTH FACILITY WHERE VACCINATION CARDS ARE KEPT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP				
1511	What is the location (Kebele, Town, Woreda), where (NAME's) last vaccination was administered?	KEBELE _____ TOWN _____ WOREDA _____	KEBELE _____ TOWN _____ WOREDA _____					
1512	Can you describe the location of the health facility? ADD TO THE DESCRIPTION ALL LANDMARKS (SUCH AS A PARK), PUBLIC STRUCTURES (SUCH AS SCHOOL OR CHURCH), AND STREETS OR ROADS.	_____ _____ _____ _____	_____ _____ _____ _____					
1513	What is the name of the Doctor/health officer that vaccinated (NAME) at the health facility?	_____ _____	_____ _____					
1514		GO BACK TO 1504 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 1515.	GO TO 1504 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILD GO TO 1515.					
1515	RECORD THE TIME.	HOURS MINUTES	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					

INTERVIEWER'S OBSERVATIONS
TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS
