

**2014 LESOTHO DEMOGRAPHIC AND HEALTH SURVEY  
 WOMAN'S QUESTIONNAIRE**

IDENTIFICATION																
PLACE NAME _____ NAME OF HOUSEHOLD HEAD _____ EA NUMBER ..... HOUSEHOLD NUMBER ..... LESOTHO ECOLOGICAL ZONE (LOWLANDS=1, FOOTHILLS=2, MOUNTAINS=3, SENQU RIVER VALLEY=4) ..... DISTRICT CODE* ..... URBAN/RURAL (URBAN=1, RURAL=2) ..... HOUSEHOLD SELECTED FOR MALE SURVEY AND BIOMARKER COLLECTION (YES=1, NO=2) .....	EA NUMBER <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td> </td><td> </td><td> </td></tr></table> HH NUMBER <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td> </td><td> </td><td> </td></tr></table> ECOLOGICAL ZONE <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td> </td></tr></table> DISTRICT* <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td> </td><td> </td></tr></table> URBAN/RURAL <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td> </td></tr></table>  <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td> </td></tr></table>															
INTERVIEWER VISITS																
	1	2	3	FINAL VISIT												
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td> </td><td> </td></tr></table> MONTH <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td>2</td><td>0</td><td>1</td><td>4</td></tr></table> INT. NUMBER <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td> </td><td> </td><td> </td></tr></table> RESULT CODE** <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td> </td></tr></table>					2	0	1	4				
2	0	1	4													
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td> </td><td> </td><td> </td></tr></table>												
RESULT CODE**	_____	_____	_____	RESULT CODE** <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td> </td></tr></table>												
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td> </td></tr></table>												
TIME	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td> </td></tr></table>												
**RESULT CODES: 1 COMPLETED                      4 REFUSED 2 NOT AT HOME                      5 PARTLY COMPLETED                      7 OTHER _____ 3 POSTPONED                      6 INCAPACITATED                      (SPECIFY)																
LANGUAGE OF QUESTIONNAIRE*** <table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td style="text-align: center; vertical-align: middle;"><b>2</b></td></tr></table>		<b>2</b>	LANGUAGE OF INTERVIEW*** <table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td></tr></table>			***LANGUAGE CODES: 1 SESOTHO 2 ENGLISH										
<b>2</b>																
LANGUAGE OF QUESTIONNAIRE*** <b>English</b>		TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="display: inline-table; width: 30px; height: 30px;"><tr><td> </td></tr></table>														
SUPERVISOR NAME _____ DATE _____ <table border="1" style="display: inline-table; width: 30px; height: 20px;"><tr><td> </td><td> </td><td> </td></tr></table>						*DISTRICT CODES: 01 BUTHA-BUTHE      05 MAFETENG      09 MOKHOTLONG 02 LERIBE              06 MOHALE'S HOEK      10 THABA-TSEKA 03 BERA                  07 QUTHING 04 MASERU              08 QACHA'S NEK										

SECTION 1. RESPONDENT'S BACKGROUND

**INFORMED CONSENT**

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

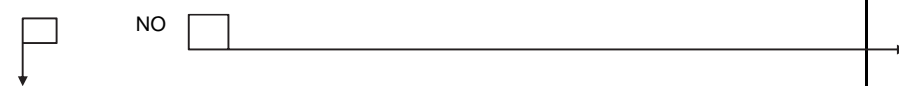
In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

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

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

RESPONDENT AGREES TO BE INTERVIEWED ... 1      RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
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>									
101A	CHECK COVER PAGE OF WOMAN'S QUESTIONNAIRE: IS HOUSEHOLD SELECTED FOR MALE SURVEY AND BIOMARKERS?  YES <input type="checkbox"/> NO <input type="checkbox"/>										
101B	<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 any time 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 → 102</p>										



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
101C	Before taking your blood pressure, I would like to ask a few questions about things that may affect these measurements. Have you done any of the following within the past 30 minutes:  a) Eaten anything? b) Had coffee, tea, cola or other drink that has caffeine? c) Smoked any tobacco product?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>a) EATEN .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>b) HAD CAFFEINATED DRINK ..</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>c) SMOKED .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	a) EATEN .....	1	2	b) HAD CAFFEINATED DRINK ..	1	2	c) SMOKED .....	1	2	
	YES	NO													
a) EATEN .....	1	2													
b) HAD CAFFEINATED DRINK ..	1	2													
c) SMOKED .....	1	2													
101D	May I begin the process of measuring your blood pressure?  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.	ARM CIRCUMFERENCE (IN CENTIMETRES) ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>													
101E	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE CUFF SIZE. RECORD THE CODE FOR THE CUFF SIZE.	SMALL: 17 CM – 22 CM ..... 1 MEDIUM: 23 CM – 32 CM ..... 2 LARGE: 33 CM – 42 CM ..... 3													
101F	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.	SYSTOLIC ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  DIASTOLIC ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  REFUSED ..... 994 TECHNICAL PROBLEMS ..... 995 OTHER ..... 996													
102	In what month and year were you born?	MONTH ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  DON'T KNOW MONTH ..... 98  YEAR ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  DON'T KNOW YEAR ..... 9998													
103	How old were you at your last birthday?  COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>													
104	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 108												
105	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													
106	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 style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>													
107	CHECK 105:  PRIMARY <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> SECONDARY <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> VOCATIONAL / TECH. <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> OR HIGHER <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> AFTER PRIMARY <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/>	→ 110													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	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 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED ..... 5	
109	CHECK 108:  CODE '2', '3' <input type="checkbox"/> OR '4' <input type="checkbox"/> RECORDED CODE '1' OR '5' <input type="checkbox"/> RECORDED		→ 111
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	
113	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	
115	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES ..... <input type="text"/> <input type="text"/> NONE ..... 00	→ 122
116	In the last 12 months, have you been away from home for more than one month at a time?	YES ..... 1 NO ..... 2	→ 122
117	The last time you were away for more than a month, how many months were you away?  IF 12 MONTHS OR MORE, RECORD '95.'	NUMBER OF MONTHS ..... <input type="text"/> <input type="text"/> 12 OR MORE MONTHS ..... 95	
118	Where did you go?	ELSEWHERE IN LESOTHO ..... 1 RSA ..... 2 OTHER ..... 3	
120	Why did you go there?  PROBE: What was the main purpose of your trip?	WORK ..... 1 SCHOOL/UNIVERSITY ..... 2 FAMILY/MARRIAGE ..... 3 ACCESS HEALTH OR OTHER SERVICES ..... 4 OTHER ..... 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
121	CHECK 117:  '1' or '2' MONTHS <input type="checkbox"/> '3' OR MORE MONTHS <input type="checkbox"/>		→ 125
122	In the last 5 years, how many times have you been away from home for three or more months at a time?	NUMBER OF TIMES ..... <input type="text"/> <input type="text"/> NONE ..... 00	→ 201
123	The most recent time you were away from home for three or more months, where did you go?	ELSEWHERE IN LESOTHO ..... 1 RSA ..... 2 OTHER ..... 6	
124	Why did you go there?  PROBE: What was the main purpose of your trip?	WORK ..... 1 SCHOOL/UNIVERSITY ..... 2 FAMILY/MARRIAGE ..... 3 ACCESS HEALTH OR OTHER SERVICES ..... 4 OTHER ..... 6	→ 201
125	Including the time you already mentioned, in the last 5 years, how many times have you been away from home for three or more months at a time?	NUMBER OF TIMES ..... <input type="text"/> <input type="text"/> ONE TIME ..... 01	

**SECTION 2. REPRODUCTION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES ..... 1 NO ..... 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES ..... 1 NO ..... 2	→ 204								
203	a) How many sons live with you? b) And how many daughters live with you?  IF NONE, RECORD '00'.	a) SONS AT HOME ..... <table border="1" data-bbox="1247 380 1354 443"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> b) DAUGHTERS AT HOME ... <table border="1" data-bbox="1247 443 1354 506"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES ..... 1 NO ..... 2	→ 206								
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you?  IF NONE, RECORD '00'.	a) SONS ELSEWHERE ..... <table border="1" data-bbox="1247 636 1354 699"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> b) DAUGHTERS ELSEWHERE. <table border="1" data-bbox="1247 699 1354 762"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Have you ever given birth to a son or a daughter 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	a) How many boys have died? b) And how many girls have died?  IF NONE, RECORD '00'.	a) BOYS DEAD ..... <table border="1" data-bbox="1247 976 1354 1039"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> b) GIRLS DEAD ..... <table border="1" data-bbox="1247 1039 1354 1102"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS ..... <table border="1" data-bbox="1247 1148 1354 1211"><tr><td></td><td></td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct?  YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208:  ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> → 226										

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.  
 RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS.  
 (IF THERE ARE MORE THAN 6 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).

212	213	214	215	215A	216	217	218	219	220	221
What name was given to your (first/next) baby?  RECORD NAME.  BIRTH HISTORY NUMBER	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	IF BIRTH SINCE JANUARY 2009: ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD BELOW. IN THE CALENDAR, PLACE A 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF THE PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.	Is (NAME) still alive?	IF ALIVE: How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	IF ALIVE: Is (NAME) living with you?	IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	IF DEAD: 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	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO . . . . 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ NEXT BIRTH	DAYS . . . 1 MONTHS 2 YEARS . . 3	
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO . . . . 2	HOUSEHOLD 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	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO . . . . 2	HOUSEHOLD 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	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO . . . . 2	HOUSEHOLD 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	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO . . . . 2	HOUSEHOLD 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	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO . . . . 2	HOUSEHOLD 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

222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.	YES ..... 1 NO ..... 2	
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:  NUMBERS ARE SAME <input type="checkbox"/> ↓                      NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)		
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2009 OR LATER.	NUMBER OF BIRTHS ..... <input type="text"/> NONE ..... 0	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
226	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE ..... 8	<input type="checkbox"/> → 230
227	How many months pregnant are you?  RECORD NUMBER OF COMPLETED MONTHS.  <b>C</b> ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS ..... <input type="text"/>	
228	When you got pregnant, did you want to get pregnant at that time?	YES ..... 1 NO ..... 2	→ 230
229	Did you want to have a baby later on or did you not want any (more) children?	LATER ..... 1 NO MORE ..... 2	
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES ..... 1 NO ..... 2	→ 238
231	When did the last such pregnancy end?	MONTH ..... <input type="text"/> YEAR ..... <input type="text"/>	
232	CHECK 231:  LAST PREGNANCY ENDED IN <input type="text"/> JANUARY 2009 OR LATER  LAST PREGNANCY ENDED BEFORE <input type="text"/> JANUARY 2009		→ 233 → 238
<b>C</b>	232A In what month and year did that pregnancy end?	233 How many months pregnant were you when that pregnancy ended?	234 Since January 2009, have you had any other pregnancies that did not result in a live birth?
01	<input type="text"/>	<input type="text"/> NUMBER OF MONTHS	YES ..... 1 NO ..... 2 → NEXT LINE → 235
02	<input type="text"/> <input type="text"/> MONTH YEAR <input type="text"/>	<input type="text"/> NUMBER OF MONTHS	YES ..... 1 NO ..... 2 → NEXT LINE → 235
03	<input type="text"/> <input type="text"/> MONTH YEAR <input type="text"/>	<input type="text"/> NUMBER OF MONTHS	YES ..... 1 NO ..... 2 → NEXT LINE → 235
04	<input type="text"/> <input type="text"/> MONTH YEAR <input type="text"/>	<input type="text"/> NUMBER OF MONTHS	YES ..... 1 NO ..... 2 → 235
235	<b>C</b> FOR EACH PREGNANCY THAT DID NOT RESULT IN A LIVE BIRTH IN JANUARY 2009 OR LATER, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.  IF THERE ARE MORE THAN FOUR PREGNANCIES THAT DID NOT END IN A LIVE BIRTH, USE AN ADDITIONAL QUESTIONNAIRE STARTING ON THE SECOND LINE.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
236	Did you have any miscarriages, abortions or stillbirths that ended before 2009?	YES ..... 1 NO ..... 2	→ 238																
237	When did the last such pregnancy that terminated before 2009 end?	MONTH ..... <table border="1" data-bbox="1247 254 1352 317" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR ..... <table border="1" data-bbox="1149 317 1352 373" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																	
238	When did your last menstrual period start?  _____ (DATE, IF GIVEN)	DAYS AGO ..... 1 <table border="1" data-bbox="1247 401 1352 464" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS AGO ..... 2 <table border="1" data-bbox="1247 464 1352 527" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS AGO ..... 3 <table border="1" data-bbox="1247 527 1352 590" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS AGO ..... 4 <table border="1" data-bbox="1247 590 1352 653" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH ..... 995 NEVER MENSTRUATED ..... 996																	
239	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 301																
240	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS ..... 1 DURING HER PERIOD ..... 2 RIGHT AFTER HER PERIOD HAS ENDED ..... 3 HALFWAY BETWEEN TWO PERIODS ..... 4 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8																	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?		
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2	
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2	
03	IUCD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES ..... 1 NO ..... 2	
04	Injectables/Depo. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES ..... 1 NO ..... 2	
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES ..... 1 NO ..... 2	
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES ..... 1 NO ..... 2	
07	Male condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO ..... 2	
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES ..... 1 NO ..... 2	
09	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES ..... 1 NO ..... 2	
10	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES ..... 1 NO ..... 2	
11	Emergency Contraception/Morning After Pill. PROBE: As an emergency measure, within five days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES ..... 1 NO ..... 2	
12	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES ..... 1  _____ (SPECIFY)  _____ (SPECIFY)  NO ..... 2	
302	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 311
303	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 311



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																			
311	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p><b>C</b> PROBE FOR EARLIER INTERVALS OF USE AND NONUSE, STARTING WITH MOST RECENT GAP BACK TO JANUARY 2009. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS. ENTER METHOD AND DISCONTINUATION CODES FROM THE CALENDAR.</p>																					
311A	INTERVAL OF USE OR NON-USE	COLUMN 1	COLUMN 2	COLUMN 3																		
311B	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> YR. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>							MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> YR. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>							MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> YR. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>						
311C	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your (husband/partner) use any method of contraception?	YES, USED A METHOD . . . . . 1 NO, DID NOT USE A METHOD . . . . . 2 (GO TO 311B OF NEXT COL.)	YES, USED A METHOD . . . . . 1 NO, DID NOT USE A METHOD . . . . . 2 (GO TO 311B OF NEXT COL.)	YES, USED A METHOD . . . . . 1 NO, DID NOT USE A METHOD . . . . . 2 (GO TO 311B OF NEXT COL.)																		
311D	Which method was that?  SEE CALENDAR FOR CODES.	METHOD . . . . . <input type="checkbox"/>	METHOD . . . . . <input type="checkbox"/>	METHOD . . . . . <input type="checkbox"/>																		
311E	How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)?  RECORD '95' IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.	IMMEDIATELY . 00 MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> (GO TO 311G) ← DATE GIVEN . . . 95			IMMEDIATELY . 00 MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> (GO TO 311G) ← DATE GIVEN . . . 95			IMMEDIATELY . 00 MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> (GO TO 311G) ← DATE GIVEN . . . 95														
311F	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> YR. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>							MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> YR. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>							MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> YR. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>						
311G	For how many months did you use (METHOD)?  RECORD '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.	MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> (GO TO 311J) ← DATE GIVEN . . . 95			MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> (GO TO 311J) ← DATE GIVEN . . . 95			MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> (GO TO 311J) ← DATE GIVEN . . . 95														
311H	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> YR. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>							MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> YR. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>							MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> YR. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>						
311J	Why did you stop using (METHOD)?  SEE CALENDAR FOR CODES.	REASON STOPPED . <input type="checkbox"/>	REASON STOPPED . <input type="checkbox"/>	REASON STOPPED . <input type="checkbox"/>																		
311K		GO BACK TO 311B IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 312.	GO BACK TO 311B IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 312.	GO BACK TO 311B IN NEW QUESTIONNAIRE; OR, IF NO MORE GAPS, GO TO 312.																		
312	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH.  NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/>			→ 314																		
313	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . . . . 1 NO . . . . . 2	→ 324																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
314	CHECK 304:  RECORD METHOD CODE:  IF MORE THAN ONE METHOD CODE RECORDED IN 304, RECORD CODE FOR HIGHEST METHOD IN LIST.	NO CODE RECORDED ..... 00 FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 IUCD ..... 03 INJECTABLES ..... 04 IMPLANTS ..... 05 PILL ..... 06 MALE CONDOM ..... 07 FEMALE CONDOM ..... 08 RHYTHM METHOD ..... 09 WITHDRAWAL ..... 10 OTHER MODERN METHOD ..... 95 OTHER TRADITIONAL METHOD ..... 96	→ 324 → 317A → 326        → 315A → 326
315	You first started using (CURRENT METHOD) in (DATE FROM 308/308A). Where did you get it at that time?	<b>PUBLIC SECTOR</b> GOVT. HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12 GOVT. HEALTH POST ..... 13 FAMILY PLANNING CLINIC ..... 14 OTHER PUBLIC SECTOR ..... 16 (SPECIFY)	
315A	Where did you learn how to use the rhythm method?  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)	<b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... 21 PHARMACY ..... 22 PRIVATE DOCTOR ..... 23 LESOTHO PLANNED PARENTHOOD 24 OTHER PRIVATE MEDICAL SECTOR ..... 26 (SPECIFY)  <b>CHAL</b> CHAL HOSPITAL ..... 31 CHAL HEALTH CENTER ..... 32 CHAL HEALTH POST ..... 33  RED CROSS HEALTH CENTER ..... 41 CBD ..... 51 VILLAGE HEALTH WORKER ..... 52 SUPPORT GROUPS ..... 53 FACILITY OUTSIDE LESOTHO ..... 61  <b>OTHER SOURCE</b> SHOP ..... 71 CHURCH ..... 72 PEER EDUCATORS ..... 73 FRIEND/RELATIVE ..... 74 OTHER ..... 96 (SPECIFY)	
316	CHECK 304:  RECORD METHOD CODE:  IF MORE THAN ONE METHOD CODE RECORDED IN 304, RECORD CODE FOR HIGHEST METHOD IN LIST.	IUCD ..... 03 INJECTABLES ..... 04 IMPLANTS ..... 05 PILL ..... 06 MALE CONDOM ..... 07 FEMALE CONDOM ..... 08 RHYTHM METHOD ..... 09	→ 323 → 320 → 326
317	At that time, were you told about side effects or problems you might have with the method?	YES ..... 1 NO ..... 2	→ 319
317A	When you got sterilized, were you told about side effects or problems you might have with the method?		



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
324	Do you know of a place where you can obtain a method of family planning?	YES ..... 1 NO ..... 2	→ 326
325	<p>Where is that? Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL ..... A GOVT. HEALTH CENTER ..... B GOVT. HEALTH POST ..... C FAMILY PLANNING CLINIC ..... D OTHER PUBLIC SECTOR ..... E (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... F PHARMACY ..... G PRIVATE DOCTOR ..... H LESOTHO PLANNED PARENTHOOD ..... I OTHER PRIVATE MEDICAL SECTOR ..... J (SPECIFY)</p> <p><b>CHAL</b></p> <p>CHAL HOSPITAL ..... K CHAL HEALTH CENTER ..... L CHAL HEALTH POST ..... M RED CROSS HEALTH CENTER ..... N CBD ..... O VILLAGE HEALTH WORKER ..... P SUPPORT GROUPS ..... Q FACILITY OUTSIDE LESOTHO ..... R</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... S CHURCH ..... T PEER EDUCATORS ..... U FRIEND/RELATIVE ..... V OTHER ..... X (SPECIFY)</p>	
326	In the last 12 months, were you visited by a fieldworker or a community-based distributor (CBD) who talked to you about family planning?	YES ..... 1 NO ..... 2	
327	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES ..... 1 NO ..... 2	→ 401
328	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	<p>CHECK 224:</p> <p>ONE OR MORE BIRTHS IN 2009 OR LATER <input type="checkbox"/></p> <p>NO BIRTHS IN 2009 OR LATER <input type="checkbox"/> → 556</p>			
402	<p>CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2009 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRE(S)).</p> <p>Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)</p>			
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	<p>LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/></p>	<p>NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/></p>	<p>SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/></p>
404	FROM 212 AND 216	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	<p>YES ..... 1 (SKIP TO 408) ←</p> <p>NO ..... 2</p>	<p>YES ..... 1 (SKIP TO 430) ←</p> <p>NO ..... 2</p>	<p>YES ..... 1 (SKIP TO 430) ←</p> <p>NO ..... 2</p>
406	Did you want to have a baby later on, or did you not want any (more) children?	<p>LATER ..... 1</p> <p>NO MORE ..... 2 (SKIP TO 408) ←</p>	<p>LATER ..... 1</p> <p>NO MORE ..... 2 (SKIP TO 430) ←</p>	<p>LATER ..... 1</p> <p>NO MORE ..... 2 (SKIP TO 430) ←</p>
407	How much longer did you want to wait?	<p>MONTHS . 1 <input type="text"/></p> <p>YEARS . 2 <input type="text"/></p> <p>DON'T KNOW ... 998</p>	<p>MONTHS . 1 <input type="text"/></p> <p>YEARS . 2 <input type="text"/></p> <p>DON'T KNOW ... 998</p>	<p>MONTHS . 1 <input type="text"/></p> <p>YEARS . 2 <input type="text"/></p> <p>DON'T KNOW ... 998</p>
408	Did you see anyone for antenatal care for this pregnancy?	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO 415) ←</p>		
409	<p>Whom did you see?</p> <p>Anyone else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... A</p> <p>NURSE/MIDWIFE . B</p> <p><b>OTHER PERSON</b></p> <p>COMM. HEALTH WORKER ..... C</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____										
410	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER ..... B</p> <p>GOVT. HEALTH POST ..... C</p> <p>OTHER PUBLIC SECTOR _____ D</p> <p>(SPECIFY)</p> <p><b>PRIVATE MED. SECTOR</b></p> <p>PVT. HOSPITAL/CLINIC ..... E</p> <p>OTHER PRIVATE MED. SECTOR _____ F</p> <p>(SPECIFY)</p> <p><b>CHAL</b></p> <p>CHAL HOSPITAL . G</p> <p>CHAL HEALTH CENTER ..... H</p> <p>CHAL HEALTH POST ..... I</p> <p>RED CROSS HEALTH CENTER J</p> <p>FACILITY OUTSIDE LESOTHO ..... K</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>												
411	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DONT KNOW ..... 98</p>												
412	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DONT KNOW ..... 98</p>												
412A	<p>How many months pregnant were you the last time you received antenatal care for this pregnancy?</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DONT KNOW ..... 98</p>												
413	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once:</p> <p>a) Was your blood pressure measured?</p> <p>b) Did you give a urine sample?</p> <p>c) Did you give a blood sample?</p>	<p>YES NO</p> <p>a) BP ..... 1 2</p> <p>b) URINE ... 1 2</p> <p>c) BLOOD . 1 2</p>												
414	<p>During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>												

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____	NAME _____
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES ..... 1 NO ..... 2 (SKIP TO 418) ← DONT KNOW ..... 8			
416	During this pregnancy, how many times did you get a tetanus injection?	TIMES ..... <input type="text"/> DONT KNOW ..... 8			
417	CHECK 416:	2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 421)			
418	At any time before this pregnancy, did you receive any tetanus injections?	YES ..... 1 NO ..... 2 (SKIP TO 421) ← DONT KNOW ... 8			
419	Before this pregnancy, how many times did you receive a tetanus injection?  IF 7 OR MORE TIMES, RECORD '7'.	TIMES ..... <input type="text"/> DONT KNOW ..... 8			
420	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO ... <input type="text"/> <input type="text"/>			
421	During this pregnancy, were you given or did you buy any iron tablets?  SHOW TABLETS.	YES ..... 1 NO ..... 2 (SKIP TO 430) ← DONT KNOW ..... 8			
422	During the whole pregnancy, for how many days did you take the tablets?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW ... 998			
430	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DONT KNOW ..... 8	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DONT KNOW ..... 8	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DONT KNOW ..... 8	
431	Was (NAME) weighed at birth?	YES ..... 1 NO ..... 2 (SKIP TO 433) ← DONT KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 433) ← DONT KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 433) ← DONT KNOW ..... 8	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
432	<p>How much did (NAME) weigh?</p> <p>RECORD WEIGHT IN KILOGRAMS FROM HEALTH BOOKLET, IF AVAILABLE.</p>	<p>KG FROM BOOKLET</p> <p>1 ... <input type="text"/> . <input type="text"/><input type="text"/></p> <p>KG FROM RECALL</p> <p>2 ... <input type="text"/> . <input type="text"/><input type="text"/></p> <p>DON'T KNOW ... 9998</p>	<p>KG FROM BOOKLET</p> <p>1 ... <input type="text"/> . <input type="text"/><input type="text"/></p> <p>KG FROM RECALL</p> <p>2 ... <input type="text"/> . <input type="text"/><input type="text"/></p> <p>DON'T KNOW ... 9998</p>	<p>KG FROM BOOKLET</p> <p>1 ... <input type="text"/> . <input type="text"/><input type="text"/></p> <p>KG FROM RECALL</p> <p>2 ... <input type="text"/> . <input type="text"/><input type="text"/></p> <p>DON'T KNOW ... 9998</p>
433	<p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... A</p> <p>NURSE/MIDWIFE . B</p> <p>COMMUNITY</p> <p>HLTH WORKER C</p> <p><b>OTHER PERSON</b></p> <p>TRAD'L HEALER . D</p> <p>RELATIVE/FRIEND E</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE ASSISTED Y</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... A</p> <p>NURSE/MIDWIFE . B</p> <p>COMMUNITY</p> <p>HLTH WORKER C</p> <p><b>OTHER PERSON</b></p> <p>TRAD'L HEALER . D</p> <p>RELATIVE/FRIEND E</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE ASSISTED Y</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... A</p> <p>NURSE/MIDWIFE . B</p> <p>COMMUNITY</p> <p>HLTH WORKER C</p> <p><b>OTHER PERSON</b></p> <p>TRAD'L HEALER . D</p> <p>RELATIVE/FRIEND E</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE ASSISTED Y</p>
434	<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 SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><b>HOME</b></p> <p>YOUR HOME ... 11 (SKIP TO 437A) ←</p> <p>OTHER HOME ... 12</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL 21</p> <p>GOVT. HEALTH CENTER ..... 22</p> <p>GOVT. HEALTH POST ..... 23</p> <p>OTHER PUBLIC SECTOR _____ 26</p> <p>(SPECIFY)</p> <p><b>PRIVATE MED. SECTOR</b></p> <p>PVT. HOSPITAL/CLINIC ..... 31</p> <p>OTHER PRIVATE MED. SECTOR _____ 36</p> <p>(SPECIFY)</p> <p><b>CHAL</b></p> <p>CHAL HOSPITAL 41</p> <p>CHAL HEALTH CENTRE ..... 42</p> <p>CHAL HLTH POST 43</p> <p>RED CROSS HEALTH CENTER ..... 51</p> <p>FACILITY OUTSIDE LESOTHO ..... 61</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>(SKIP TO 437A) ←</p>	<p><b>HOME</b></p> <p>YOUR HOME ... 11 (SKIP TO 448) ←</p> <p>OTHER HOME ... 12</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL 21</p> <p>GOVT. HEALTH CENTER ..... 22</p> <p>GOVT. HEALTH POST ..... 23</p> <p>OTHER PUBLIC SECTOR _____ 26</p> <p>(SPECIFY)</p> <p><b>PRIVATE MED. SECTOR</b></p> <p>PVT. HOSPITAL/CLINIC ..... 31</p> <p>OTHER PRIVATE MED. SECTOR _____ 36</p> <p>(SPECIFY)</p> <p><b>CHAL</b></p> <p>CHAL HOSPITAL 41</p> <p>CHAL HEALTH CENTRE ..... 42</p> <p>CHAL HLTH POST 43</p> <p>RED CROSS HEALTH CENTER ..... 51</p> <p>FACILITY OUTSIDE LESOTHO ..... 61</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>(SKIP TO 448) ←</p>	<p><b>HOME</b></p> <p>YOUR HOME ... 11 (SKIP TO 448) ←</p> <p>OTHER HOME ... 12</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL 21</p> <p>GOVT. HEALTH CENTER ..... 22</p> <p>GOVT. HEALTH POST ..... 23</p> <p>OTHER PUBLIC SECTOR _____ 26</p> <p>(SPECIFY)</p> <p><b>PRIVATE MED. SECTOR</b></p> <p>PVT. HOSPITAL/CLINIC ..... 31</p> <p>OTHER PRIVATE MED. SECTOR _____ 36</p> <p>(SPECIFY)</p> <p><b>CHAL</b></p> <p>CHAL HOSPITAL 41</p> <p>CHAL HEALTH CENTRE ..... 42</p> <p>CHAL HLTH POST 43</p> <p>RED CROSS HEALTH CENTER ..... 51</p> <p>FACILITY OUTSIDE LESOTHO ..... 61</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>(SKIP TO 448) ←</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH													
		NAME _____	NAME _____	NAME _____													
434A	How long after (NAME) was delivered did you stay there?  IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <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> DONT KNOW ... 998															
435	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2													
436	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?	YES ..... 1 (SKIP TO 439) ← NO ..... 2															
437	Did anyone check on your health after you left the facility?	YES ..... 1 (SKIP TO 439) ← NO ..... 2 (SKIP TO 442) ←															
437A	Why didn't you deliver in a health facility?  PROBE: Any other reason?  RECORD ALL MENTIONED.	COST TOO MUCH . A FACILITY NOT OPEN B TOO FAR/NO TRANSPORTATION ... C DONT TRUST FACILITY/POOR QUALITY SERVICE D NEAREST FACILITY DOESNT PROVIDE SERVICES ..... E HUSBAND/FAMILY DID NOT ALLOW . F NOT NECESSARY . G NOT CUSTOMARY . H WAS OUTSIDE OF LESOTHO ..... I OTHER ..... X															
438	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 442) ←															

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____												
439	Who checked on your health at that time?  PROBE FOR MOST QUALIFIED PERSON.	<b>HEALTH PERSONNEL</b> DOCTOR ..... 11 NURSE/MIDWIFE . 12 VILLAGE HEALTH WORKER ... 13 <b>OTHER PERSON</b> TRAD. HEALER . 21 RELATIVE/FRIEND 22 OTHER _____ 96 (SPECIFY)														
440	How long after delivery did the first check take place?  IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="771 506 863 569"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="771 569 863 632"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="771 632 863 695"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DONT KNOW ... 998														
442	In the two months after (NAME) was born, did any health care provider check on his/her health?	YES ..... 1 NO ..... 2 (SKIP TO 446) ← DONT KNOW ..... 8														
443	How many hours, days or weeks after the birth of (NAME) did the first check take place?  IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER <table border="1" data-bbox="771 915 863 978"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> BIRTH 1 DAYS AFTER <table border="1" data-bbox="771 978 863 1041"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> BIRTH 2 WKS AFTER <table border="1" data-bbox="771 1041 863 1104"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> BIRTH 3 DONT KNOW ... 998														
444	Who checked on (NAME)'s health at that time?  PROBE FOR MOST QUALIFIED PERSON.	<b>HEALTH PERSONNEL</b> DOCTOR ..... 11 NURSE/MIDWIFE . 12 VILLAGE HEALTH WORKER ... 13 <b>OTHER PERSON</b> TRAD. HEALER . 21 RELATIVE/FRIEND 22 OTHER _____ 96 (SPECIFY)														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
445	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><b>HOME</b></p> <p>YOUR HOME ... 11</p> <p>OTHER HOME ... 12</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL 21</p> <p>GOVT. HEALTH CENTER ..... 22</p> <p>GOVT. HEALTH POST ..... 23</p> <p>OTHER PUBLIC _____ 26</p> <p>(SPECIFY)</p> <p><b>PRIVATE MED. SECTOR</b></p> <p>PVT. HOSPITAL/CLINIC ..... 31</p> <p>OTHER PRIVATE MED. _____ 36</p> <p>(SPECIFY)</p> <p><b>CHAL</b></p> <p>CHAL HOSPITAL . 41</p> <p>CHAL HEALTH CENTRE ..... 42</p> <p>CHAL HLTH POST 43</p> <p>RED CROSS HEALTH CENTER ..... 51</p> <p>FACILITY OUTSIDE LESOTHO ..... 61</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>		
446	<p>In the first two months after delivery, did you receive a vitamin A dose like (this/any of these)?</p> <p>SHOW COMMON TYPES OF CAPSULES.</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>		
447	<p>Has your menstrual period returned since the birth of (NAME)?</p>	<p>YES ..... 1 (SKIP TO 449) ←</p> <p>NO ..... 2 (SKIP TO 450) ←</p>		
448	<p>Did your period return between the birth of (NAME) and your next pregnancy?</p>		<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO 452) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO 452) ←</p>
449	<p>For how many months after the birth of (NAME) did you not have a period?</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>
450	<p>CHECK 226:</p> <p>IS RESPONDENT PREGNANT?</p>	<p>NOT PREG- <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>NANT OR UNSURE <input type="checkbox"/></p> <p>(SKIP TO 452) ←</p>		
451	<p>Have you had sexual intercourse since the birth of (NAME)?</p>	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO 453) ←</p>		
452	<p>For how many months after the birth of (NAME) did you not have sexual intercourse?</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____								
453	Did you ever breastfeed (NAME)?	YES ..... 1 (SKIP TO 455) ← NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2								
454	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> ↓ (SKIP TO 460) DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 501)										
455	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ... 000  HOURS 1 <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>										
456	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES ..... 1 NO ..... 2 (SKIP TO 458) ←										
457	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 COFFEE . . . . . I HONEY . . . . . J OTHER _____ X (SPECIFY)										
458	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501)								
459	Are you still breastfeeding (NAME)?	YES ..... 1 NO ..... 2										
460	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8			YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8						
461		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE OR IF NO MORE BIRTHS, GO TO 501.								



**SECTION 5. CHILD IMMUNIZATION. HEALTH AND NUTRITION**

501	ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2009 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRE(S)).									
502	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/>						
503	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 553)						
504	Do you have a card where (NAME)'s vaccinations are written down? IF YES: May I see it please?	YES, SEEN ..... 1 (SKIP TO 505A) ← YES, NOT SEEN ..... 2 (SKIP TO 509) ← NO CARD ..... 3	YES, SEEN ..... 1 (SKIP TO 505A) ← YES, NOT SEEN ..... 2 (SKIP TO 509) ← NO CARD ..... 3	YES, SEEN ..... 1 (SKIP TO 505A) ← YES, NOT SEEN ..... 2 (SKIP TO 509) ← NO CARD ..... 3						
505	Did you ever have a vaccination card for (NAME)?	YES ..... 1 (SKIP TO 509) ← NO ..... 2	YES ..... 1 (SKIP TO 509) ← NO ..... 2	YES ..... 1 (SKIP TO 509) ← NO ..... 2						
505A	RECORD WHETHER CARD IS FROM LESOTHO, SOUTH AFRICA, OR ANOTHER COUNTRY.	BAKUNA FROM LESOTHO 1 ROAD TO HEALTH CARD FROM SOUTH AFRICA 2 (SKIP TO 507B) ← CARD FROM COUNTRY OTHER THAN LESOTHO OR SOUTH AFRICA ... 3	BAKUNA FROM LESOTHO 1 ROAD TO HEALTH CARD FROM SOUTH AFRICA 2 (SKIP TO 507B) ← CARD FROM COUNTRY OTHER THAN LESOTHO OR SOUTH AFRICA ... 3	BAKUNA FROM LESOTHO 1 ROAD TO HEALTH CARD FROM SOUTH AFRICA 2 (SKIP TO 507B) ← CARD FROM COUNTRY OTHER THAN LESOTHO OR SOUTH AFRICA ... 3						
506	(1) COPY DATES FROM THE CARD. (2) RECORD '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.									
LAST BIRTH                      NEXT-TO-LAST BIRTH                      SECOND-FROM-LAST BIRTH DAY MONTH YEAR                      DAY MONTH YEAR                      DAY MONTH YEAR										
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black;">                 BCG OPV-0 (POLIO GIVEN AT BIRTH) DTP-Hep B-Hib 1/ Pentavalent 1 OPV-1 DTP-Hep B-Hib 2/ Pentavalent 2 OPV-2 DTP-Hep B-Hib 3/ Pentavalent 3 OPV-3 MEASLES VITAMIN A (MOST RECENT)             </td> <td style="width:33%; border-right: 1px solid black;">                 BCG OPV0 DHH1/ P1 OPV1 DHH2/ P2 OPV2 DHH3/ P3 OPV3 MEA VIT A             </td> <td style="width:33%;">                 BCG OPV0 DHH1/ P1 OPV1 DHH2/ P2 OPV2 DHH3/ P3 OPV3 MEA VIT A             </td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="text"/></td> <td style="border-right: 1px solid black;"><input type="text"/></td> <td><input type="text"/></td> </tr> </table>					BCG OPV-0 (POLIO GIVEN AT BIRTH) DTP-Hep B-Hib 1/ Pentavalent 1 OPV-1 DTP-Hep B-Hib 2/ Pentavalent 2 OPV-2 DTP-Hep B-Hib 3/ Pentavalent 3 OPV-3 MEASLES VITAMIN A (MOST RECENT)	BCG OPV0 DHH1/ P1 OPV1 DHH2/ P2 OPV2 DHH3/ P3 OPV3 MEA VIT A	BCG OPV0 DHH1/ P1 OPV1 DHH2/ P2 OPV2 DHH3/ P3 OPV3 MEA VIT A	<input type="text"/>	<input type="text"/>	<input type="text"/>
BCG OPV-0 (POLIO GIVEN AT BIRTH) DTP-Hep B-Hib 1/ Pentavalent 1 OPV-1 DTP-Hep B-Hib 2/ Pentavalent 2 OPV-2 DTP-Hep B-Hib 3/ Pentavalent 3 OPV-3 MEASLES VITAMIN A (MOST RECENT)	BCG OPV0 DHH1/ P1 OPV1 DHH2/ P2 OPV2 DHH3/ P3 OPV3 MEA VIT A	BCG OPV0 DHH1/ P1 OPV1 DHH2/ P2 OPV2 DHH3/ P3 OPV3 MEA VIT A								
<input type="text"/>	<input type="text"/>	<input type="text"/>								
507	CHECK 506:	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 510H)	OTHER <input type="checkbox"/> (GO TO 508)	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 510H)	OTHER <input type="checkbox"/> (GO TO 508)	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 510H)	OTHER <input type="checkbox"/> (GO TO 508)			

507A	<p>Has (NAME) had any vaccinations that are not recorded on this card, including vaccinations given in a national immunization day campaign?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 506 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES . . . . . 1 (PROBE FOR VACCINATIONS AND RECORD '66' IN THE CORRESPONDING DAY COLUMN IN 506) . . . 2 (SKIP TO 510H)</p> <p>NO . . . . . 2 (SKIP TO 510H)</p> <p>DON'T KNOW . . . . . 8</p>	<p>YES . . . . . 1 (PROBE FOR VACCINATIONS AND RECORD '66' IN THE CORRESPONDING DAY COLUMN IN 506) . . . 2 (SKIP TO 510H)</p> <p>NO . . . . . 2 (SKIP TO 510H)</p> <p>DON'T KNOW . . . . . 8</p>	<p>YES . . . . . 1 (PROBE FOR VACCINATIONS AND RECORD '66' IN THE CORRESPONDING DAY COLUMN IN 506) . . . 2 (SKIP TO 510H)</p> <p>NO . . . . . 2 (SKIP TO 510H)</p> <p>DON'T KNOW . . . . . 8</p>																																																																																																																					
507B	<p>(1) COPY DATES FROM THE CARD. (2) RECORD '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.</p> <table style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">LAST BIRTH</th> <th rowspan="2"></th> <th colspan="3">NEXT-TO-LAST BIRTH</th> <th rowspan="2"></th> <th colspan="3">SECOND-FROM-LAST BIRTH</th> </tr> <tr> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr> <td>BCG</td> <td></td><td></td><td></td> <td>BCG</td> <td></td><td></td><td></td> <td>BCG</td> <td></td><td></td><td></td> </tr> <tr> <td>OPV-0 (POLIO GIVEN AT BIRTH)</td> <td></td><td></td><td></td> <td>OPV0</td> <td></td><td></td><td></td> <td>OPV0</td> <td></td><td></td><td></td> </tr> <tr> <td>OPV1</td> <td></td><td></td><td></td> <td>OPV1</td> <td></td><td></td><td></td> <td>OPV1</td> <td></td><td></td><td></td> </tr> <tr> <td>Dtap-IPV-Hib1 or DTP1</td> <td></td><td></td><td></td> <td>DIH1/ DTP1</td> <td></td><td></td><td></td> <td>DIH1/ DTP1</td> <td></td><td></td><td></td> </tr> <tr> <td>Dtap-IPV-Hib2 or DTP2</td> <td></td><td></td><td></td> <td>DIH2/ DTP2</td> <td></td><td></td><td></td> <td>DIH2/ DTP2</td> <td></td><td></td><td></td> </tr> <tr> <td>Dtap-IPV-Hib3 or DTP3</td> <td></td><td></td><td></td> <td>DIH3/ DTP3</td> <td></td><td></td><td></td> <td>DIH3/ DTP3</td> <td></td><td></td><td></td> </tr> <tr> <td>MEASLES</td> <td></td><td></td><td></td> <td>MEA</td> <td></td><td></td><td></td> <td>MEA</td> <td></td><td></td><td></td> </tr> <tr> <td>VITAMIN A (MOST RECENT)</td> <td></td><td></td><td></td> <td>VIT A</td> <td></td><td></td><td></td> <td>VIT A</td> <td></td><td></td><td></td> </tr> </tbody> </table>					LAST BIRTH				NEXT-TO-LAST BIRTH				SECOND-FROM-LAST BIRTH			DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	BCG				BCG				BCG				OPV-0 (POLIO GIVEN AT BIRTH)				OPV0				OPV0				OPV1				OPV1				OPV1				Dtap-IPV-Hib1 or DTP1				DIH1/ DTP1				DIH1/ DTP1				Dtap-IPV-Hib2 or DTP2				DIH2/ DTP2				DIH2/ DTP2				Dtap-IPV-Hib3 or DTP3				DIH3/ DTP3				DIH3/ DTP3				MEASLES				MEA				MEA				VITAMIN A (MOST RECENT)				VIT A				VIT A			
	LAST BIRTH					NEXT-TO-LAST BIRTH					SECOND-FROM-LAST BIRTH																																																																																																														
	DAY	MONTH	YEAR		DAY	MONTH	YEAR	DAY	MONTH		YEAR																																																																																																														
BCG				BCG				BCG																																																																																																																	
OPV-0 (POLIO GIVEN AT BIRTH)				OPV0				OPV0																																																																																																																	
OPV1				OPV1				OPV1																																																																																																																	
Dtap-IPV-Hib1 or DTP1				DIH1/ DTP1				DIH1/ DTP1																																																																																																																	
Dtap-IPV-Hib2 or DTP2				DIH2/ DTP2				DIH2/ DTP2																																																																																																																	
Dtap-IPV-Hib3 or DTP3				DIH3/ DTP3				DIH3/ DTP3																																																																																																																	
MEASLES				MEA				MEA																																																																																																																	
VITAMIN A (MOST RECENT)				VIT A				VIT A																																																																																																																	
507C	CHECK 507B:	<p>BCG TO MEASLES ALL RECORDED</p> <p><input type="checkbox"/></p> <p>(GO TO 510H)</p>	<p>OTHER</p> <p><input type="checkbox"/></p>	<p>BCG TO MEASLES ALL RECORDED</p> <p><input type="checkbox"/></p> <p>(GO TO 510H)</p>	<p>OTHER</p> <p><input type="checkbox"/></p>	<p>BCG TO MEASLES ALL RECORDED</p> <p><input type="checkbox"/></p> <p>(GO TO 510H)</p>	<p>OTHER</p> <p><input type="checkbox"/></p>																																																																																																																		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
508	Has (NAME) had any vaccinations that are not recorded on this card, including vaccinations given in a national immunization day campaign?  RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 506 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES ..... 1 (PROBE FOR ←) VACCINATIONS AND RECORD '66' IN THE CORRESPONDING DAY COLUMN IN 507B) (SKIP TO 510H) ← NO ..... 2 (SKIP TO 510H) ← DON'T KNOW ..... 8	YES ..... 1 (PROBE FOR ←) VACCINATIONS AND RECORD '66' IN THE CORRESPONDING DAY COLUMN IN 507B) (SKIP TO 510H) ← NO ..... 2 (SKIP TO 510H) ← DON'T KNOW ..... 8	YES ..... 1 (PROBE FOR ←) VACCINATIONS AND RECORD '66' IN THE CORRESPONDING DAY COLUMN IN 507B) (SKIP TO 510H) ← NO ..... 2 (SKIP TO 510H) ← DON'T KNOW ..... 8
509	Did (NAME) ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES ..... 1 NO ..... 2 (SKIP TO 511) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 511) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 511) ← DON'T KNOW ..... 8
510	Please tell me if (NAME) had any of the following vaccinations:			
510A	A BCG vaccination against tuberculosis, that is, an injection in the left forearm or upper arm that usually causes a scar?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
510B	Polio vaccine, that is, drops in the mouth?	YES ..... 1 NO ..... 2 (SKIP TO 510E) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 510E) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 510E) ← DON'T KNOW ..... 8
510C	Was the first polio vaccine given in the first two weeks after birth or later?	FIRST 2 WEEKS ... 1 LATER ..... 2	FIRST 2 WEEKS ... 1 LATER ..... 2	FIRST 2 WEEKS ... 1 LATER ..... 2
510D	How many times was the polio vaccine given?	NUMBER OF TIMES ... <input type="text"/>	NUMBER OF TIMES ... <input type="text"/>	NUMBER OF TIMES ... <input type="text"/>
510E	A DTP-Hep B-Hib vaccination, also known as a penta vaccination, that is, an injection given in the thigh, sometimes at the same time as polio drops?	YES ..... 1 NO ..... 2 (SKIP TO 510G) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 510G) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 510G) ← DON'T KNOW ..... 8
510F	How many times was the DTP-HepB-Hib vaccination given?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
510G	A measles injection-that is, a shot in the right arm at the age of 9 months or older-to prevent him/her from getting measles?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
510H	Were any of the vaccinations that (NAME) received given outside of Lesotho?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
511	Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF CAPSULES.	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
513	Was (NAME) given any drug for intestinal worms in the last six months?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
514	Has (NAME) had diarrhoea in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 525) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 525) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 525) ← DON'T KNOW ..... 8
515	Was there any blood in the stools?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
516	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	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8
517	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	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD ... 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8
518	Did you seek advice or treatment for the diarrhoea from any source?	YES ..... 1 NO ..... 2 (SKIP TO 522) ←	YES ..... 1 NO ..... 2 (SKIP TO 522) ←	YES ..... 1 NO ..... 2 (SKIP TO 522) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
519	<p>Where did you seek advice or treatment? Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER ..... B</p> <p>GOVT. HEALTH POST ..... C</p> <p>OTHER PUBLIC SECTOR _____ D</p> <p>(SPECIFY)</p> <p><b>PRVT MEDICAL SECTOR</b></p> <p>PVT. HOSPITAL/CLINIC ..... E</p> <p>PHARMACY ... F</p> <p>PVT DOCTOR ... G</p> <p>OTHER PRIVATE MED. SECTOR _____ H</p> <p>(SPECIFY)</p> <p><b>CHAL</b></p> <p>CHAL HOSPITAL . I</p> <p>CHAL HLTH CENTRE ..... J</p> <p>CHAL HEALTH POST ..... K</p> <p>RED CROSS HEALTH CENTER. L</p> <p>VILLAGE HEALTH WORKER ..... M</p> <p>FACILITY OUTSIDE LESOTHO ..... N</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... O</p> <p>TRADITIONAL HEALER ..... P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER ..... B</p> <p>GOVT. HEALTH POST ..... C</p> <p>OTHER PUBLIC SECTOR _____ D</p> <p>(SPECIFY)</p> <p><b>PRVT MEDICAL SECTOR</b></p> <p>PVT. HOSPITAL/CLINIC ..... E</p> <p>PHARMACY ... F</p> <p>PVT DOCTOR ... G</p> <p>OTHER PRIVATE MED. SECTOR _____ H</p> <p>(SPECIFY)</p> <p><b>CHAL</b></p> <p>CHAL HOSPITAL . I</p> <p>CHAL HLTH CENTRE ..... J</p> <p>CHAL HEALTH POST ..... K</p> <p>RED CROSS HEALTH CENTER. L</p> <p>VILLAGE HEALTH WORKER ..... M</p> <p>FACILITY OUTSIDE LESOTHO ..... N</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... O</p> <p>TRADITIONAL HEALER ..... P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER ..... B</p> <p>GOVT. HEALTH POST ..... C</p> <p>OTHER PUBLIC SECTOR _____ D</p> <p>(SPECIFY)</p> <p><b>PRVT MEDICAL SECTOR</b></p> <p>PVT. HOSPITAL/CLINIC ..... E</p> <p>PHARMACY ... F</p> <p>PVT DOCTOR ... G</p> <p>OTHER PRIVATE MED. SECTOR _____ H</p> <p>(SPECIFY)</p> <p><b>CHAL</b></p> <p>CHAL HOSPITAL . I</p> <p>CHAL HLTH CENTRE ..... J</p> <p>CHAL HEALTH POST ..... K</p> <p>RED CROSS HEALTH CENTER. L</p> <p>VILLAGE HEALTH WORKER ..... M</p> <p>FACILITY OUTSIDE LESOTHO ..... N</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... O</p> <p>TRADITIONAL HEALER ..... P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
520	CHECK 519:	<p>TWO OR MORE ONLY CODES ONE RECORDED CODE RECORDED (SKIP TO 522)</p>	<p>TWO OR MORE ONLY CODES ONE CIRCLED CODE RECORDED (SKIP TO 522)</p>	<p>TWO OR MORE ONLY CODES ONE CIRCLED CODE RECORDED (SKIP TO 522)</p>
521	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 519.</p>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
522	<p>Was he/she given any of the following to drink at any time since he/she started having the diarrhoea:</p> <p>a) A fluid made from a special packet called Motsoako or ORS?</p> <p>b) A health clinic-recommended homemade fluid?</p>	<p>YES NO DK</p> <p>a) FLUID FROM ORS PKT 1 2 8</p> <p>b) HOMEMADE FLUID . 1 2 8</p>	<p>YES NO DK</p> <p>a) FLUID FROM ORS PKT 1 2 8</p> <p>b) HOMEMADE FLUID . 1 2 8</p>	<p>YES NO DK</p> <p>a) FLUID FROM ORS PKT 1 2 8</p> <p>b) HOMEMADE FLUID . 1 2 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
523	Was anything (else) given to treat the diarrhoea?	YES ..... 1 NO ..... 2 (SKIP TO 525) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 525) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 525) ← DON'T KNOW ..... 8
524	What (else) was given to treat the diarrhoea? Anything else?  RECORD ALL TREATMENTS GIVEN.	<b>PILL OR SYRUP</b> ANTIBIOTIC ..... A ANTIMOTILITY ... B ZINC ..... C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY OR ZINC) D UNKNOWN PILL OR SYRUP ... E  <b>INJECTION</b> ANTIBIOTIC ..... F NON-ANTIBIOTIC . G UNKNOWN INJECTION ... H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J  OTHER _____ X (SPECIFY)	<b>PILL OR SYRUP</b> ANTIBIOTIC ..... A ANTIMOTILITY ... B ZINC ..... C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY OR ZINC) D UNKNOWN PILL OR SYRUP ... E  <b>INJECTION</b> ANTIBIOTIC ..... F NON-ANTIBIOTIC . G UNKNOWN INJECTION ... H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J  OTHER _____ X (SPECIFY)	<b>PILL OR SYRUP</b> ANTIBIOTIC ..... A ANTIMOTILITY ... B ZINC ..... C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY OR ZINC) D UNKNOWN PILL OR SYRUP ... E  <b>INJECTION</b> ANTIBIOTIC ..... F NON-ANTIBIOTIC . G UNKNOWN INJECTION ... H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J  OTHER _____ X (SPECIFY)
525	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
527	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 530) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 530) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 530) ← DON'T KNOW ..... 8
528	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 531) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 531) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 531) ← DON'T KNOW ..... 8
529	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY ... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 531) ←	CHEST ONLY ... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 531) ←	CHEST ONLY ... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 531) ←
530	CHECK 525:  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 553)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> ↓ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
531	<p>Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?</p>	<p>MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8</p>	<p>MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8</p>	<p>MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8</p>
532	<p>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?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD ... 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8</p>	<p>MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD ... 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8</p>	<p>MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD ... 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8</p>
533	<p>Did you seek advice or treatment for the illness from any source?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 537) ←</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 537) ←</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 537) ←</p>
534	<p>Where did you seek advice or treatment? Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p><b>PUBLIC SECTOR</b> GOVT. HOSPITAL A GOVT. HEALTH CENTRE ..... B GOVT. HEALTH POST ..... C OTHER PUBLIC SECTOR _____ D (SPECIFY) <b>PRVT MEDICAL SECTOR</b> PVT. HOSPITAL/ CLINIC ..... E PHARMACY ... F PVT DOCTOR ... G OTHER PRIVATE MED. SECTOR _____ H (SPECIFY) <b>CHAL</b> CHAL HOSPITAL . I CHAL HEALTH CENTRE ..... J CHAL HEALTH POST ..... K RED CROSS HEALTH CENTER L VILLAGE HEALTH WORKER ..... M FACILITY OUTSIDE LESOTHO ..... N <b>OTHER SOURCE</b> SHOP ..... O TRADITIONAL HEALER ..... P OTHER _____ X (SPECIFY)</p>	<p><b>PUBLIC SECTOR</b> GOVT. HOSPITAL A GOVT. HEALTH CENTRE ..... B GOVT. HEALTH POST ..... C OTHER PUBLIC SECTOR _____ D (SPECIFY) <b>PRVT MEDICAL SECTOR</b> PVT. HOSPITAL/ CLINIC ..... E PHARMACY ... F PVT DOCTOR ... G OTHER PRIVATE MED. SECTOR _____ H (SPECIFY) <b>CHAL</b> CHAL HOSPITAL . I CHAL HEALTH CENTRE ..... J CHAL HEALTH POST ..... K RED CROSS HEALTH CENTER L VILLAGE HEALTH WORKER ..... M FACILITY OUTSIDE LESOTHO ..... N <b>OTHER SOURCE</b> SHOP ..... O TRADITIONAL HEALER ..... P OTHER _____ X (SPECIFY)</p>	<p><b>PUBLIC SECTOR</b> GOVT. HOSPITAL A GOVT. HEALTH CENTRE ..... B GOVT. HEALTH POST ..... C OTHER PUBLIC SECTOR _____ D (SPECIFY) <b>PRVT MEDICAL SECTOR</b> PVT. HOSPITAL/ CLINIC ..... E PHARMACY ... F PVT DOCTOR ... G OTHER PRIVATE MED. SECTOR _____ H (SPECIFY) <b>CHAL</b> CHAL HOSPITAL . I CHAL HEALTH CENTRE ..... J CHAL HEALTH POST ..... K RED CROSS HEALTH CENTER L VILLAGE HEALTH WORKER ..... M FACILITY OUTSIDE LESOTHO ..... N <b>OTHER SOURCE</b> SHOP ..... O TRADITIONAL HEALER ..... P OTHER _____ X (SPECIFY)</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
535	CHECK 534:	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED (SKIP TO 537) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED (SKIP TO 537) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED (SKIP TO 537) ←
536	Where did you first seek advice or treatment?  USE LETTER CODE FROM 534.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
537	At any time during the illness, did (NAME) take any drugs for the illness?	YES ..... 1 NO ..... 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW ..... 8
538	What drugs did (NAME) take? Any other drugs?  RECORD ALL MENTIONED.	ANTIBIOTIC PILLS . A ANTIBIOTIC INJECT. B PARACETEMOL ... C IBUPROFEN..... D ASPIRIN ..... E  OTHER _____ X (SPECIFY)  DON'T KNOW ..... Z	ANTIBIOTIC PILLS . A ANTIBIOTIC INJECT. B PARACETEMOL ... C IBUPROFEN..... D ASPIRIN ..... E  OTHER _____ X (SPECIFY)  DON'T KNOW ..... Z	ANTIBIOTIC PILLS . A ANTIBIOTIC INJECT. B PARACETEMOL ... C IBUPROFEN..... D ASPIRIN ..... E  OTHER _____ X (SPECIFY)  DON'T KNOW ..... Z
552		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553.



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
553	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2009 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 554</p> <p>_____</p> <p>(NAME)</p>	<p>→ 556</p>	
554	<p>The last time (NAME FROM 553) passed stools, what was done to dispose of the stools?</p>	<p>CHILD USED TOILET OR LATRINE . . . 01  PUT/RINSED  INTO TOILET OR LATRINE . . . . . 02  PUT/RINSED  INTO DRAIN OR DITCH . . . . . 03  THROWN INTO GARBAGE . . . . . 04  BURIED . . . . . 05  LEFT IN THE OPEN . . . . . 06  OTHER _____ 96  (SPECIFY)</p>	
555	<p>CHECK 522(a) ALL COLUMNS:</p> <p>NO CHILD <input type="checkbox"/>  RECEIVED FLUID  FROM ORS PACKET ↓</p> <p>ANY CHILD <input type="checkbox"/>  RECEIVED FLUID  FROM ORS PACKET</p>	<p>→ 557</p>	
556	<p>Have you ever heard of a special product called ORS or Motsoako you can get for the treatment of diarrhoea?</p>	<p>YES . . . . . 1  NO . . . . . 2</p>	
557	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2012 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 558</p> <p>_____</p> <p>(NAME)</p>	<p>→ 601</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
558	<p>Now I would like to ask you about liquids or foods that (NAME FROM 557) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods. Did (NAME FROM 557) (drink/eat):</p>	<p style="text-align: right;">YES NO DK</p>	
	a) Plain water?	a) 1 2 8	
	b) Juice or juice drinks?	b) 1 2 8	
	c) Clear broth?	c) 1 2 8	
	d) Milk such as powdered, evaporated, condensed or fresh animal milk? IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	d) 1 2 8 NUMBER OF TIMES DRANK MILK <input type="text"/>	
	e) Infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	e) 1 2 8 NUMBER OF TIMES DRANK FORMULA <input type="text"/>	
	f) Any other liquids?	f) 1 2 8	
	g) Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	g) 1 2 8 NUMBER OF TIMES ATE YOGURT <input type="text"/>	
	h) Any Nestum, Cerelac, Purity or other commercially fortified baby food?	h) 1 2 8	
	i) Bread, rice, noodles, soft or hard porridge, or other foods made from grains?	i) 1 2 8	
	j) Pumpkin, carrots, red pepper, squash or sweet potatoes that are yellow or orange inside?	j) 1 2 8	
	k) White potatoes, white yams, or any other foods made from roots?	k) 1 2 8	
	l) Dark green leafy vegetables such as beet greens, mustard leaves, pumpkin leaves, turnip leaves, wild moroho, spinach, swiss chard or broccoli?	l) 1 2 8	
	m) Ripe mangoes, apricots, dried peaches or papayas?	m) 1 2 8	
	n) Any other fruits or vegetables such as bananas, apples, apple sauce, oranges, grapefruit, lemon, pears, fresh peaches, plums, grapes, watermelon, figs, gooseberry, cauliflower, cabbage, beet root, mushrooms, green beans, avocados, tomatoes and eggplant?	n) 1 2 8	
	o) Liver, kidney, heart or other organ meats?	o) 1 2 8	
	p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	p) 1 2 8	
	q) Eggs?	q) 1 2 8	
	r) Fresh, dried or tinned fish or shellfish?	r) 1 2 8	
	s) Any foods made from beans, peas, lentils, or nuts?	s) 1 2 8	
	t) Cheese or other food made from milk?	t) 1 2 8	
	u) Any other solid, semi-solid, or soft food?	u) 1 2 8	
559	CHECK 558 (CATEGORIES "g" THROUGH "u"): NOT A SINGLE "YES" <input type="checkbox"/> AT LEAST ONE "YES" <input type="checkbox"/>	→ 561	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
560	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES ..... 1 (GO BACK TO 558 TO RECORD ← FOOD EATEN YESTERDAY) NO ..... 2	→ 601
561	How many times did (NAME FROM 557) eat solid, semi-solid, or soft foods yesterday during the day or at night?  IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ..... <input data-bbox="1295 289 1349 348" type="text"/>  DON'T KNOW ..... 8	

**SECTION 6. MARRIAGE AND SEXUAL ACTIVITY**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
600A	<p>CHECK 101B:</p> <p>AGREED TO MEASUREMENT <input type="checkbox"/></p> <p>DID NOT AGREE TO MEASUREMENT OR WAS NOT ASKED 101B <input type="checkbox"/></p>		601
600B	<p>May I measure your blood pressure at this time?</p> <p>_____ INTERVIEWER SIGNATURE</p> <p>_____ DATE</p> <p>RESPONDENT AGREES <input type="checkbox"/></p> <p>RESPONDENT DOES NOT AGREE <input type="checkbox"/></p> <p>RECORD OUTCOME OF BLOOD PRESSURE MEASUREMENT.</p> <p>RECORD 994.</p>	<p>SYSTOLIC ..... <input type="text"/></p> <p>DIASTOLIC ..... <input type="text"/></p> <p>REFUSED ..... 994</p> <p>TECHNICAL PROBLEMS ..... 995</p> <p>OTHER ..... 996</p>	
601	<p>Are you currently married or living together with a man as if married?</p>	<p>YES, CURRENTLY MARRIED ..... 1</p> <p>YES, LIVING WITH A MAN ..... 2</p> <p>NO, NOT IN UNION ..... 3</p>	604
602	<p>Have you ever been married or lived together with a man as if married?</p>	<p>YES, FORMERLY MARRIED ..... 1</p> <p>YES, LIVED WITH A MAN ..... 2</p> <p>NO ..... 3</p>	612
603	<p>What is your marital status now: are you widowed, divorced, or separated?</p>	<p>WIDOWED ..... 1</p> <p>DIVORCED ..... 2</p> <p>SEPARATED ..... 3</p>	609
604	<p>Is your (husband/partner) living with you now or is he staying elsewhere? PROBE: Elsewhere in Lesotho or outside of Lesotho?</p>	<p>LIVING WITH HER ..... 1</p> <p>STAYING ELSEWHERE IN LESOTHO . 2</p> <p>STAYING ELSEWHERE OUTSIDE LESOTHO ..... 3</p>	605
604A	<p>Does he stay there for work or another reason?</p>	<p>WORK ..... 1</p> <p>OTHER REASON ..... 2</p> <p>DON'T KNOW ..... 8</p>	
605	<p>RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p>	<p>NAME _____</p> <p>LINE NO. .... <input type="text"/></p>	
606	<p>Does your (husband/partner) have other wives or does he live with other women as if married?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	609
607	<p>Including yourself, in total, how many wives or live-in partners does he have?</p>	<p>TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ... <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	
608	<p>Are you the first, second, ... wife?</p>	<p>RANK ..... <input type="text"/></p>	
609	<p>Have you been married or lived with a man only once or more than once?</p>	<p>ONLY ONCE ..... 1</p> <p>MORE THAN ONCE ..... 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
610	<p>CHECK 609:</p> <p>MARRIED/ LIVED WITH A MAN <input type="checkbox"/> ONLY ONCE ↓</p> <p>a) In what month and year did you start living with your (husband/partner)?</p> <p>MARRIED/ LIVED WITH A MAN <input type="checkbox"/> MORE THAN ONCE ↓</p> <p>b) Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?</p>	<p>MONTH ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH ..... 98</p> <p>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR ..... 9998</p>	<p>→ 612</p>
611	How old were you when you first started living with him?	AGE ..... <input type="text"/> <input type="text"/>	
<b>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</b>			
613	<p>Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues.</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD SEXUAL INTERCOURSE ..... 00</p> <p>AGE IN YEARS ..... <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER ..... 95</p>	<p>→ 628</p>
614	<p>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.</p>		
615	<p>When was the last time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS.</p> <p>IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO ..... 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO ..... 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO ..... 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO ..... 4 <input type="text"/> <input type="text"/></p>	<p>→ 617</p> <p>→ 627</p>

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
616	When was the last time you had sexual intercourse with this person?		DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/>
617	The last time you had sexual intercourse (with this second/ third person), was a condom used?	YES ..... 1 NO ..... 2 (SKIP TO 619) ←	YES ..... 1 NO ..... 2 (SKIP TO 619) ←	YES ..... 1 NO ..... 2 (SKIP TO 619) ←
618	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
619	What was your relationship to this person with whom you had sexual intercourse?  IF BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	HUSBAND ..... 1 LIVE-IN PARTNER . 2 BOYFRIEND NOT LIVING WITH RESPONDENT... 3 CASUAL ACQUAINTANCE 4 CLIENT/PROSTITUTE 5 OTHER ..... 6 (SPECIFY) (SKIP TO 622) ←	HUSBAND ..... 1 LIVE-IN PARTNER . 2 BOYFRIEND NOT LIVING WITH RESPONDENT... 3 CASUAL ACQUAINTANCE 4 CLIENT/PROSTITUTE 5 OTHER ..... 6 (SPECIFY) (SKIP TO 622) ←	HUSBAND ..... 1 LIVE-IN PARTNER . 2 BOYFRIEND NOT LIVING WITH RESPONDENT... 3 CASUAL ACQUAINTANCE 4 CLIENT/PROSTITUTE 5 OTHER ..... 6 (SPECIFY) (SKIP TO 622) ←
620	CHECK 609:	MARRIED ONLY <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> (SKIP TO 622) ←	MARRIED ONLY <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> (SKIP TO 622) ←	MARRIED ONLY <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> (SKIP TO 622) ←
621	CHECK 613:	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 623) ↓	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 623) ↓	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 623) ↓
622	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>
623	How many times during the last 12 months did you have sexual intercourse with this person?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, RECORD '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
624	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW ..... 98
625	Apart from (this person/these two people), have you had sexual intercourse with any other person in the last 12 months?	YES ..... 1 (GO BACK TO 616 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 627) ←	YES ..... 1 (GO BACK TO 616 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 627) ←	
626	In total, with how many different people have you had sexual intercourse in the last 12 months?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.			NUMBER OF PARTNERS LAST 12 MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
627	In total, with how many different people have you had sexual intercourse in your lifetime?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.  IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.	NUMBER OF PARTNERS IN LIFETIME ..... <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98													
628	PRESENCE OF OTHERS DURING THIS SECTION	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>CHILDREN &lt;10 .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <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> </tbody> </table>		YES	NO	CHILDREN <10 .....	1	2	MALE ADULTS .....	1	2	FEMALE ADULTS .....	1	2	
	YES	NO													
CHILDREN <10 .....	1	2													
MALE ADULTS .....	1	2													
FEMALE ADULTS .....	1	2													
629	Do you know of a place where a person can get male condoms?	YES ..... 1 NO ..... 2	→ 632												
630	Where is that? Any other place?  PROBE TO IDENTIFY EACH TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))	<b>PUBLIC SECTOR</b> GOVT. HOSPITAL ..... A GOVT. HEALTH CENTER ..... B GOVT. HEALTH POST ..... C FAMILY PLANNING CLINIC ..... D OTHER PUBLIC SECTOR _____ E (SPECIFY) <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... F PHARMACY ..... G PRIVATE DOCTOR ..... H LESOTHO PLANNED PARENTHOOD I PSI/NEW START CENTER ..... J OTHER PRIVATE MEDICAL SECTOR _____ K (SPECIFY) <b>CHAL</b> CHAL HOSPITAL ..... L CHAL HEALTH CENTER ..... M CHAL HEALTH POST ..... N  RED CROSS HEALTH CENTER ..... O CBD ..... P VILLAGE HEALTH WORKER ..... Q SUPPORT GROUPS ..... R  FACILITY OUTSIDE LESOTHO ..... S  <b>OTHER SOURCE</b> SHOP ..... T CHURCH ..... U PEER EDUCATORS ..... V FRIEND/RELATIVE ..... W  OTHER _____ X (SPECIFY)													
631	If you wanted to, could you yourself get a male condom?	YES ..... 1 NO ..... 2 DON'T KNOW/UNSURE ..... 8													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
632	Do you know of a place where a person can get female condoms?	YES ..... 1 NO ..... 2	→ 701
633	Where is that? Any other place?  PROBE TO IDENTIFY EACH TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))	<b>PUBLIC SECTOR</b> GOVT. HOSPITAL ..... A GOVT. HEALTH CENTER ..... B GOVT. HEALTH POST ..... C FAMILY PLANNING CLINIC ..... D OTHER PUBLIC SECTOR _____ E (SPECIFY) <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... F PHARMACY ..... G PRIVATE DOCTOR ..... H LESOTHO PLANNED PARENTHOOD I PSI/NEW START CENTER ..... J OTHER PRIVATE MEDICAL SECTOR _____ K (SPECIFY) <b>CHAL</b> CHAL HOSPITAL ..... L CHAL HEALTH CENTER ..... M CHAL HEALTH POST ..... N RED CROSS HEALTH CENTER ..... O CBD ..... P VILLAGE HEALTH WORKER ..... Q SUPPORT GROUPS ..... R FACILITY OUTSIDE LESOTHO ..... S <b>OTHER SOURCE</b> SHOP ..... T CHURCH ..... U PEER EDUCATORS ..... V FRIEND/RELATIVE ..... W OTHER _____ X (SPECIFY)	
634	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 304: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 712
702	CHECK 226: PREGNANT <input type="checkbox"/> NOT PREGNANT OR UNSURE <input type="checkbox"/>		→ 704
703	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD ..... 1 NO MORE ..... 2 UNDECIDED/DON'T KNOW ..... 8	→ 705 → 711
704	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 SAYS SHE CAN'T GET PREGNANT . 3 UNDECIDED/DON'T KNOW ..... 8	→ 707 → 712 → 710
705	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> a) How long would you like to wait from now before the birth of (a/another) child? b) After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS ..... 1 <input type="text"/> YEARS ..... 2 <input type="text"/> SOON/NOW ..... 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE ..... 995 OTHER _____ 996 (SPECIFY) DON'T KNOW ..... 998	→ 710 → 712 → 710
706	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 711
707	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→ 712
708	CHECK 705: NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		→ 711

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
713	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	<table border="0"> <tr> <td></td> <td style="text-align: center;">BOYS</td> <td style="text-align: center;">GIRLS</td> <td style="text-align: center;">EITHER</td> <td></td> </tr> <tr> <td>NUMBER</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>OTHER</td> <td colspan="3" style="text-align: center;">_____</td> <td style="text-align: right;">96</td> </tr> <tr> <td></td> <td colspan="4" style="text-align: center;">(SPECIFY)</td> </tr> </table>		BOYS	GIRLS	EITHER		NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	OTHER	_____			96		(SPECIFY)				
	BOYS	GIRLS	EITHER																				
NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																			
OTHER	_____			96																			
	(SPECIFY)																						
714	In the last three months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Read about family planning on billboards, posters, or pamphlets?	<table border="0"> <tr> <td></td> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>a) RADIO</td> <td>.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) TELEVISION</td> <td>.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) NEWSPAPER OR MAGAZINE</td> <td>.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) BILLBOARDS/POSTERS/ PAMPHLET</td> <td>.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>			YES	NO	a) RADIO	.....	1	2	b) TELEVISION	.....	1	2	c) NEWSPAPER OR MAGAZINE	.....	1	2	d) BILLBOARDS/POSTERS/ PAMPHLET	.....	1	2	
		YES	NO																				
a) RADIO	.....	1	2																				
b) TELEVISION	.....	1	2																				
c) NEWSPAPER OR MAGAZINE	.....	1	2																				
d) BILLBOARDS/POSTERS/ PAMPHLET	.....	1	2																				
716	CHECK 601:  YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→ 801																				
717	CHECK 303: USING A CONTRACEPTIVE METHOD?  CURRENTLY USING <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> OR NOT ASKED		→ 720																				
718	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	<table border="0"> <tr> <td>MAINLY RESPONDENT</td> <td>.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>MAINLY HUSBAND/PARTNER</td> <td>.....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>JOINT DECISION</td> <td>.....</td> <td style="text-align: right;">3</td> </tr> <tr> <td>OTHER</td> <td>_____</td> <td style="text-align: right;">6</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </table>	MAINLY RESPONDENT	.....	1	MAINLY HUSBAND/PARTNER	.....	2	JOINT DECISION	.....	3	OTHER	_____	6		(SPECIFY)							
MAINLY RESPONDENT	.....	1																					
MAINLY HUSBAND/PARTNER	.....	2																					
JOINT DECISION	.....	3																					
OTHER	_____	6																					
	(SPECIFY)																						
719	CHECK 304:  NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 801																				
720	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	<table border="0"> <tr> <td>SAME NUMBER</td> <td>.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>MORE CHILDREN</td> <td>.....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>FEWER CHILDREN</td> <td>.....</td> <td style="text-align: right;">3</td> </tr> <tr> <td>DON'T KNOW</td> <td>.....</td> <td style="text-align: right;">8</td> </tr> </table>	SAME NUMBER	.....	1	MORE CHILDREN	.....	2	FEWER CHILDREN	.....	3	DON'T KNOW	.....	8									
SAME NUMBER	.....	1																					
MORE CHILDREN	.....	2																					
FEWER CHILDREN	.....	3																					
DON'T KNOW	.....	8																					

SECTION 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	<p>What was the highest (standard/form/year) he completed at that level?</p> <p>IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.</p>	<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>a) What is your (husband's/partner's) occupation? That is, what kind of work does he mainly do?</p> <p>b) What was your (last) (husband's/partner's) occupation? That is, what kind of work did he mainly do?</p>	<p>_____</p> <p>_____ <input type="text"/><input type="text"/></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>	→ 815
811	What is your occupation, that is, what kind of work do you mainly do?	<p>_____</p> <p>_____ <input type="text"/><input type="text"/></p> <p>_____</p>	
812	Do you do this work for a member of your family, for someone else, or are you self-employed?	<p>FOR FAMILY MEMBER ..... 1</p> <p>FOR SOMEONE ELSE ..... 2</p> <p>SELF-EMPLOYED ..... 3</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR ..... 1 SEASONALLY/PART OF THE YEAR ..... 2 ONCE IN A WHILE ..... 3	
814	Are you paid in cash or 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	
814A	Where do you usually work? In your home community, elsewhere in Lesotho, or outside Lesotho?	HOME COMMUNITY ..... 1 ELSEWHERE IN LESOTHO ..... 2 OUTSIDE LESOTHO ..... 3	→ 815
814B	The last time you worked away from your home community, how long were you away from home?	DAYS ..... 1 WEEKS ..... 2 MONTHS ..... 3 ONE YEAR OR MORE ..... 996	
815	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 823
816	CHECK 814: CODE 1 OR 2 RECORDED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 819
817	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 OTHER ..... 6 (SPECIFY)	
818	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM ..... 1 LESS THAN HIM ..... 2 ABOUT THE SAME ..... 3 HUSBAND/PARTNER HAS NO EARNINGS ..... 4 DON'T KNOW ..... 8	→ 820
819	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 HUSBAND/PARTNER HAS NO EARNINGS ..... 4 OTHER ..... 6 (SPECIFY)	
820	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE ..... 4 OTHER ..... 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
821	Who usually makes decisions about making major household purchases?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE ..... 4 OTHER ..... 6																									
822	Who usually makes decisions about visits to your family or relatives?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE ..... 4 OTHER ..... 6																									
823	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY ..... 1 JOINTLY ONLY ..... 2 BOTH ALONE AND JOINTLY ..... 3 DOES NOT OWN ..... 4																									
824	Do you own any land either alone or jointly with someone else?	ALONE ONLY ..... 1 JOINTLY ONLY ..... 2 BOTH ALONE AND JOINTLY ..... 3 DOES NOT OWN ..... 4																									
825	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table> <thead> <tr> <th></th> <th>PRES./ LISTEN.</th> <th>PRES./ NOT LISTEN.</th> <th>NOT PRES.</th> </tr> </thead> <tbody> <tr> <td>CHILDREN &lt; 10</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER FEMALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.	CHILDREN < 10	1	2	3	HUSBAND	1	2	3	OTHER MALES	1	2	3	OTHER FEMALES	1	2	3					
	PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.																								
CHILDREN < 10	1	2	3																								
HUSBAND	1	2	3																								
OTHER MALES	1	2	3																								
OTHER FEMALES	1	2	3																								
826	In your opinion, is a husband justified in hitting or beating his wife in the following situations:  a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) NEGL. CHILDREN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) BURNS FOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) GOES OUT	1	2	8	b) NEGL. CHILDREN	1	2	8	c) ARGUES	1	2	8	d) REFUSES SEX	1	2	8	e) BURNS FOOD	1	2	8	
	YES	NO	DK																								
a) GOES OUT	1	2	8																								
b) NEGL. CHILDREN	1	2	8																								
c) ARGUES	1	2	8																								
d) REFUSES SEX	1	2	8																								
e) BURNS FOOD	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	→ 937																
902	Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
903	Can people get HIV from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
904	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
905	Can people get HIV by sharing food with a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
906	Can people get HIV because of witchcraft or other supernatural means?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
907	Is it possible for a healthy-looking person to have HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
907A	Can AIDS be cured?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 908																
907B	What can cure AIDS?  PROBE: Anything else?	MODERN DRUGS/ANTIRETROVIRALS A HERBS ..... B PRAYER/GOD ..... C OTHER ..... X DON'T KNOW ..... Z																	
908	Can the virus that causes AIDS be transmitted from a mother to her baby:  a) During pregnancy? b) During delivery? c) By breastfeeding?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>a) DURING PREG. . . .</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) DURING DELIVERY . .</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) BREASTFEEDING . . .</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	a) DURING PREG. . . .	1	2	8	b) DURING DELIVERY . .	1	2	8	c) BREASTFEEDING . . .	1	2	8	
	YES	NO	DK																
a) DURING PREG. . . .	1	2	8																
b) DURING DELIVERY . .	1	2	8																
c) BREASTFEEDING . . .	1	2	8																
909	CHECK 908: AT LEAST ONE 'YES' <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 911																
910	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
911	CHECK 208 AND 215:  LAST BIRTH SINCE JANUARY 2012 <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> LAST BIRTH BEFORE JANUARY 2012 <input type="checkbox"/>		→ 926 → 926																
912	CHECK 408 FOR LAST BIRTH: HAD ANTENATAL CARE <input type="checkbox"/> NO ANTENATAL CARE <input type="checkbox"/>		→ 920																





NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
920	CHECK 434 FOR LAST BIRTH: ANY CODE <input type="checkbox"/> OTHER <input type="checkbox"/> 21-61 RECORDED <input type="checkbox"/>		→ 926
921	Between the time you went for delivery but before the baby was born, were you offered a test for HIV?	YES ..... 1 NO ..... 2	
922	I don't want to know the results, but were you tested for HIV at that time?	YES ..... 1 NO ..... 2	→ 926
923	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	
924	Have you been tested for HIV since that time you were tested during your pregnancy?	YES ..... 1 NO ..... 2	→ 927
925	How many months ago was your most recent HIV test?	MONTHS AGO ..... <input type="text"/> <input type="text"/> TWO OR MORE YEARS ..... 95	→ 931A
926	I don't want to know the results, but have you ever been tested to see if you have HIV?	YES ..... 1 NO ..... 2	→ 930
927	How many months ago was your most recent HIV test?	MONTHS AGO ..... <input type="text"/> <input type="text"/> TWO OR MORE YEARS ..... 95	
928	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	
929	Where was the test done?  PROBE TO IDENTIFY TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> GOVT. HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12 GOVT. HEALTH POST ..... 13 FAMILY PLANNING CLINIC ..... 14 OTHER PUBLIC SECTOR ..... 15 (SPECIFY) <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... 21 PHARMACY ..... 22 PRIVATE DOCTOR ..... 23 LESOTHO PLANNED PARENTHOOD ..... 24 PSI/NEW START CENTER ..... 25 OTHER PRIVATE MEDICAL SECTOR ..... 26 (SPECIFY) <b>CHAL</b> CHAL HOSPITAL ..... 31 CHAL HEALTH CENTER ..... 32 CHAL HEALTH POST ..... 33  RED CROSS HEALTH CENTER ..... 41  VILLAGE HEALTH WORKER ..... 51 SUPPORT GROUPS ..... 52  FACILITY OUTSIDE LESOTHO ..... 61  OTHER ..... 86 (SPECIFY)	→ 931A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
930	Do you know of a place where people can go to get tested for HIV?	YES ..... 1 NO ..... 2	→ 931A
931	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL ..... A</p> <p>GOVT. HEALTH CENTER ..... B</p> <p>GOVT. HEALTH POST ..... C</p> <p>FAMILY PLANNING CLINIC ..... D</p> <p>OTHER PUBLIC SECTOR _____ E</p> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... F</p> <p>PHARMACY ..... G</p> <p>PRIVATE DOCTOR ..... H</p> <p>LESOTHO PLANNED PARENTHOOD I</p> <p>PSI/NEW START CENTER ..... J</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ K</p> <p>(SPECIFY)</p> <p><b>CHAL</b></p> <p>CHAL HOSPITAL ..... L</p> <p>CHAL HEALTH CENTER ..... M</p> <p>CHAL HEALTH POST ..... N</p> <p>RED CROSS HEALTH CENTER ..... O</p> <p>VILLAGE HEALTH WORKER ..... P</p> <p>SUPPORT GROUPS ..... Q</p> <p>FACILITY OUTSIDE LESOTHO ..... R</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
931A	<p>Some individuals choose not to go for HIV testing and counseling. In your opinion, why is this so?</p> <p>PROBE: Any other reason?</p>	<p>ALREADY KNOW STATUS ..... A</p> <p>FEEL THEY ARE NOT AT RISK ..... B</p> <p>FEAR OF RESULTS ..... C</p> <p>FEAR OF STIGMA/DISCRIMINATION . D</p> <p>FEAR OF DEATH ..... E</p> <p>FEAR OF DEPRESSION ..... F</p> <p>DON'T KNOW WHERE TO GET HTC . G</p> <p>FEAR OF GETTING INFECTED DURING TEST ..... H</p> <p>FEAR OF PARTNERS' REACTION ... I</p> <p>LACK OF KNOWLEDGE/IGNORANCE . J</p> <p>FATALISM/NO CURE ..... K</p> <p>TOO EXPENSIVE ..... L</p> <p>OTHER REASON ..... X</p> <p>DON'T KNOW ..... Z</p>	
931B	<p>CHECK 916, 922 AND 926:</p> <p>HAS NOT BEEN TESTED FOR HIV <input type="checkbox"/></p> <p>HAS BEEN TESTED FOR HIV <input type="checkbox"/></p>		→ 932

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
931C	What is the main reason you have not been tested for HIV?	ALREADY KNOW STATUS ..... 01 NOT AT RISK ..... 02 FEAR OF RESULTS ..... 03 FEAR OF STIGMA/DISCRIMINATION . 04 FEAR OF DEATH ..... 05 FEAR OF DEPRESSION ..... 06 DON'T KNOW WHERE TO GET HTC . 07 FEAR OF GETTING INFECTED DURING TEST ..... 08 FEAR OF PARTNERS' REACTION ... 09 LACK OF KNOWLEDGE/IGNORANCE . 10 FATALISM/NO CURE ..... 11 TOO EXPENSIVE ..... 12  OTHER REASON ..... 96 DON'T KNOW ..... 98	
932	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
933	If a member of your family got infected with HIV, would you want it to remain a secret or not?	YES, REMAIN A SECRET ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
934	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
935	In your opinion, if a female teacher has HIV but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED ..... 1 SHOULD NOT BE ALLOWED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
936	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
937	CHECK 901:  HEARD ABOUT AIDS <input type="checkbox"/> ↓ a) Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?  NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ b) Have you heard about infections that can be transmitted through sexual contact?	YES ..... 1 NO ..... 2	
938	CHECK 613: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> ↓ NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/> → 946		
939	CHECK 937: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?  YES <input type="checkbox"/> ↓ NO <input type="checkbox"/> → 941		
940	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
941	Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
942	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
943	CHECK 940, 941, AND 942: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 946
944	The last time you had (PROBLEM FROM 940/941/942), did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2	→ 946
945	Where did you go?  Any other place?  PROBE TO IDENTIFY EACH TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))	<b>PUBLIC SECTOR</b> GOVT. HOSPITAL ..... A GOVT. HEALTH CENTER ..... B GOVT. HEALTH POST ..... C FAMILY PLANNING CLINIC ..... D OTHER PUBLIC SECTOR ..... E (SPECIFY) <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... F PHARMACY ..... G PRIVATE DOCTOR ..... H LESOTHO PLANNED PARENTHOOD ..... I PSI/NEW START CENTER ..... J OTHER PRIVATE MEDICAL SECTOR ..... K (SPECIFY) <b>CHAL</b> CHAL HOSPITAL ..... L CHAL HEALTH CENTER ..... M CHAL HEALTH POST ..... N RED CROSS HEALTH CENTER ..... O VILLAGE HEALTH WORKER ..... P SUPPORT GROUPS ..... Q FACILITY OUTSIDE LESOTHO ..... R <b>OTHER SOURCE</b> SHOP ..... S CHURCH ..... T FRIEND/RELATIVE ..... U TRADITIONAL HEALER ..... V OTHER ..... X (SPECIFY)	
946	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
947	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
948	CHECK 601: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 1001
949	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?	YES ..... 1 NO ..... 2 DEPENDS/NOT SURE ..... 8	
950	Could you ask your (husband/partner) to use a condom if you wanted him to?	YES ..... 1 NO ..... 2 DEPENDS/NOT SURE ..... 8	



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"/> DON'T KNOW/DON'T REMEMBER 98	
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 TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12 GOVT. HEALTH POST ..... 13 OTHER PUBLIC SECTOR ..... 16  <b>PRIVATE MEDICAL SECTOR</b> PVT HOSPITAL/CLINIC ..... 21 PHARMACY ..... 22 PVT DOCTOR ..... 23 OTHER PRIVATE MEDICAL SECTOR ..... 26  <b>CHAL</b> CHAL HOSPITAL ..... 31 CHAL HEALTH CENTER ..... 32 RED CROSS HEALTH CENTER ... 41 VILLAGE HEALTH WORKER ..... 51 SUPPORT GROUPS ..... 52 FACILITY OUTSIDE LESOTHO ... 61  <b>OTHER SOURCE</b> SHOP ..... 71 CHURCH ..... 72 FRIENDS/RELATIVES ..... 73 TRADITIONAL HEALER ..... 74 OTHER ..... 96	→ 1002
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	<p>What signs or symptoms would lead you to think that a person has tuberculosis?</p> <p>PROBE: Any other signs or symptoms?</p> <p>RECORD ALL MENTIONED.</p>	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 ..... X NO SYMPTOMS ..... Y DON'T KNOW ..... Z	
1004C	<p>What do you think is the cause of tuberculosis?</p> <p>PROBE: Any other causes?</p> <p>RECORD ALL MENTIONED.</p>	MICROBES/GERMS/BACTERIA ..... A INHERITED ..... B LIFESTYLE ..... C SMOKING ..... D ALCOHOL DRINKING ..... E EXPOSURE TO COLD TEMP. .... F DUST/POLLUTION ..... G MINING ..... H OTHER ..... X DON'T KNOW ..... Z	
1005	<p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections have you had?</p> <p>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.</p>	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE ..... 00 → 1009	
1006	<p>Among these injections, how many were administered by a doctor, a nurse, a dentist, or any other health worker?</p> <p>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.</p>	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE ..... 00 → 1009	
1007	<p>The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?</p>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1009	<p>Do you currently smoke cigarettes, either manufactured or hand-rolled?</p>	YES ..... 1 NO ..... 2 → 1011	
1010	<p>In the last 24 hours, how many cigarettes did you smoke?</p>	CIGARETTES ..... <input type="text"/> <input type="text"/>	
1011	<p>Do you currently smoke or use any (other) type of tobacco?</p>	YES ..... 1 NO ..... 2 → 1012A	
1012	<p>What (other) type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED.</p>	PIPE ..... A CHEWING TOBACCO ..... B SNUFF ..... C OTHER ..... X	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1012A	Now I want to talk about diabetes. Have you ever heard of an illness called diabetes?	YES ..... 1 NO ..... 2	→ 1012E
1012AA	What are symptoms of diabetes?  PROBE: Any other symptoms?  RECORD ALL MENTIONED.	FREQUENT URINATION ..... A FEELING VERY THIRSTY ..... B FEELING VERY HUNGRY ..... C EXTREME FATIGUE ..... D BLURRY VISION ..... E CUTS/BRUISES SLOW TO HEAL ... F WEIGHT LOSS ..... G PAIN/TINGLING/NUMBNESS IN HANDS AND FEET ..... H OTHER ..... X DON'T KNOW ..... Z	
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 BOTH INJECTED AND ORALLY ..... 3	
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	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	
1012G	Who took your blood pressure?	DOCTOR/NURSE ..... 1 PHARMACIST ..... 2 SELF ..... 3 OTHER ..... 6 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?	YES NO N/A  a) TAKE MEDICINE 1 2 3 b) CONTROL WEIGHT 1 2 3 c) CUT DOWN SALT 1 2 3 d) EXERCISE 1 2 3 e) CUT DOWN ALCOHOL 1 2 3 f) STOP SMOKING 1 2 3 g) TRAD. MED./HERBS 1 2 3	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
1012J	Have you ever heard of a disease called breast cancer?	YES ..... 1 NO ..... 2	→ 1012L															
1012K	Who can get breast cancer: women only, men only, or both men and women?	WOMEN ONLY ..... 1 MEN ONLY ..... 2 BOTH ..... 3																
1012L	Have you performed a breast self exam to detect lumps within the last 12 months?	YES ..... 1 NO ..... 2																
1012M	Have you had a breast cancer clinical exam to detect breast cancer in the last 12 months?	YES ..... 1 NO ..... 2 NOT SURE ..... 8																
1012N	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															
1012O	Have you ever had such an exam in your life time?	YES ..... 1 NO ..... 2	→ 1013															
1012P	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																
1013	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?  a) Getting permission to go? b) Getting money needed for treatment? c) The distance to the health facility? d) Not wanting to go alone?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">BIG PROB- LEM</th> <th style="text-align: center;">NOT A BIG PROB- LEM</th> </tr> </thead> <tbody> <tr> <td>a) PERMISSION TO GO . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) GETTING MONEY . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) DISTANCE . . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) GO ALONE . . . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		BIG PROB- LEM	NOT A BIG PROB- LEM	a) PERMISSION TO GO . . .	1	2	b) GETTING MONEY . . .	1	2	c) DISTANCE . . . . .	1	2	d) GO ALONE . . . . .	1	2	
	BIG PROB- LEM	NOT A BIG PROB- LEM																
a) PERMISSION TO GO . . .	1	2																
b) GETTING MONEY . . .	1	2																
c) DISTANCE . . . . .	1	2																
d) GO ALONE . . . . .	1	2																
1014	Are you covered by any health insurance?	YES ..... 1 NO ..... 2	→ 1101															
1015	What type of health insurance are you covered by?  RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE ..... A HEALTH INSURANCE THROUGH EMPLOYER ..... B OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE. .... C OTHER ..... X																

SECTION 11. MATERNAL MORTALITY

NO.		CODING CATEGORIES						SKIP
1101	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER ..... <input type="text"/> <input type="text"/>						
1102	CHECK 1101: TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>						1115	
1103	How many births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS ..... <input type="text"/> <input type="text"/>						
1104	What was the name given to your oldest (next oldest) brother or sister?	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____	
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1106	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (2) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (3) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (4) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (5) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (6) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (7) ←	
1107	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (2)	<input type="text"/> <input type="text"/> GO TO (3)	<input type="text"/> <input type="text"/> GO TO (4)	<input type="text"/> <input type="text"/> GO TO (5)	<input type="text"/> <input type="text"/> GO TO (6)	<input type="text"/> <input type="text"/> GO TO (7)	
1108	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
1109	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)	
1110	Was (NAME) pregnant when she died?	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	
1111	Did (NAME) die during childbirth?	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
1113	How many live born children did (NAME) give birth to during her lifetime?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
IF NO MORE BROTHERS OR SISTERS, GO TO 1114.								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1114	<p>CHECK Qs. 1110, 1111 AND 1112 FOR ALL SISTERS</p> <p>ANY YES <input type="checkbox"/></p> <p>ALL NO <input type="checkbox"/> OR BLANK</p> <p>Just to make sure I have this right, you told me that your sister(s) _____ (NAME) died when she was (pregnant/delivering/had just delivered). Is that correct?            IF CORRECT, CONTINUE.            IF NOT, CORRECT QUESTIONNAIRE AND CONTINUE TO 1115.</p>		1115
1115	<p>CHECK 101B:</p> <p>AGREED TO MEASUREMENT <input type="checkbox"/></p> <p>DID NOT AGREE TO MEASUREMENT OR WAS NOT ASKED 101B <input type="checkbox"/></p>		1117
1116	<p>May I measure your blood pressure at this time?</p> <p>DATE _____</p> <p>INTERVIEWER SIGNATURE _____</p> <p>RESPONDENT AGREES <input type="checkbox"/></p> <p>RECORD OUTCOME OF BLOOD PRESSURE MEASUREMENT.</p> <p>RESPONDENT DOES NOT AGREE <input type="checkbox"/></p> <p>RECORD 994.</p>	<p>SYSTOLIC ..... <input type="text"/><input type="text"/><input type="text"/></p> <p>DIASTOLIC ..... <input type="text"/><input type="text"/><input type="text"/></p> <p>REFUSED ..... 994</p> <p>TECHNICAL PROBLEMS ..... 995</p> <p>OTHER ..... 996</p>	
1117	RECORD THE TIME.	<p>HOURS ..... <input type="text"/><input type="text"/></p> <p>MINUTES ..... <input type="text"/><input type="text"/></p>	

SECTION 12. AVERAGING BLOOD PRESSURE MEASURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1201	CHECK Q600B AND Q1116:  SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN BOTH Q600B AND Q1116 <input type="checkbox"/>	SYSTOLIC AND DIASTOLIC BLOOD PRESSURE MEASURES NOT RECORDED IN BOTH Q600B AND Q1116 <input type="checkbox"/> → 1207	
1202	RECORD AND CALCULATE THE AVERAGE OF THE SYSTOLIC AND DIASTOLIC BLOOD PRESSURE FROM Q600B AND Q1116.		
1203	BLOOD PRESSURE MEASUREMENTS FROM Q600B	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 DIVIDING 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 AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN Q1116 <input type="checkbox"/>	BOTH SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN Q1116 <input type="checkbox"/> → 1210	
1208	CHECK Q600B:  SYSTOLIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN Q600B <input type="checkbox"/>	BOTH SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN Q600B <input type="checkbox"/> → 1210	
1209	CHECK Q102F:  SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN Q102F <input type="checkbox"/>	BOTH SYSTOLIC AND DIASTOLIC BLOOD PRESSURE <u>NOT</u> RECORDED IN Q102F <input type="checkbox"/> → 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					
	<80	<85	85-89	90-99	100-109	≥ 110
<120	1	2	3	4	5	6
<130	2	2	3	4	5	6
130-139	3	3	3	4	5	6
140-159	4	4	4	4	5	6
160-179	5	5	5	5	5	6
≥ 180	6	6	6	6	6	6

1212

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

	RESPONDENT'S BLOOD PRESSURE CATEGORY	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE <u>WITHIN</u> :
1	NORMAL/OPTIMAL	1 YEAR
2	NORMAL/MILDLY HIGH	1 YEAR
3	NORMAL/MODERATELY HIGH	2 MONTHS
4	ABNORMAL/MILDLY ELEVATED	1 MONTH
5	ABNORMAL/MODERATELY ELEVATED	1 WEEK
6	ABNORMAL/SEVERELY ELEVATED	IMMEDIATELY

1213

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.

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

---

---

---

---

---

---

COMMENTS ON SPECIFIC QUESTIONS:

---

---

---

---

---

ANY OTHER COMMENTS:

---

---

---

---

---

SUPERVISOR'S OBSERVATIONS

---

---

---

---

---

---

---

---

NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

INSTRUCTIONS:  
 ONLY ONE CODE SHOULD APPEAR IN ANY BOX.  
 COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS
  
- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUCD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 MALE CONDOM
- 8 FEMALE CONDOM
- 9 RHYTHM METHOD
- M WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 SIDE EFFECTS/HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 8 INCONVENIENT TO USE
- F UP TO GOD/FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER \_\_\_\_\_  
 (SPECIFY)
- Z DON'T KNOW

			1	2			
	12	DEC	01				
	11	NOV	02				
	10	OCT	03				
	09	SEP	04				
2	08	AUG	05				2
0	07	JUL	06				0
1	06	JUN	07				1
4	05	MAY	08				4
	04	APR	09				
	03	MAR	10				
	02	FEB	11				
	01	JAN	12				
<hr/>							
	12	DEC	13				
	11	NOV	14				
	10	OCT	15				
	09	SEP	16				
2	08	AUG	17				2
0	07	JUL	18				0
1	06	JUN	19				1
3	05	MAY	20				3
	04	APR	21				
	03	MAR	22				
	02	FEB	23				
	01	JAN	24				
<hr/>							
	12	DEC	25				
	11	NOV	26				
	10	OCT	27				
	09	SEP	28				
2	08	AUG	29				2
0	07	JUL	30				0
1	06	JUN	31				1
2	05	MAY	32				2
	04	APR	33				
	03	MAR	34				
	02	FEB	35				
	01	JAN	36				
<hr/>							
	12	DEC	37				
	11	NOV	38				
	10	OCT	39				
	09	SEP	40				
2	08	AUG	41				2
0	07	JUL	42				0
1	06	JUN	43				1
1	05	MAY	44				1
	04	APR	45				
	03	MAR	46				
	02	FEB	47				
	01	JAN	48				
<hr/>							
	12	DEC	49				
	11	NOV	50				
	10	OCT	51				
	09	SEP	52				
2	08	AUG	53				2
0	07	JUL	54				0
1	06	JUN	55				1
0	05	MAY	56				0
	04	APR	57				
	03	MAR	58				
	02	FEB	59				
	01	JAN	60				
<hr/>							
	12	DEC	61				
	11	NOV	62				
	10	OCT	63				
	09	SEP	64				
2	08	AUG	65				2
0	07	JUL	66				0
0	06	JUN	67				0
9	05	MAY	68				9
	04	APR	69				
	03	MAR	70				
	02	FEB	71				
	01	JAN	72				

