

2009 LESOTHO DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE

IDENTIFICATION																									
PLACE NAME _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><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><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><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><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><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><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																								
NAME OF HOUSEHOLD HEAD _____																									
EA NUMBER																									
HOUSEHOLD NUMBER																									
LESOTHO ECOLOGICAL ZONE (LOWLANDS=1, FOOTHILLS=2, MOUNTAINS=3, SENQU RIVER VALLEY=4)																									
DISTRICT ¹																									
URBAN/RURAL (URBAN = 1, RURAL= 2)																									
NAME AND LINE NUMBER OF WOMAN _____																									
INTERVIEWER VISITS																									
	1	2	3	FINAL VISIT																					
DATE	_____	_____	_____	DAY MONTH YEAR																					
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER																					
RESULT*	_____	_____	_____	RESULT																					
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS																					
TIME	_____	_____		□																					
<p>*RESULT CODES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">1 COMPLETED</td> <td style="width: 25%;">4 REFUSED</td> <td style="width: 25%;">7 OTHER _____</td> </tr> <tr> <td>2 NOT AT HOME</td> <td>5 PARTLY COMPLETED</td> <td style="text-align: right;">(SPECIFY)</td> </tr> <tr> <td>3 POSTPONED</td> <td>6 INCAPACITATED</td> <td></td> </tr> </table>					1 COMPLETED	4 REFUSED	7 OTHER _____	2 NOT AT HOME	5 PARTLY COMPLETED	(SPECIFY)	3 POSTPONED	6 INCAPACITATED													
1 COMPLETED	4 REFUSED	7 OTHER _____																							
2 NOT AT HOME	5 PARTLY COMPLETED	(SPECIFY)																							
3 POSTPONED	6 INCAPACITATED																								
LANGUAGE OF QUESTIONNAIRE: ENGLISH LANGUAGE OF INTERVIEW *** _____ HOME LANGUAGE OF RESPONDENT*** _____ WAS A TRANSLATOR USED? (YES=1, NO=2) *** LANGUAGE CODES: 1 ENGLISH 2 SESOTHO 6 OTHER _____ (SPECIFY)				<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">1</td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>	1																				
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SUPERVISOR		FIELD EDITOR																							
NAME _____	□ □ □	NAME _____	□ □ □																						
DATE _____	□ □ □	DATE _____	□ □ □																						

¹ 01=BUTHA-BUTHE; 02=LERIBE; 03=BEREA; 04=MASERU; 05=MAFETENG; 06=MOHALE'S HOEK; 07=QUTHING;
08=QASHA'S NEK; 09=MOKHOTLONG; 10=THABA-TSEKA

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the Ministry of Health and Social Welfare. We are conducting a national survey that asks women and men about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes between 30 and 60 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shared with anyone other than members of our survey team.

Participation in this survey is voluntary, and if we should come to 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. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?
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

101	RECORD THE TIME.	HOUR <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>					
		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>					

102	<p>During the interview I would like to measure your blood pressure. This will be done three times during the interview. This is a harmless procedure. It is used to find out if a person has high blood pressure. If it is not treated, high blood pressure may eventually cause serious damage to the heart.</p> <p>The results of this blood pressure measurement will be given to you after the interview together with an explanation of the meaning of your blood pressure numbers. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey.</p> <p>Do you have any questions about the blood pressure measurement so far? If you have any questions about the procedure at any time, please ask me.</p> <p>You can say yes or no to having the blood pressure measurement now. You can also decide at anytime not to participate in the blood pressure measures.</p> <p>Would you allow me to proceed to take your blood pressure measurement at this time?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES 1 RESPONDENT DOES NOT AGREE 2 → 103</p>
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102A	<p>Before taking your blood pressure , I would to ask a few questions about things that may affect these measurements.</p> <p>Have you done any of the following within the past 30 minutes:</p> <p>Eaten anything?</p> <p>Had coffee, tea, cola or other drink that has caffeine?</p> <p>Smoked any tobacco product?</p>	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>EATEN</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>HAD CAFFEINATED DRINK</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>SMOKED</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		YES	NO	EATEN	1	2	HAD CAFFEINATED DRINK	1	2	SMOKED	1	2
	YES	NO												
EATEN	1	2												
HAD CAFFEINATED DRINK	1	2												
SMOKED	1	2												

102B	<p>May I begin the process of measuring your blood pressure?</p> <p>BEFORE TAKING THE FIRST BLOOD PRESSURE READING, MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETRES.</p>	ARM CIRCUMFERENCE (IN CENTIMETRES) <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>			

102C	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR MODEL AND CUFF SIZE. CIRCLE THE CODE FOR THE MODEL AND CUFF SIZE.	<p>MODEL 789</p> SMALL: 17 CM – 22 CM 1 MEDIUM: 22 CM – 32 CM 2 LARGE: 32 CM – 42 CM 3
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102D	<p>TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE. THEN PROCEED TO Q.103</p> <p>IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON IN Q.102E.</p>	<p>BLOOD PRESSURE MEASURED</p> SYSTOLIC <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DIASTOLIC <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
102E	RECORD REASON BLOOD PRESSURE NOT MEASURED.	REASON BLOOD PRESSURE NOT MEASURED REFUSED 9994 TECHNICAL PROBLEMS ... 9995 OTHER 9996	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→ 104 → 104
103A	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
104	In the last 12 months, how many times have you been away from your home community for one or more nights?	NUMBER OF TRIPS <input type="text"/> <input type="text"/> NONE 00	→ 106
105	In the last 12 months, have you been away from your home community for more than one month at a time?	YES 1 NO 2	
106	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	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
108	Have you ever attended school?	YES 1 NO 2	→ 112
109	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 VOCATIONAL/TECHNICAL TRAINING AFTER PRIMARY 2 SECONDARY/HIGH 3 VOCATIONAL/TECHNICAL TRAINING AFTER SECONDARY/HIGH ... 4 COLLEGE 5 GRADUATE/POST GRADUATE ... 6	
110	What is the highest (standard/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'	STANDARD/FORM/YEAR <input type="text"/> <input type="text"/>	
111	CHECK 109: PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> VOCATION/TECH. OR HIGHER AFTER PRIMARY ↓		→ 115
112	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 PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE.. 3 NO CARD WITH REQUIRED LANGUAGE 4 BLIND/VISUALLY IMPAIRED 5	
113	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	

114	CHECK 112: CODE '2', '3' <input type="checkbox"/> OR '4' CIRCLED CODE '1' OR '5' <input type="checkbox"/> CIRCLED		→ 116
115	Do you read a newspaper or magazine 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	→ 116
115A	What kind of newspaper or magazine do you read: Lesotho newspaper/magazine, RSA newspaper/magazine or any other? RECORD ALL MENTIONED.	LESOTHO NEWSPAPER/ MAGAZINE A RSA NEWSPAPER/ MAGAZINE B OTHER X	
116	Do you listen to the radio 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	→ 117
116A	What kind of radio do you listen to: Lesotho radio, RSA radio, or any other? RECORD ALL MENTIONED.	LESOTHO RADIO A RSA RADIO B OTHER X	
117	Do you watch television 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	→ 118
117A	What kind of TV do you watch: Lesotho TV, RSA TV, or any other? RECORD ALL MENTIONED.	LESOTHO TV A RSA TV B OTHER X	
118	What religion do you belong to? IF CHRISTIAN: What church do you belong to?	ROMAN CATHOLIC CHURCH . . . 01 LESOTHO EVANGELICAL CHURCH 02 METHODIST 03 ANGLICAN CHURCH 04 SEVENTH DAY ADVENTIST 05 PENTECOSTAL 06 OTHER CHRISTIAN 07 ISLAM 08 HINDU 09 NONE 10 OTHER RELIGION 96	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" data-bbox="1203 365 1300 470" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" data-bbox="1203 415 1300 470" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" data-bbox="1203 596 1300 701" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE <table border="1" data-bbox="1203 646 1300 701" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" data-bbox="1203 911 1300 1016" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" data-bbox="1203 961 1300 1016" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" data-bbox="1203 1068 1300 1121" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> →		→ 226								

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
 RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.
 (IF THERE ARE MORE THAN 12 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? (NAME)	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	BOY GIRL	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS... 1 MONTHS 2 YEARS... 3	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
03	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
04	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
05	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
06	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
07	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH

212	213	214	215	216	217	218	219	220	221
What name was given to your next baby? (NAME)	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
08	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ← BIRTH NO... 2 NEXT ↓ BIRTH
09	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ← BIRTH NO... 2 NEXT ↓ BIRTH
10	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ← BIRTH NO... 2 NEXT ↓ BIRTH
11	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ← BIRTH NO... 2 NEXT ↓ BIRTH
12	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ← BIRTH NO... 2 NEXT ↓ BIRTH
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					YES	1 1 1 1	NO	2 2 2 2
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)								
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2004 OR LATER. IF NONE, RECORD '0' AND SKIP TO 226.								<input type="text"/>



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 2004, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 229
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. 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 became pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 229
228A	Did you want to have a baby later, or did you not want any (more) children at all?	LATER 1 NO MORE 2	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 237
230	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"/>	
231	CHECK 230: LAST PREGNANCY ENDED IN <input type="checkbox"/> LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JAN. 2004 OR LATER JAN. 2004		→ 237
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
233	Since January 2004, have you had any other pregnancies that did not result in a live birth?	YES 1 NO 2	→ 235
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2004. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any miscarriages, abortions or stillbirths that ended before 2004?	YES 1 NO 2	→ 237
236	When did the last such pregnancy that terminated before 2004 end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
237	When did your last menstrual period start? <hr/> (DATE, IF GIVEN)	DAYS AGO 1 <table border="1" data-bbox="1198 149 1300 205"><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1" data-bbox="1198 205 1300 262"><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1" data-bbox="1198 262 1300 319"><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1" data-bbox="1198 319 1300 375"><tr><td></td><td></td></tr></table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996									
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	<table border="1" data-bbox="1325 632 1349 674"><tr><td></td></tr></table> → 301								
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER 6 DON'T KNOW 8									

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you heard of (METHOD)?	
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2
03	IUCD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2
04	INJECTABLES Women can have an injection by a health provide rthat stops them from becoming pregnant for one or more months.	YES 1 NO 2
05	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2
06	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2
09	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2
10	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2
11	EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.	YES 1 NO 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
309	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 322								
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 322								
311	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION A MALE STERILIZATION B IUCD C INJECTABLES D IMPLANTS E PILL F MALE CONDOM G FEMALE CONDOM H RHYTHM METHOD I WITHDRAWAL J OTHER MODERN METHOD X OTHER TRAD. METHOD Y	→ 319A								
316	In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CENTER 12 FAMILY PLANNING CLINIC 13 OTHER PUBLIC SECTOR 16 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ... 21 PRIVATE DOCTOR 22 OTHER PRIVATE MEDICAL SECTOR 26 CHAL CHAL HOSPITAL 31 CHAL HEALTH CENTER 32 OTHER 96 DON'T KNOW 98									
319	In what month and year was the sterilization performed?	MONTH 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><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR 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><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
319A	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?										
320	CHECK 319/319A, 215 AND 230: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A <input type="checkbox"/> YES NO <input type="checkbox"/> GO BACK TO 319/319A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).										
321	CHECK 319/319A: YEAR IS 2004 OR LATER YEAR IS 2003 OR EARLIER ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2004. THEN SKIP TO → 331										

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	CHECK 311: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUCD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 MALE CONDOM 07 FEMALE CONDOM 08 RHYTHM METHOD 09 WITHDRAWAL 10 OTHER MODERN METHOD 11 OTHER TRAD. METHOD 12	→ 332 → 329 → 335
326	You obtained (CURRENT METHOD FROM 323) from (SOURCE OF METHOD FROM 316 OR 324) in (DATE FROM 319/319A). At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 328
327	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES 1 NO 2	→ 329
328	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
329	CHECK 326: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>CODE '1' CIRCLED</p>  </div> <div style="text-align: center;"> <p>CODE '1' NOT CIRCLED</p>  </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>At that time, were you told about other methods of family planning that you could use?</p> </div> <div style="width: 45%;"> <p>When you obtained (CURRENT METHOD FROM 323) from (SOURCE OF METHOD FROM 316 OR 324) were you told about other methods of family planning that you could use?</p> </div> </div>	YES 1 NO 2	→ 331
330	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES 1 NO 2	
331	CHECK 311: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUCD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER METHOD 96	→ 335 → 335

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
332	<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 MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.</p> <hr/> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>OTHER PUBLIC SECTOR 13</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ... 21</p> <p>LPPA 22</p> <p>PHARMACY 23</p> <p>PRIVATE DOCTOR 24</p> <p>OTHER PRIVATE MEDICAL SECTOR 26</p> <p>CHAL</p> <p>CHAL HOSPITAL 31</p> <p>CHAL HEALTH CENTER 32</p> <p>CHAL HEALTH POST 33</p> <p>CBD 41</p> <p>COMMUNITY HEALTH WORKER ... 42</p> <p>SUPPORT GROUPS 43</p> <p>OTHER SOURCE</p> <p>SHOP 51</p> <p>CHURCH 52</p> <p>PEER EDUCATORS 53</p> <p>FRIEND/RELATIVE 54</p> <p>OTHER 96</p>	<p>→ 335</p>
333	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 335</p>
334	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.</p> <hr/> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>OTHER PUBLIC SECTOR C</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ... D</p> <p>LPPA E</p> <p>PHARMACY F</p> <p>PRIVATE DOCTOR G</p> <p>OTHER PRIVATE MEDICAL SECTOR H</p> <p>CHAL</p> <p>CHAL HOSPITAL I</p> <p>CHAL HEALTH CENTER J</p> <p>CHAL HEALTH POST K</p> <p>CBD L</p> <p>COMMUNITY HEALTH WORKER ... M</p> <p>SUPPORT GROUPS N</p> <p>OTHER SOURCE</p> <p>SHOP O</p> <p>CHURCH P</p> <p>PEER EDUCATORS Q</p> <p>FRIEND/RELATIVE R</p> <p>OTHER X</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
335	In the last 12 months, were you visited by a fieldworker or CBD who talked to you about family planning?	YES 1 NO 2	
336	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES 1 NO 2	→ 401
337	Did any staff member at the health facility speak to you about family planning methods?	YES 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: ONE OR MORE BIRTHS IN 2004 OR LATER <input type="checkbox"/> NO BIRTHS IN 2004 OR LATER <input type="checkbox"/>	576	
402	CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2004 OR LATER. 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 QUESTIONNAIRES). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)		
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NO. <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NO. <input type="text"/> <input type="text"/>
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	When you got pregnant with (NAME), did you want to become pregnant at that time? IF NO: Did you want to have a baby later, or did you not want any (more) children?	YES 1 (SKIP TO 407) ← NO 2 LATER 1 NO MORE 2 (SKIP TO 407) ←	YES 1 (SKIP TO 432) ← NO 2 LATER 1 NO MORE 2 (SKIP TO 432) ←
406	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
407	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2 (SKIP TO 417) ←	
407A	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE B OTHER PERSON TRADITIONAL BIRTH ATTENDANT C OTHER X	
408	Where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY TYPE(S) OF SOURCE(S). IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTRE ... B GOVT. HEALTH POST C OTHER PUBLIC SECTOR ... D PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC ... E OTHER PRIVATE MED. SECTOR F CHAL CHAL HOSPITAL G CHAL HEALTH CENTER ... H CHAL HEALTH POST I OTHER X	
409	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS PREGNANT <input type="text"/> <input type="text"/> DON'T KNOW 98	

	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____																		
410	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98																			
410A	How many months pregnant were you the last time you received antenatal care?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98																			
411	As part of your antenatal care during this pregnancy, were any of the following done at least once: Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>WEIGHT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HEIGHT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BP</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>URINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>			YES	NO	WEIGHT	1	2	HEIGHT	1	2	BP	1	2	URINE	1	2	BLOOD	1	2
	YES	NO																			
WEIGHT	1	2																			
HEIGHT	1	2																			
BP	1	2																			
URINE	1	2																			
BLOOD	1	2																			
412	During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?	YES 1 NO 2 (SKIP TO 414) ← DON'T KNOW 8																			
413	Were you told where to go if you had any of these complications?	YES 1 NO 2 DON'T KNOW 8																			
414	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 417) ← DON'T KNOW 8																			
415	During this pregnancy, how many times did you get this 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 421)																			
417	At any time before this pregnancy, did you receive any tetanus injections, either to protect yourself or another baby?	YES 1 NO 2 (SKIP TO 421) ← DON'T KNOW 8																			
418	Before this pregnancy, how many other times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8																			
419	In what month and year did you receive the last tetanus injection before this pregnancy?	MONTH <input type="text"/> <input type="text"/> DK MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 421) ← DK YEAR 9998																			

	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
420	How many years ago did you receive that tetanus injection?	YEARS AGO <input type="text"/> <input type="text"/>	
421	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	YES 1 NO 2 (SKIP TO 424) ← DON'T KNOW 8	
422	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998 998	
424	During this pregnancy, did you have difficulty with your vision during daylight?	YES 1 NO 2 DON'T KNOW 8	
425	During this pregnancy, did you suffer from night blindness?	YES 1 NO 2 DON'T KNOW 8	
432	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE ... 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	
433	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 435) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 435) ← DON'T KNOW 8
434	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> DON'T KNOW 99.998	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> DON'T KNOW 99.998
435	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 COM. HEALTH WORKER ... C OTHER PERSON TRADITIONAL BIRTH ATTENDANT E TRADITIONAL HEALER ... F RELATIVE/FRIEND G OTHER X NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR A NURSE B COM. HEALTH WORKER ... C OTHER PERSON TRADITIONAL BIRTH ATTENDANT E TRADITIONAL HEALER ... F RELATIVE/FRIEND G OTHER X NO ONE ASSISTED Y

	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
436	<p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE FOR LAST BIRTH)</p> <p>_____ (NAME OF PLACE FOR SECOND-TO-LAST BIRTH)</p>	<p>HOME YOUR HOME 11 (SKIP TO 443) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST ... 23 OTHER PUBLIC SECTOR ... 26</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC 31 OTHER PRIVATE MEDICAL SECTOR 36</p> <p>CHAL CHAL HOSPITAL 41 CHAL HEALTH CENTER ... 42 CHAL HEALTH POST 43 OTHER 96</p>	<p>HOME YOUR HOME 11 (SKIP TO 455) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST ... 23 OTHER PUBLIC SECTOR ... 26</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC 31 OTHER PRIVATE MEDICAL SECTOR 36</p> <p>CHAL CHAL HOSPITAL 41 CHAL HEALTH CENTER ... 42 CHAL HEALTH POST 43 OTHER 96</p>
437	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <input type="text"/></p> <p>DAYS 2 <input type="text"/></p> <p>WEEKS 3 <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>HOURS 1 <input type="text"/></p> <p>DAYS 2 <input type="text"/></p> <p>WEEKS 3 <input type="text"/></p> <p>DON'T KNOW 98</p>
438	<p>Was (NAME) delivered by caesarean section?</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>
439	<p>Before you were discharged after (NAME) was born, did any health care provider check on your health?</p>	<p>YES 1 NO 2 (SKIP TO 442) ←</p>	
440	<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 <input type="text"/></p> <p>DAYS 2 <input type="text"/></p> <p>WEEKS 3 <input type="text"/></p> <p>DON'T KNOW 998</p>	
441	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR 11 NURSE 12 COM. HEALTH WORKER 13</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 TRADITIONAL HEALER ... 22 RELATIVE/FRIEND 23 OTHER 96</p>	
442	<p>After you were discharged, did any health care provider or a traditional birth attendant check on your health?</p>	<p>YES 1 (SKIP TO 446) ←</p> <p>NO 2 (SKIP TO 449) ←</p>	

	LINE NUMBER FROM 212	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____												
443	Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED.	COST TOO MUCH A FACILITY NOT OPEN B TOO FAR/ NO TRANS- PORTATION C DON'T TRUST FACILITY/ POOR QUALITY SERVICE ... D NEAREST FACILITY DOES NOT PROVIDE SERVICES ... E HUSBAND/FAMILY DID NOT ALLOW F NOT NECESSARY G NOT CUSTOMARY H OTHER X													
444	After (NAME) was born, did any health care provider or a traditional birth attendant check on your health?	YES 1 NO 2 (SKIP TO 449) ←													
445	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW 998													
446	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE 12 COM. HEALTH WORKER . . 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 TRADITIONAL HEALER ... 22 RELATIVE/FRIEND 23 OTHER 96													
447	Where did this first check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST ... 23 OTHER PUBLIC SECTOR ... 26 PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC. 31 OTHER PRIVATE MEDICAL SECTOR 36 CHAL CHAL HOSPITAL 41 CHAL HEALTH CENTER 42 CHAL HEALTH POST 43 OTHER 96													

	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
448	CHECK 442:	YES <input type="checkbox"/> (SKIP TO 453)	
		NOT ASKED <input type="checkbox"/> (SKIP TO 453)	
449	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES 1 NO 2 (SKIP TO 453) ← DON'T KNOW 8	
450	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH 1 DAYS AFTER BIRTH 2 WKS AFTER BIRTH 3 DON'T KNOW 998	
451	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE 12 COM. HEALTH WORKER 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 TRADITIONAL HEALER ... 22 RELATIVE/FRIEND 23 OTHER 96	
452	Where did this first check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST ... 23 OTHER PUBLIC SECTOR ... 26 PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PRIVATE MEDICAL SECTOR 36 CHAL CHAL HOSPITAL 41 CHAL HEALTH CENTER ... 42 CHAL HEALTH POST 43 OTHER 96	

	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
453	In the first two months after delivery, did you receive a vitamin A dose (like this/any of these)? SHOW COMMON TYPES OF CAPSULES.	YES 1 NO 2 DON'T KNOW 8	
454	Has your menstrual period returned since the birth of (NAME)?	YES 1 (SKIP TO 456) ← NO 2 (SKIP TO 457) ←	
455	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 459) ←
456	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
457	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> NANT PREGNANT OR <input type="checkbox"/> UNSURE (SKIP TO 459) ←	
458	Have you begun to have sexual intercourse again since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 460) ←	
459	For how many months after the birth of (NAME) did you <u>not</u> have sexual intercourse?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
460	Did you ever breastfeed (NAME)?	YES 1 (SKIP TO 461) ← NO 2	YES 1 (SKIP TO 461) ← NO 2
460A	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> ↓ (SKIP TO 470) DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 501)	
461	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"/>	
462	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 464) ←	

	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
463	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRIPE WATER D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H HONEY I OTHER X	
464	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 466) ↙	
465	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 468) ← NO 2	
466	For how many months did you breastfeed (NAME)?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> STILL BREASTFEEDING ... 95 DON'T KNOW 98
467	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 470) (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 470) (GO BACK TO 405 IN NEXT -TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE BIRTHS, GO TO 501)
468	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS <input type="text"/> <input type="text"/>	
469	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS <input type="text"/> <input type="text"/>	
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 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
507	<p>Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign?</p> <p>RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINES.</p>	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 512) NO 2 (SKIP TO 512) DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 512) NO 2 (SKIP TO 512) DON'T KNOW 8		
508	<p>Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization campaign?</p>	YES 1 NO 2 (SKIP TO 512) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 512) DON'T KNOW 8		
509	<p>Please tell me if (NAME) received any of the following vaccinations:</p>				
509A	<p>A BCG vaccination against tuberculosis, that is, an injection in the left forearm or upper arm that usually causes a scar?</p>	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8		
509B	<p>Polio vaccine, that is, drops in the mouth?</p>	YES 1 NO 2 (SKIP TO 509E) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 509E) DON'T KNOW 8		
509C	<p>Was the first polio vaccine received in the first two weeks after birth or later?</p>	FIRST 2 WEEKS 1 LATER 2	FIRST 2 WEEKS 1 LATER 2		
509D	<p>How many times was the polio vaccine received?</p>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>		
509E	<p>A DPT vaccination, that is, an injection given in the thigh, sometimes at the same time as polio drops?</p>	YES 1 NO 2 (SKIP TO 509G) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 509G) DON'T KNOW 8		
509F	<p>How many times was a DPT vaccination received?</p>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>		
509G	<p>A measles injection--that is a shot in the right arm at the age of 9 months or older - to prevent him/her from getting measles?</p>	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8		
509H	<p>An injection to prevent Hepatitis B given in the right thigh, usually at the same time as polio and DPT vaccinations?</p>	YES 1 NO 2 (SKIP TO 512) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 512) DON'T KNOW 8		
509I	<p>How many times?</p>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
512	CHECK 506: DATE SHOWN FOR VITAMIN A DOSE	DATE FOR THE MOST RECENT VITAMIN A DOSE [] ↓	OTHER [] (SKIP TO 514) ←	DATE FOR THE MOST RECENT VITAMIN A DOSE [] ↓	OTHER [] (SKIP TO 514) ←
513	According to (NAME)'s health card, he/she received a vitamin A dose (like this/any of these) in (MONTH AND YEAR OF MOST RECENT DOSE FROM CARD). Has (NAME) received another vitamin A dose since then? SHOW COMMON TYPES OF CAPSULES.	YES 1 (SKIP TO 515) ←	NO 2 DON'T KNOW 8 (SKIP TO 517) ←	YES 1 (SKIP TO 515) ←	NO 2 DON'T KNOW 8 (SKIP TO 517) ←
514	HAS (NAME) ever received a vitamin A dose (like this/any of these)? SHOW COMMON TYPES OF CAPSULES.	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 517) ←		YES 1 NO 2 DON'T KNOW 8 (SKIP TO 517) ←	
515	Has (NAME) received a vitamin A dose like (this/any of these) within the last six months? SHOW COMMON TYPES OF CAPSULES.	YES 1 NO 2 DON'T KNOW 8		YES 1 NO 2 DON'T KNOW 8	
517	Has (NAME) taken any drug for intestinal worms in the last six months?	YES 1 NO 2 DON'T KNOW 8		YES 1 NO 2 DON'T KNOW 8	
518	Has (NAME) had diarrhoea in the last 2 weeks, that is three or more loose stools per day?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 533) ←		YES 1 NO 2 DON'T KNOW 8 (SKIP TO 533) ←	
519	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8		YES 1 NO 2 DON'T KNOW 8	
520	Now I would like to know how much (NAME) was given to drink during the diarrhoea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8		MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	
521	When (NAME) had diarrhoea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8		MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
522	Did you seek advice or treatment for the diarrhoea from any source?	YES 1 NO 2 (SKIP TO 528) ←		YES 1 NO 2 (SKIP TO 528) ←	
523	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT HEALTH POST C OTHER PUBLIC SECTOR ... D PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC E PHARMACY F PVT DOCTOR G OTHER PRIVATE MEDICAL SECTOR H CHAL CHAL HOSPITAL I CHAL HEALTH CENTER J CHAL HEALTH POST K COMMUNITY HEALTH WORKER/SUPPORT GROUPS L OTHER SOURCE SHOP M TRADITIONAL HEALER N OTHER X		PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT HEALTH POST C OTHER PUBLIC SECTOR ... D PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC E PHARMACY F PVT DOCTOR G OTHER PRIVATE MEDICAL SECTOR H CHAL CHAL HOSPITAL I CHAL HEALTH CENTER J CHAL HEALTH POST K COMMUNITY HEALTH WORKER/SUPPORT GROUPS L OTHER SOURCE SHOP M TRADITIONAL HEALER N OTHER X	
524	CHECK 523:	TWO OR MORE CODES CIRCLED <input type="checkbox"/> MORE CODES CIRCLED ↓ (SKIP TO 528) ←	ONLY ONE CODE CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED ↓ (SKIP TO 528) ←	TWO OR MORE CODES CIRCLED <input type="checkbox"/> MORE CODES CIRCLED ↓ (SKIP TO 528) ←	ONLY ONE CODE CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED ↓ (SKIP TO 528) ←
525	Where did you first seek advice or treatment? USE LETTER CODE FROM 523.	FIRST PLACE <input type="checkbox"/>		FIRST PLACE <input type="checkbox"/>	
528	Was he/she given any of the following to drink at any time since he/she started having the diarrhoea: a) A fluid made from a special packet called Motsoako or ORS? b) A health clinic-recommended homemade sugar-salt solution?	YES NO DK FLUID FROM ORS PKT 1 2 8 SUGAR-SALT SOLUTION 1 2 8		YES NO DK FLUID FROM ORS PKT 1 2 8 SUGAR-SALT SOLUTION 1 2 8	
529	Was anything (else) given to treat the diarrhoea?	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
530	What (else) was given to treat the diarrhoea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP A INJECTION B (IV) INTRAVENOUS..... C HOME REMEDY/ HERBAL MEDICINE..... D OTHER X		PILL OR SYRUP A INJECTION B (IV) INTRAVENOUS..... C HOME REMEDY/ HERBAL MEDICINE..... D OTHER E	
533	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 534) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 534) ← DON'T KNOW 8	
533A	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	YES 1 NO 2 DON'T KNOW 8		YES 1 NO 2 DON'T KNOW 8	
534	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8	
535	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES 1 NO 2 (SKIP TO 538) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 538) ← DON'T KNOW 8	
536	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 DON'T KNOW 8 (SKIP TO 538) ←		CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 DON'T KNOW 8 (SKIP TO 538) ←	
537	CHECK 533: HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 573)		YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 573)	
538	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8		MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
539	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8		MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	
540	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 545) ←		YES 1 NO 2 (SKIP TO 545) ←	
541	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S)) LAST BIRTH _____ (NAME OF PLACE(S)) NEXT-TO-LAST BIRTH	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT HEALTH POST C OTHER PUBLIC SECTOR D PRIVATE MEDICAL SECTOR PVT HOSPITAL/CLINIC E PHARMACY F PVT DOCTOR G OTHER PRIVATE MEDICAL SECTOR H CHAL CHAL HOSPITAL I CHAL HEALTH CENTER J CHAL HEALTH POST K COMMUNITY HLTH. WORKER/ SUPPORT GROUPS L OTHER SOURCE SHOP M TRADITIONAL HEALER N OTHER X		PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT HEALTH POST C OTHER PUBLIC SECTOR D PRIVATE MEDICAL SECTOR PVT HOSPITAL/CLINIC E PHARMACY F PVT DOCTOR G OTHER PRIVATE MEDICAL SECTOR H CHAL CHAL HOSPITAL I CHAL HEALTH CENTER J CHAL HEALTH POST K COMMUNITY HLTH. WORKER/ SUPPORT GROUPS L OTHER SOURCE SHOP M TRADITIONAL HEALER N OTHER X	
542	CHECK 541:	TWO OR MORE CODES CIRCLED <input type="checkbox"/> MORE CODES CIRCLED ↓ (SKIP TO 544) ←	ONLY ONE CODE CIRCLED ONLY ONE CODE CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED ↓ (SKIP TO 544) ←	TWO OR MORE CODES CIRCLED <input type="checkbox"/> MORE CODES CIRCLED ↓ (SKIP TO 544) ←	ONLY ONE CODE CIRCLED ONLY ONE CODE CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED ↓ (SKIP TO 544) ←
543	Where did you first seek advice or treatment? USE LETTER CODE FROM 541.	FIRST PLACE <input type="checkbox"/>		FIRST PLACE <input type="checkbox"/>	
544	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"/>	
545	Is (NAME) still sick with a (fever/cough)?	FEVER ONLY 1 COUGH ONLY 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DON'T KNOW 8		FEVER ONLY 1 COUGH ONLY 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
546	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573) DON'T KNOW 8	YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573) DON'T KNOW 8
547	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	PARACETAMOL A IBUPROFEN B ASPIRIN C OTHER X DON'T KNOW Z	PARACETAMOL A IBUPROFEN B ASPIRIN C OTHER X DON'T KNOW Z
572		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
573	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2004 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> → 576 RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 574) _____ (NAME)		
574	The last time (NAME FROM 573) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE... 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER 96	
575	CHECK 528(a) AND 528(b), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> → 577		
576	Have you ever heard of a special product called ORS or Motsoako you can get for the treatment of diarrhoea?	YES 1 NO 2	
577	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2007 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> → 601 RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 578) _____ (NAME)		
578A	I would like to ask you about liquids or foods that (NAME FROM 577) 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 577) drink plain water yesterday, during the day or night?	YES 1 NO 2 DON'T KNOW 8	
578B	Did (NAME) drink infant formula yesterday?	YES 1 NO 2 DON'T KNOW 8	→ 578D
578C	How many times did (NAME) have infant formula?	NUMBER OF TIMES <input type="text"/> <input type="text"/>	
578D	Did (NAME) drink milk, such as tinned, powdered, or fresh animal milk yesterday?	YES 1 NO 2 DON'T KNOW 8	→ 578F
578E	How many times did (NAME) drink tinned, powdered or fresh milk?	NUMBER OF TIMES <input type="text"/> <input type="text"/>	
578F	Did (NAME) drink juice or juice drinks?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
578G	Did (NAME) drink or eat soup?	YES 1 NO 2 DON'T KNOW 8	
578H	Did (NAME) drink any other liquids?	YES 1 NO 2 DON'T KNOW 8	
578I	Did (NAME) drink or eat yoghurt?	YES 1 NO 2 DON'T KNOW 8	→ 578K
578J	How many times did (NAME) have yoghurt?	NUMBER OF TIMES <input type="text"/> <input type="text"/>	
578K	Did (NAME) drink or eat any (COMMERCIALY FORTIFIED BABY FOOD), such as Nestum, Cerelac, and Purity?	YES 1 NO 2 DON'T KNOW 8	
578L	Did (NAME) eat bread, rice, noodles, or other foods made of grains?	YES 1 NO 2 DON'T KNOW 8	
578M	Did (NAME) eat pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside yesterday, during the day or night?	YES 1 NO 2 DON'T KNOW 8	
578N	Did (NAME) eat white potatoes, white yams, manioc, cassava, or any other foods made of roots?	YES 1 NO 2 DON'T KNOW 8	
578O	Did (NAME) eat any dark green vegetables, such as broccoli, beet, kale, mustard laeves, pumpkin leaves, turnip leaves, wild moroho, pepper, spinach, swiss chard, cabbage?	YES 1 NO 2 DON'T KNOW 8	
578Q	Did (NAME) eat ripe mangoes, papayas, apricots, peaches, gooseberries, fresh or dried?	YES 1 NO 2 DON'T KNOW 8	
578R	Did (NAME) eat any other fruits or vegetables such as bananas, apples/apple sauce, citrus fruit, figs, pears, plums, cauliflower, eggplant, mushrooms, green beans, avocados, and tomatoes?	YES 1 NO 2 DON'T KNOW 8	
578S	Did (NAME) eat liver, kidney, heart or other organ meats?	YES 1 NO 2 DON'T KNOW 8	
578T	Did (NAME) eat any meat, such as beef, pork, lamb, goat, chicken, or duck?	YES 1 NO 2 DON'T KNOW 8	
578U	Did (NAME) eat eggs?	YES 1 NO 2 DON'T KNOW 8	
578V	Did (NAME) eat fresh or dried fish or shellfish?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
578W	Did (NAME) eat any foods made from beans, peas, lentils, or nuts?	YES 1 NO 2 DON'T KNOW 8	
578X	Did (NAME) eat cheese or other food made from milk?	YES 1 NO 2 DON'T KNOW 8	
591A	CHECK 578 (CATEGORIES "I" THROUGH "X"): <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ALL "NO" <input style="width: 30px; height: 20px;" type="checkbox"/> ↓ </div> <div style="text-align: center;"> AT LEAST ONE "YES" <input style="width: 30px; height: 20px;" type="checkbox"/> OR ALL DKs </div> </div>		→ 592
591B	Did (NAME) eat solid or semi-solid (mushy) food yesterday, during the day or night?	YES 1 (GO BACK TO 578 TO RECORD ← FOOD EATEN YESTERDAY) NO 2 DON'T KNOW 8	→ 601A
592	How many times did (NAME) have solid or semi-solid (mushy) food? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input style="width: 30px; height: 20px;" type="checkbox"/> DON'T KNOW 8	

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
601A	CHECK 102D: AGREED TO MEASUREMENT <input type="checkbox"/> ↓ DID NOT AGREE TO MEASUREMENT <input type="checkbox"/> → 601														
601B	May I measure your blood pressure at this time? INTERVIEWER SIGNATURE _____ DATE _____ RESPONDENT AGREES <input type="checkbox"/> ↓ RECORD OUTCOME OF BLOOD PRESSURE MEASUREMENT. RESPONDENT DOES NOT AGREE <input type="checkbox"/> ↓ RECORD 9994.	BLOOD PRESSURE MEASURED SYSTOLIC <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table> DIASTOLIC <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table> REASON BLOOD PRESSURE NOT MEASURED REFUSED 9994 TECHNICAL PROBLEMS 9995 OTHER 9996													
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	<input type="checkbox"/> → 604												
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	<input type="checkbox"/> → 617												
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> → 609												
604	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2													
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>													
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	<input type="checkbox"/> → 611												
610	CHECK 603: IS RESPONDENT CURRENTLY WIDOWED? CURRENTLY WIDOWED <input type="checkbox"/> → 613 NOT ASKED OR CURRENTLY DIVORCED/SEPARATED <input type="checkbox"/> → 615														
611	CHECK 603: IS RESPONDENT CURRENTLY WIDOWED? NOT ASKED <input type="checkbox"/> ↓ CURRENTLY WIDOWED <input type="checkbox"/> → 613 CURRENTLY DIVORCED/SEPARATED <input type="checkbox"/> → 615														

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	How did your previous marriage or union end?	DEATH/WIDOWHOOD 1 DIVORCE 2 SEPARATION 3	→ 615
613	To whom did most of your late husband's property go to?	RESPONDENT 1 OTHER WIFE 2 SPOUSE'S CHILDREN 3 SPOUSE'S FAMILY 4 OTHER 6 NO PROPERTY 7	→ 615
614	Did you receive any of your late husband's assets or valuables?	YES 1 NO 2	
615	CHECK 609: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN ONLY ONCE ↓ <input type="checkbox"/> </div> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN MORE THAN ONCE ↓ <input type="checkbox"/> </div> </div> In what month and year did you start living with your (husband/partner)? Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?	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	→ 617
616	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
617	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
618	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. 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"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	→ 641
621	CHECK 107: AGE <input type="checkbox"/> 15-24 ↓ AGE <input type="checkbox"/> 25-49 ↓ → 626		
622	The <u>first</u> time you had sexual intercourse, was a male or female condom used?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER ... 8	
626	When was the <u>last</u> time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 <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"/>	→ 640

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
626A	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. → SKIP TO 628			
627	When was the last time you had sexual intercourse with this person?		DAYS . 1 <input type="text"/> WEEKS 2 <input type="text"/> MONTHS 3 <input type="text"/>	DAYS . 1 <input type="text"/> WEEKS 2 <input type="text"/> MONTHS 3 <input type="text"/>
628	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES, MALE COND. 1 YES, FEMALE COND. 2 NO 3 (SKIP TO 630) ←	YES, MALE COND. 1 YES, FEMALE COND. 2 NO 3 (SKIP TO 630) ←	YES, MALE COND. 1 YES, FEMALE COND. 2 NO 3 (SKIP TO 630) ←
629	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
630	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	SPOUSE 01 COHABITING PARTNER 02 BOYFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL 04 ACQUAINTANCE 05 RELATIVE 05 PROSTITUTE 06 OTHER 96 (ALL SKIP TO 631) ←	SPOUSE 01 COHABITING PARTNER 02 BOYFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL 04 ACQUAINTANCE 05 RELATIVE 05 PROSTITUTE 06 OTHER 96 (ALL SKIP TO 631) ←	SPOUSE 01 COHABITING PARTNER 02 BOYFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL 04 ACQUAINTANCE 05 RELATIVE 05 PROSTITUTE 06 OTHER 96 (ALL SKIP TO 631) ←
630A	CHECK 609:	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE (SKIP TO 631) <input type="checkbox"/>	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE (SKIP TO 631) <input type="checkbox"/>	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE (SKIP TO 631) <input type="checkbox"/>
630B	CHECK 618:	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 631A) ↓	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 631A) ↓	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 631A) ↓
631	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS . 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	DAYS . 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	DAYS . 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>
631A	How many times during the last 12 months did you have sexual intercourse with this person?	NUMBER OF TIMES <input type="text"/> RECORD 95 IF 95 OR MORE	NUMBER OF TIMES <input type="text"/> RECORD 95 IF 95 OR MORE	NUMBER OF TIMES <input type="text"/> RECORD 95 IF 95 OR MORE
633	How old is this person?	AGE OF PARTNER <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> DON'T KNOW 98

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
638	<p>Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES 1 (GO BACK TO 627 IN NEXT COLUMN) NO 2 (SKIP TO 640)</p>	<p>YES 1 (GO BACK TO 627 IN NEXT COLUMN) NO 2 (SKIP TO 640)</p>	
639	<p>In total, with how many different people have you had sexual intercourse in the last 12 months?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>			<p>NUMBER OF PARTNERS LAST 12 MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ... 98</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
640	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98																			
640A	PRESENCE OF OTHERS DURING THIS SECTION	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>MALE ADULTS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FEMALE ADULTS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MALE YOUTHS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FEMALE YOUTHS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CHILDREN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	MALE ADULTS	1	2	FEMALE ADULTS	1	2	MALE YOUTHS	1	2	FEMALE YOUTHS	1	2	CHILDREN	1	2	
	YES	NO																			
MALE ADULTS	1	2																			
FEMALE ADULTS	1	2																			
MALE YOUTHS	1	2																			
FEMALE YOUTHS	1	2																			
CHILDREN	1	2																			
641	Do you know of a place where a person can get male condoms?	YES 1 NO 2	→ 644																		
642	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B OTHER PUBLIC SECTOR C PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC D LPPA E PHARMACY F PRIVATE DOCTOR G OTHER MEDICAL SECTOR H CHAL CHAL HOSPITAL I CHAL HEALTH CENTER J CHAL HEALTH POST K CBD L COMMUNITY HEALTH WORKER/ SUPPORT GROUPS M OTHER SOURCE SHOP N CHURCH O FRIENDS/RELATIVES P PEER EDUCATORS Q OTHER X																			
643	If you wanted to, could you yourself get a male condom?	YES 1 NO 2 DON'T KNOW/UNSURE 8																			
644	Do you know of a place where a person can get female condoms?	YES 1 NO 2	→ 701																		
645	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B OTHER PUBLIC SECTOR C PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC D LPPA E PHARMACY F PRIVATE DOCTOR G OTHER MEDICAL SECTOR H CHAL CHAL HOSPITAL I CHAL HEALTH CENTER J CHAL HEALTH POST K CBD L COMMUNITY HEALTH WORKER/ SUPPORT GROUPS M OTHER SOURCE SHOP N CHURCH O FRIENDS/RELATIVES P PEER EDUCATORS Q OTHER X																			
646	If you wanted to, could you yourself get a female condom?	YES 1 NO 2 DON'T KNOW/UNSURE 8																			

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 311: NEITHER <input type="checkbox"/> STERILIZED HE OR SHE <input type="checkbox"/> STERILIZED		→ 713
701A	CHECK 226: PREGNANT <input type="checkbox"/> NOT PREGNANT <input type="checkbox"/> OR UNSURE		→ 702B
702A	Now I have some questions about the future. After the birth of the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 UNDECIDED/DON'T KNOW 8	→ 703 → 709 → 709
702B	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	→ 705 → 713 → 708
703	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 YEARS 2 SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 DON'T KNOW 998	→ 708 → 713 → 708
704	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE PREGNANT <input type="checkbox"/>		→ 709
705	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→ 713
706	CHECK 703: NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		→ 709

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	<p>CHECK 702:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want a (another) child soon.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want any (more) children.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY . D</p> <p>SAYS SHE CAN'T GET PREGNANT. E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED . J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS/CONCERN</p> <p>ABOUT SIDE EFFECTS O</p> <p>LACK OF ACCESS/TOO FAR P</p> <p>COSTS TOO MUCH Q</p> <p>PREFERRED METHOD NOT AVAILABLE R</p> <p>NO METHOD AVAILABLE S</p> <p>INCONVENIENT TO USE T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES U</p> <p>OTHER X</p> <p>DON'T KNOW Z</p>	
708	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>↓</p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>↓</p> <p>YES, CURRENTLY USING <input type="checkbox"/></p> <p>→ 713</p>		
709	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
713	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00 → 715</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER 96 → 715</p>	
714	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER 96</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
715	In the last three months have you: Heard about family planning on the radio? Seen about family planning on the television? Read about family planning in a newspaper or magazine? Read about family planning on billboards, posters, pamphlets?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>RADIO</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE ...</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>BILLBRDS/POSTERS/PAMPH...</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER OR MAGAZINE ...	1	2	BILLBRDS/POSTERS/PAMPH...	1	2	
	YES	NO																
RADIO	1	2																
TELEVISION	1	2																
NEWSPAPER OR MAGAZINE ...	1	2																
BILLBRDS/POSTERS/PAMPH...	1	2																
717	CHECK 601: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>	→ 801																
718	CHECK 310: CURRENTLY USING <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/>	→ 722																
719	Does your husband/partner know that you are using a method of family planning?	YES 1 NO 2 DON'T KNOW 8																
720	Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER 6																
721	CHECK 311: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>	→ 801																
722	Does your husband/partner want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8																

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	<p>CHECK 601 AND 602:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/></p>		<p>→ 803</p> <p>→ 807</p>
802	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
803	Did your (last) husband/partner ever attend school?	<p>YES 1</p> <p>NO 2</p>	→ 806
804	What was the highest level of school he attended: primary, secondary, or higher?	<p>PRIMARY 1</p> <p>VOCATIONAL/TECHNICAL TRAINING AFTER PRIMARY 2</p> <p>SECONDARY/HIGH 3</p> <p>VOCATIONAL/TECHNICAL TRAINING AFTER SECONDARY/HIGH ... 4</p> <p>COLLEGE 5</p> <p>GRADUATE/POST GRADUATE ... 6</p> <p>DON'T KNOW 8</p>	→ 806
805	What was the highest (standard/form/year) he completed at that level?	<p>STANDARD/FORM/YEAR <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
806	<p>CHECK 801:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>What is your husband's/partner's occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) husband's/partner's occupation? That is, what kind of work did he mainly do?</p>	<p><input type="text"/> <input type="text"/></p> <p>_____</p> <p>_____</p> <p>_____</p>	
807	Aside from your own housework, have you done any work in the last seven days?	<p>YES 1</p> <p>NO 2</p>	→ 811
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	<p>YES 1</p> <p>NO 2</p>	→ 811
809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	<p>YES 1</p> <p>NO 2</p>	→ 811
810	Have you done any work in the last 12 months?	<p>YES 1</p> <p>NO 2</p>	→ 818
811	What is your occupation, that is, what kind of work do you mainly do?	<p><input type="text"/> <input type="text"/></p> <p>_____</p> <p>_____</p> <p>_____</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812	CHECK 811: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 814
813	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
814	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	
815	Do you usually work at home or away from home?	HOME 1 AWAY 2	
816	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	
817	Are you paid in cash or in kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
818	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 826B
819	CHECK 817: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 822
820	Who usually decides how the money you earn will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 OTHER 6	
821	Would you say that the money that you earn is more than what your husband/partner earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY 4 DON'T KNOW 8	→ 823
822	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
823	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 & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 6 1 2 3 4 6	
824	Who usually makes decisions about making major household purchases?	1 2 3 4 6	
825	Who usually makes decisions about making purchases for daily household needs?	1 2 3 4 6	
826	Who usually makes decisions about visits to your family or relatives?	1 2 3 4 6	
826A	Who usually makes decisions about what food should be cooked each day?	1 2 3 4 6	
826B	Do you personally own any land?	YES 1 NO 2	→ 826D
826C	Do you own the land alone or jointly with someone else?	ALONE 1 JOINTLY WITH HUSBAND 2 JOINTLY WITH SOMEONE 3 BOTH ALONE AND JOINTLY 4	
826D	Do you personally own this or any other house?	YES 1 NO 2	→ 827
826E	Do you own it alone or jointly with someone else?	ALONE 1 JOINTLY WITH HUSBAND 2 JOINTLY WITH SOMEONE 3 BOTH ALONE AND JOINTLY 4	
827	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES./ PRES./ NOT LISTEN. NOT PRES. LISTEN. CHILDREN < 10 1 2 3 HUSBAND 1 2 3 OTHER MALES 1 2 3 OTHER FEMALES ... 1 2 3	
828	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food? If she refuses to let her husband decide how she should use her pay?	YES NO DK GOES OUT 1 2 8 NEGL. CHILDREN ... 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNS FOOD 1 2 8 USE HER PAY 1 2 8	

SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 942																				
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8																					
903	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																					
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																					
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																					
906	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES 1 NO 2 DON'T KNOW 8																					
907	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																					
908	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																					
909	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>DURING PREG.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BREASTFEEDING ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY ...	1	2	8	BREASTFEEDING ...	1	2	8					
	YES	NO	DK																				
DURING PREG.	1	2	8																				
DURING DELIVERY ...	1	2	8																				
BREASTFEEDING ...	1	2	8																				
910	CHECK 909: AT LEAST <input type="checkbox"/> OTHER <input type="checkbox"/> ONE 'YES' ↓		→ 912																				
911	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																					
912	Have you heard about special antiretroviral drugs (ART) that people infected with the AIDS virus can get from a doctor or a nurse to help them live longer?	YES 1 NO 2 DON'T KNOW 8																					
913	CHECK 208 AND 215: NO BIRTHS <input type="checkbox"/> → 922 LAST BIRTH SINCE <input type="checkbox"/> LAST BIRTH BEFORE <input type="checkbox"/> JANUARY 2004 ↓ JANUARY 2004 → 922																						
914	CHECK 407 FOR LAST BIRTH: HAD <input type="checkbox"/> NO <input type="checkbox"/> ANTENATAL CARE ↓ ANTENATAL CARE → 922																						
914A	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																						
915	During any of the antenatal visits for your last birth, did anyone talk to you about: Babies getting the AIDS virus from their mother? Things that you can do to prevent getting the AIDS virus? Getting tested for the AIDS virus? Special medications that can be taken by pregnant women to reduce the risk of transmission of HIV to their baby?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>AIDS FROM MOTHER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>THINGS TO DO ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TESTED FOR AIDS .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MEDICATIONS ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	AIDS FROM MOTHER	1	2	8	THINGS TO DO ...	1	2	8	TESTED FOR AIDS .	1	2	8	MEDICATIONS ...	1	2	8	
	YES	NO	DK																				
AIDS FROM MOTHER	1	2	8																				
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TESTED FOR AIDS .	1	2	8																				
MEDICATIONS ...	1	2	8																				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
916	Were you offered a test for the AIDS virus as part of your antenatal care?	YES 1 NO 2	
917	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	YES 1 NO 2	→ 922
917A	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER 12 OTHER PUBLIC SECTOR 13 PRIVATE MEDICAL SECTOR PVT HOSPITAL/CLINIC 21 LPPA 22 PHARMACY 23 PVT DOCTOR 24 OTHER PRIVATE MEDICAL SECTOR 26 CHAL CHAL HOSPITAL 31 CHAL HEALTH CENTER 32 COMMUNITY HEALTH WORKER/ SUPPORT GROUPS 41 OTHER 96	
918	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
918A	Regardless of the result, all women who are tested are supposed to receive counseling after getting the result. Did you receive post-test counseling?	YES 1 NO 2 DON'T KNOW 8	
920	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES 1 NO 2	→ 927
921	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS AGO 96	→ 929
922	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→ 927
923	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS AGO 96	
924	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST 1 OFFERED AND ACCEPTED 2 REQUIRED 3	
925	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
926	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>OTHER PUBLIC SECTOR 13</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT HOSPITAL/CLINIC 21</p> <p>LPPA 22</p> <p>PHARMACY 23</p> <p>PVT DOCTOR 24</p> <p>OTHER PRIVATE MEDICAL SECTOR 26</p> <p>CHAL</p> <p>CHAL HOSPITAL 31</p> <p>CHAL HEALTH CENTER 32</p> <p>COMMUNITY HEALTH WORKER/SUPPORT GROUPS 41</p> <p>OTHER 96</p>	<p>→ 929</p>
927	<p>Do you know of a place where people can go to get tested for the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 929</p>
928	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>OTHER PUBLIC SECTOR C</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT HOSPITAL/CLINIC D</p> <p>LPPA E</p> <p>PHARMACY F</p> <p>PVT DOCTOR G</p> <p>OTHER PRIVATE MEDICAL SECTOR H</p> <p>CHAL</p> <p>CHAL HOSPITAL I</p> <p>CHAL HEALTH CENTER J</p> <p>COMMUNITY HEALTH WORKER/SUPPORT GROUPS K</p> <p>OTHER X</p>	
929	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DONT KNOW 8</p>	
930	<p>If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
931	<p>If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
932	<p>In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?</p>	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
932A	<p>In your opinion, if a male teacher has the AIDS virus but is not sick, should he be allowed to continue teaching in the school?</p>	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
933	<p>Do you personally know someone who has been denied health services in the last 12 months because he or she has or is suspected to have the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK ANYONE WITH AIDS 3</p>	<p>→ 938</p>
934	<p>Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she has or is suspected to have the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
935	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES 1 NO 2	
938	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	
939	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	
940	Should children age 12-14 be taught about using a condom to avoid getting HIV?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
941	CHECK 938, 939, AND 940: OTHER <input type="checkbox"/> AT LEAST ONE 'YES/AGREE' <input type="checkbox"/> → 942		
941A	Do you personally know someone who has or is suspected to have the AIDS virus?	YES 1 NO 2	
942	CHECK 901: HEARD ABOUT AIDS <input type="checkbox"/> NOT HEARD ABOUT AIDS <input type="checkbox"/> Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	
943	CHECK 618: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/> → 951		
944	CHECK 942: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/> → 946		
945	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
946	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES 1 NO 2 DON'T KNOW 8	
947	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DON'T KNOW 8	
948	CHECK 945, 946, AND 947: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/> → 951		
949	The last time you had (PROBLEM FROM 945/946/947), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 950A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
950	<p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>OTHER PUBLIC SECTOR C</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT HOSPITAL/CLINIC D</p> <p>LPPA E</p> <p>PHARMACY F</p> <p>PVT DOCTOR G</p> <p>OTHER PRIVATE MEDICAL SECTOR H</p> <p>CHAL</p> <p>CHAL HOSPITAL I</p> <p>CHAL HEALTH CENTER J</p> <p>COMMUNITY HEALTH WORKER/ SUPPORT GROUPS K</p> <p>FRIENDS/RELATIVES L</p> <p>TRADITIONAL HEALER M</p> <p>OTHER X</p>													
950A	When you had (PROBLEM FROM 945/946/947), did you do something to avoid infecting your sexual partner(s)?	<p>YES 1</p> <p>NO 2</p> <p>PARTNER ALREADY INFECTED ... 3</p>	<p><input type="checkbox"/> → 951</p>												
950B	When you had (PROBLEM FROM 945/946/947), did you inform your sexual partner(s) about it?	<p>YES 1</p> <p>SOME/NOT ALL 2</p> <p>NO 3</p> <p>DID NOT HAVE A PARTNER 4</p>	<p><input type="checkbox"/> → 951</p>												
950C	<p>What did you do to avoid infecting your partners? Did you</p> <p>Use medicine?</p> <p>Stop having sex?</p> <p>Use a condom when having sex?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>USE MEDICINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>STOP SEX</td> <td>1</td> <td>2</td> </tr> <tr> <td>USE CONDOM</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	USE MEDICINE	1	2	STOP SEX	1	2	USE CONDOM	1	2	
	YES	NO													
USE MEDICINE	1	2													
STOP SEX	1	2													
USE CONDOM	1	2													
951	Husbands and wives do not always agree on everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>													
952	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>													
953	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>													
954	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>													
955	<p>CHECK 601:</p> <p>CURRENTLY MARRIED/ <input type="checkbox"/></p> <p>LIVING WITH A MAN <input type="checkbox"/></p> <p>NOT IN UNION <input type="checkbox"/></p>		<p>→ 1001A</p>												
956	Can you say no to your husband/partner if you do not want to have sexual intercourse?	<p>YES 1</p> <p>NO 2</p> <p>DEPENDS/NOT SURE 8</p>													
957	Can you ask your husband/partner to use a condom if you wanted him to?	<p>YES 1</p> <p>NO 2</p> <p>DEPENDS/NOT SURE 8</p>													

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
1001A	<p>Now I would like to ask you about something else.</p> <p>Since age 15, have you ever had the following symptoms:</p> <p>Cough for two weeks or more? Fever for two weeks or more? Chest or back pain? Coughing up blood? Sweating at night?</p>	<table> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>COUGH 2+ WEEKS</td> <td>1</td> <td>2</td> </tr> <tr> <td>FEVER 2+ MORE</td> <td>1</td> <td>2</td> </tr> <tr> <td>CHEST/BACK PAIN</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLOOD IN SPUTUM</td> <td>1</td> <td>2</td> </tr> <tr> <td>NIGHT SWEATING</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	COUGH 2+ WEEKS	1	2	FEVER 2+ MORE	1	2	CHEST/BACK PAIN	1	2	BLOOD IN SPUTUM	1	2	NIGHT SWEATING	1	2	
	YES	NO																			
COUGH 2+ WEEKS	1	2																			
FEVER 2+ MORE	1	2																			
CHEST/BACK PAIN	1	2																			
BLOOD IN SPUTUM	1	2																			
NIGHT SWEATING	1	2																			
1001B	<p>CHECK 1001A</p> <p>AT LEAST ONE <input type="checkbox"/> YES' NOT A SINGLE <input type="checkbox"/> YES'</p> <p align="right">→ 1001L</p>																				
1001C	<p>Did you seek consultation or treatment for the symptoms?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1001E																		
1001D	<p>What is the main reason you did not seek treatment for the symptoms?</p>	<p>SYMPTOMS HARMLESS 1</p> <p>COST 2</p> <p>DISTANCE 3</p> <p>EMBARASSED 4</p> <p>LONG QUEUE 5</p> <p>OTHER 6</p>	→ 1001L																		
1001E	<p>The last time you had such symptoms, where did you first go for advice or treatment?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>OTHER PUBLIC SECTOR 16</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT HOSPITAL/CLINIC 21</p> <p>PHARMACY 22</p> <p>PVT DOCTOR 23</p> <p>OTHER PRIVATE MEDICAL SECTOR 26</p> <p>CHAL</p> <p>CHAL HOSPITAL 31</p> <p>CHAL HEALTH CENTER 32</p> <p>COMMUNITY HEALTH WORKER/ SUPPORT GROUPS 41</p> <p>OTHER SOURCE</p> <p>SHOP 51</p> <p>CHURCH 52</p> <p>FRIENDS/RELATIVES 53</p> <p>TRADITIONAL HEALER 54</p> <p>OTHER 96</p>																			
1001F	<p>How soon after the symptom(s) did you first seek consultation or treatment?</p>	<table> <tr> <td>DAYS 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>WEEKS 2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>MONTHS 3</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>DON'T KNOW 998</td> <td></td> <td></td> </tr> </table>	DAYS 1	<input type="checkbox"/>	<input type="checkbox"/>	WEEKS 2	<input type="checkbox"/>	<input type="checkbox"/>	MONTHS 3	<input type="checkbox"/>	<input type="checkbox"/>	DON'T KNOW 998									
DAYS 1	<input type="checkbox"/>	<input type="checkbox"/>																			
WEEKS 2	<input type="checkbox"/>	<input type="checkbox"/>																			
MONTHS 3	<input type="checkbox"/>	<input type="checkbox"/>																			
DON'T KNOW 998																					
1001G	<p>During that first visit, were you told by a doctor or a nurse that you had tuberculosis?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1001L																		
1001H	<p>Were you given any medicine to treat TB?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1002																		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001I	How long were you told to take the medicine?	NUMBER OF MONTHS <input type="text"/> <input type="text"/> DK/DON'T REMEMBER 9998	
1001J	Did you go anywhere else for advice or treatment after you were told that you had tuberculosis?	YES 1 NO 2	→ 1002
1001K	Where did you go? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER 12 OTHER PUBLIC SECTOR 16 PRIVATE MEDICAL SECTOR PVT HOSPITAL/CLINIC 21 PHARMACY 22 PVT DOCTOR 23 OTHER PRIVATE MEDICAL SECTOR 26 CHAL CHAL HOSPITAL 31 CHAL HEALTH CENTER 32 COMMUNITY HEALTH WORKER/ SUPPORT GROUPS 41 OTHER SOURCE SHOP 51 CHURCH 52 FRIENDS/RELATIVES 53 TRADITIONAL HEALER 54 OTHER 96	
1001L	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 1005
1002	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS B THROUGH TOUCHING A PERSON WITH TB C THROUGH SHARING FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER X DON'T KNOW Z	
1003	Can tuberculosis be cured?	YES 1 NO 2 DON'T KNOW 8	
1004	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1004A	Would you be willing to work with someone who has been previously treated for tuberculosis?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1004B	What signs or symptoms would lead you to think that a person has tuberculosis? PROBE: Any other ways? RECORD ALL MENTIONED.	COUGHING A COUGHING WITH SPUTUM B COUGHING FOR SEVERAL WEEKS C FEVER D BLOOD IN SPUTUM E LOSS OF APPETITE F NIGHT SWEATING G PAIN IN CHEST OR BACK H TIREDNESS/FATIGUE I WEIGHT LOSS J OTHER K NO SYMPTOMS Y DON'T KNOW Z	
1004C	What do you think is the cause of tuberculosis? PROBE: Any other ways? RECORD ALL MENTIONED.	MICROBES/GERMS/BACTERIA ... A INHERITED B LIFESTYLE C SMOKING D ALCOHOL DRINKING E EXPOSURE TO COLD TEMP. F DUST/POLLUTION G OTHER X DON'T KNOW Z	
1005	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS <input type="text"/> <input type="text"/> NONE 00	→ 1009
1006	Among these injections, how many were administered by a doctor, a nurse, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS <input type="text"/> <input type="text"/> NONE 00	→ 1009
1007	The last time you had an injection given to you by a doctor or a nurse, a dentist or any other health worker, where did you go to get the injection? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER 12 OTHER PUBLIC SECTOR ... 16 PRIVATE MEDICAL SECTOR PVT HOSPITAL/CLINIC 21 PHARMACY 22 PVT DOCTOR 23 OTHER PRIVATE MEDICAL SECTOR 26 CHAL CHAL HOSPITAL 31 CHAL HEALTH CENTER 32 OTHER SOURCE SHOP 51 CHURCH 52 FRIENDS/RELATIVES 53 TRADITIONAL HEALER 54 OTHER 96	
1009	Do you currently smoke cigarettes?	YES 1 NO 2	→ 1011
1010	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
1011	Do you currently smoke or use any other type of tobacco?	YES 1 NO 2	→ 1012A																																
1012	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE A CHEWING TOBACCO B SNUFF C OTHER X																																	
1012A	Now I want to talk about diabetes. Have you ever heard of an illness called diabetes?	YES 1 NO 2	→ 1012E																																
1012B	Have you ever been told by a doctor or a nurse that you have diabetes?	YES 1 NO 2	→ 1012E																																
1012C	Are you taking medications for diabetes?	YES 1 NO 2	→ 1012E																																
1012D	How do you take the medicine?	INJECTED 1 ORALLY 2																																	
1012E	Now I want to talk about blood pressure. Before this survey, has your blood pressure ever been checked?	YES 1 NO 2	→ 1012J																																
1012F	Who took your blood pressure?	DOCTOR 1 NURSE 2 PHARMACIST 3 OTHER 6 DON'T KNOW 8																																	
1012G	When was the last time you had your blood pressure checked?	LESS THAN 6 MONTHS AGO 1 6 - 11 MONTHS AGO 2 1 - 5 YEARS AGO 3 MORE THAN 5 YEARS AGO 4 DON'T KNOW 8																																	
1012H	Have you ever been told by a doctor or a nurse that you have high blood pressure?	YES 1 NO 2	→ 1012J																																
1012I	To lower your blood pressure, are you now: a. taking prescribed medicine? b. controlling your weight or losing weight? c. cutting down on salt in your diet? d. exercising? e. cutting down on alcohol consumption? f. stopping smoking? g. taking traditional medicine/herbs	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">N/A</th> </tr> </thead> <tbody> <tr> <td>TAKE MEDICINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>CONTROL WEIGHT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>CUT DOWN SALT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>EXERCISE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>CUT DOWN ALCOHOL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>STOP SMOKING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>TRAD. MED./HERBS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>		YES	NO	N/A	TAKE MEDICINE	1	2	3	CONTROL WEIGHT	1	2	3	CUT DOWN SALT	1	2	3	EXERCISE	1	2	3	CUT DOWN ALCOHOL	1	2	3	STOP SMOKING	1	2	3	TRAD. MED./HERBS	1	2	3	
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1012J	Have you performed a breast self exam to detect lumps within the last 12 months?	YES 1 NO 2																																	
1012K	Have you had a breast cancer clinical exam to detect breast cancer in the last 12 months?	YES 1 NO 2 NOT SURE 8																																	
1012L	Have you ever heard of a pap smear, that is an exam that consists of removing cells from the cervix to detect changes that can suggest the presence of cancer in a woman's womb?	YES 1 NO 2	→ 1013																																
1012M	Have you ever had such an exam in your life time?	YES 1 NO 2	→ 1013																																
1012N	How long ago was the last exam performed?	LESS THAN 12 MONTHS AGO 1 1-3 YEARS 2 4 + YEARS 3 DON'T KNOW/REMEMBER 8																																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
1013	<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?</p> <p>Getting permission to go?</p> <p>Getting money needed for treatment?</p> <p>The distance to the health facility?</p> <p>Having to take transport?</p> <p>Not wanting to go alone?</p> <p>Concern about health professional's attitude?</p> <p>Concern that there may be no drugs available?</p>	<table> <thead> <tr> <th></th> <th>BIG PROB- LEM</th> <th>NOT A BIG PROB- LEM</th> </tr> </thead> <tbody> <tr> <td>PERMISSION TO GO ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>GETTING MONEY</td> <td>1</td> <td>2</td> </tr> <tr> <td>DISTANCE</td> <td>1</td> <td>2</td> </tr> <tr> <td>TAKING TRANSPORT</td> <td>1</td> <td>2</td> </tr> <tr> <td>GO ALONE</td> <td>1</td> <td>2</td> </tr> <tr> <td>HEALTH PROVIDER ATTITUDE</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO DRUGS</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		BIG PROB- LEM	NOT A BIG PROB- LEM	PERMISSION TO GO ...	1	2	GETTING MONEY	1	2	DISTANCE	1	2	TAKING TRANSPORT	1	2	GO ALONE	1	2	HEALTH PROVIDER ATTITUDE	1	2	NO DRUGS	1	2	
	BIG PROB- LEM	NOT A BIG PROB- LEM																									
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TAKING TRANSPORT	1	2																									
GO ALONE	1	2																									
HEALTH PROVIDER ATTITUDE	1	2																									
NO DRUGS	1	2																									
1014	Are you covered by any health insurance?	YES 1 NO 2	→ 1016																								
1015	<p>What type of health insurance?</p> <p>RECORD ALL MENTIONED.</p>	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE. C OTHER X																									
1016	<p>CHECK 217:</p> <p>(YOUNGEST) CHILD <input type="checkbox"/> IS AGE 0-17</p> <p>OTHER <input type="checkbox"/></p>		→ 1018																								
1017	<p>Now I would like to ask you about your own child(ren) who (is/are) under the age of 18.</p> <p>Have you made arrangements for someone to care for (him/her/them) in the event that you fall sick or are unable to care for (him/her/them)?</p>	YES 1 NO 2 UNSURE 8																									
1018	(Besides your own child/children), are you the primary caregiver for any children under the age of 18?	YES 1 NO 2	→ 1101																								
1019	Have you made arrangements for someone to care for (this child/these children) in the event that you fall sick or are unable to care for (him/her/them)?	YES 1 NO 2																									

SECTION 11. MATERNAL MORTALITY

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

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

IF NO MORE BROTHERS OR SISTERS, GO TO 1114.

1114	<p>CHECK Qs. 1110, 1111 AND 1112 FOR ALL SISTERS</p> <p><input type="checkbox"/> ANY YES ALL NO <input type="checkbox"/> OR BLANK → 1115</p> <p>Just to make sure I have this right, you told me that your sister(s) _____ (NAME) died when she was (pregnant/delivering/just delivered). Is that correct? IF CORRECT, END INTERVIEW. IF NOT, CORRECT QUESTIONNAIRE AND CONTINUE TO 1115.</p>
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1115	CHECK 102 AND 473: AGREED TO MEASUREMENT <input type="checkbox"/> _____ INTERVIEWER SIGNATURE _____ DATE RESPONDENT AGREES <input type="checkbox"/> ↓ RECORD OUTCOME OF BLOOD PRESSURE MEASUREMENT.	DID NOT AGREE TO MEASUREMENT <input type="checkbox"/> → 1117	1117
1116	May I measure your blood pressure at this time? INTERVIEWER SIGNATURE _____ DATE _____ RESPONDENT DOES NOT AGREE <input type="checkbox"/> ↓ RECORD 9994.	BLOOD PRESSURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> <hr/> REASON BLOOD PRESSURE NOT MEASURED REFUSED 9994 TECHNICAL PROBLEMS ... 9995 OTHER 9996	
1117	RECORD THE TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	

SECTION 12. AVERAGING BLOOD PRESSURE MEASURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
1201	CHECK Q601B AND Q1116: SYSTOLIC <u>AND</u> DIASTOLIC BLOOD <input type="checkbox"/> PRESSURE RECORDED IN BOTH Q601B AND Q1116 ↓	SYSTOLIC <u>AND</u> DIASTOLIC BLOOD PRESSURE MEASURES NOT <input type="checkbox"/> RECORDED IN BOTH IN BOTH Q601B AND Q1116	→ 1207	
1202	RECORD AND CALCULATE THE AVERAGE OF THE SYSTOLIC AND DIASTOLIC BLOOD PRESSURE FROM Q601B AND Q1116.			
1203	BLOOD PRESSURE MEASUREMENTS FROM Q601B	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	
1204	BLOOD PRESSURE MEASUREMENTS FROM Q1116	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	
1205	RECORD THE SUM OF THE SYSTOLIC AND DIASTOLIC MEASURES.	SUM SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	SUM DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	
1206	CALCULATE THE AVERAGE SYSTOLIC AND DIASTOLIC PRESSURES BY THE SUM IN Q1205 BY 2.	AVERAGE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	AVERAGE DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	→ 1211
1207	CHECK Q1116: SYSTOLIC <u>AND</u> DIASTOLIC BLOOD <input type="checkbox"/> PRESSURE NOT RECORDED IN Q1116 ↓	BOTH SYSTOLIC <u>AND</u> DIASTOLIC BLOOD PRESSURE <input type="checkbox"/> RECORDED IN Q1116	→ 1210	
1208	CHECK Q601B: SYSTOLIC <u>AND</u> DIASTOLIC BLOOD <input type="checkbox"/> PRESSURE NOT RECORDED IN Q601B ↓	BOTH SYSTOLIC <u>AND</u> DIASTOLIC BLOOD PRESSURE <input type="checkbox"/> RECORDED IN Q601B	→ 1210	
1209	CHECK Q102D: SYSTOLIC <u>AND</u> DIASTOLIC BLOOD <input type="checkbox"/> PRESSURE RECORDED IN Q102D ↓	BOTH SYSTOLIC <u>AND</u> DIASTOLIC BLOOD PRESSURE <input type="checkbox"/> <u>NOT</u> RECORDED IN Q102D	→ 1213	
1210	RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	

1211

USE THE TABLE BELOW TO DETERMINE THE CORRECT CODE TO RECORD ON THE BLOOD PRESSURE REPORT AND REFERRAL FORM.

CIRCLE THE **ROW** IN WHICH THE VALUE FOR THE **SYSTOLIC** BLOOD PRESSURE FROM Q1206 OR Q1210 IS FOUND.

THEN CIRCLE THE **COLUMN** IN WHICH THE VALUE FOR THE **DIASTOLIC** BLOOD FROM Q1206 OR Q1210 IS FOUND.

THE VALUE WHERE THE ROW AND COLUMN YOU HAVE CIRCLED INTERSECT IN THE TABLE WILL BE USED IN COMPLETING Q1212.

AVERAGE SYSTOLIC PRESSURE	AVERAGE DIASTOLIC PRESSURE					
	<84	85-89	90-99	100-109	110-119	≥ 120
<130	1	2	3	4	5	6
130-139	2	2	3	4	5	6
140-159	3	3	3	4	5	6
160-179	4	4	4	4	5	6
180-209	5	5	5	5	5	6
≥ 210	6	6	6	6	6	6

1212

RECORD THE NUMBER YOU CIRCLED IN Q1211 IN THE CHART BELOW. THEN USE THE INSTRUCTIONS TO THE RIGHT OF THAT NUMBER TO COMPLETE A BLOOD PRESSURE REPORT AND REFERRAL FORM FOR THE RESPONDENT. GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS HE/SHE MAY HAVE.

	RESPONDENT'S BLOOD PRESSURE CATEGORY	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE <u>WITHIN</u> :
1	NORMAL	24 MONTHS
2	AT THE HIGH END OF THE NORMAL RANGE	12 MONTHS
3	ABOVE NORMAL RANGE	2 MONTHS
4	MODERATELY HIGH	1 MONTH
5	VERY HIGH	7 DAYS
6	EXTREMELY HIGH	TODAY

1213

CHECK THAT THE HOUSEHOLD HAS RECEIVED A BROCHURE ON BLOOD PRESSURE.

THANK THE RESPONDENT AND ADVISE THAT THE RESPONDENT OR OTHER MEMBERS OF THE HOUSEHOLD MAY BE ASKED TO PARTICIPATE AGAIN IN INTERVIEWS OR OTHER SURVEY ACTIVITIES IN THE FUTURE.

Thank you for taking the time to answer these questions.

We may return to interview you or other members of your household again or to ask you to participate in other survey activities in the future. We hope that you will agree at that time.

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

INFORMATION TO BE CODED FOR EACH COLUMN

BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER _____

(SPECIFY)

12	DEC	01		
11	NOV	02		
10	OCT	03		
09	SEP	04		
2	08	AUG	05	2
0	07	JUL	06	0
0	06	JUN	07	0
9	05	MAY	08	9
	04	APR	09	
	03	MAR	10	
	02	FEB	11	
	01	JAN	12	

12	DEC	13		
11	NOV	14		
10	OCT	15		
09	SEP	16		
2	08	AUG	17	2
0	07	JUL	18	0
0	06	JUN	19	0
8	05	MAY	20	8
	04	APR	21	
	03	MAR	22	
	02	FEB	23	
	01	JAN	24	

12	DEC	25		
11	NOV	26		
10	OCT	27		
09	SEP	28		
2	08	AUG	29	2
0	07	JUL	30	0
0	06	JUN	31	0
7	05	MAY	32	7
	04	APR	33	
	03	MAR	34	
	02	FEB	35	
	01	JAN	36	

12	DEC	37		
11	NOV	38		
10	OCT	39		
09	SEP	40		
2	08	AUG	41	2
0	07	JUL	42	0
0	06	JUN	43	0
6	05	MAY	44	6
	04	APR	45	
	03	MAR	46	
	02	FEB	47	
	01	JAN	48	

12	DEC	25		
11	NOV	26		
10	OCT	27		
09	SEP	28		
2	08	AUG	29	2
0	07	JUL	30	0
0	06	JUN	31	0
5	05	MAY	32	5
	04	APR	33	
	03	MAR	34	
	02	FEB	35	
	01	JAN	36	

12	DEC	37		
11	NOV	38		
10	OCT	39		
09	SEP	40		
2	08	AUG	41	2
0	07	JUL	42	0
0	06	JUN	43	0
4	05	MAY	44	4
	04	APR	45	
	03	MAR	46	
	02	FEB	47	
	01	JAN	48	