

RWANDA INTERIM DEMOGRAPHIC AND HEALTH SURVEYS
WOMAN'S QUESTIONNAIRE

National Institute of Statistics of Rwanda

REPUBLIC OF RWANDA

IDENTIFICATION																
VILLAGE NAME _____ NAME OF HOUSEHOLD HEAD _____ PROVINCE DISTRICT CLUSTER NUMBER STRUCTURE NUMBER HOUSEHOLD NUMBER URBIN/RURAL (URBAN=1, RURAL=2) CITY OF KIGALI/OTHER CITY/RURAL) (CITY OF KIGALI=1, OTHER CITY=2, RURAL=3) NAME AND LINE NUMBER OF WOMAN _____																
INTERVIEWER VISITS																
	1	2	3	FINAL VISIT												
DATE _____ NAME OF THE INTERVIEWER _____ RESULT* _____				DAY MONTH YEAR <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> CODE <input type="text"/> RESULT <input type="text"/>												
NEXT VISITE DATE _____ HOURS _____				TOTAL NUMBER OF VISITS <input type="text"/>												
<p>*RESULT CODES</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">1 COMPLETED</td> <td style="width: 20%;">4 REFUSED</td> <td style="width: 20%;"></td> <td style="width: 40%;"></td> </tr> <tr> <td>2 NOT AT HOME</td> <td>5 PARTIALLY COMPLETED</td> <td>7 OTHER</td> <td>_____</td> </tr> <tr> <td>3 POSTPONED</td> <td>6 INCAPACITATED</td> <td></td> <td style="text-align: right;">(SPECIFY)</td> </tr> </table>					1 COMPLETED	4 REFUSED			2 NOT AT HOME	5 PARTIALLY COMPLETED	7 OTHER	_____	3 POSTPONED	6 INCAPACITATED		(SPECIFY)
1 COMPLETED	4 REFUSED															
2 NOT AT HOME	5 PARTIALLY COMPLETED	7 OTHER	_____													
3 POSTPONED	6 INCAPACITATED		(SPECIFY)													
LANGUAGE OF INTERVIEW KINYARWANDA1 OTHER LANGUAGE _____2 (SPECIFY) WAS A TRANSLATOR USED? YES 1 NO 2																
SUPERVISOR MANE _____ DATE _____ <input type="text"/> <input type="text"/>		FIELD EDITOR NAME _____ DATE _____ <input type="text"/> <input type="text"/>		OFFICE EDITOR <input type="text"/> <input type="text"/>												
				KEYED BY <input type="text"/> <input type="text"/>												

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the National Institute of Statistics of Rwanda. We are conducting a national survey that asks women and men about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes between 10 and 15 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important. I should add that in the coming few months someone from our office will probably come back to ask additional questions on the health of children.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

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

100	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
101	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
102	How old were you at your last birthday? COMPARE AND CORRECT 101 AND/OR 102 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
103	Have you ever attended school?	YES 1 NO 2	→ 106
104	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
105	What is the highest grade/year you completed at that level?	GRADE/YEAR <input type="text"/> <input type="text"/>	
106	What is your religion?	CATHOLIC 1 PROTESTANT 2 ADVENTIST 3 MOSLEM 4 TRADITIONAL RELIGION 5 OTHER _____ 6 (SPECIFY) NONE 7	
107	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	→ 110
108	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 201
109	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 201
110	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	

SECTION 2. REPRODUCTION

N°.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→ 225								

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
 RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.
 (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	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"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	
02	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"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
03	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"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
04	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"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
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"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
06	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"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
07	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"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221		
What name was given to your next baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?		
08	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"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH		
09	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"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH		
10	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"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH		
11	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"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH		
12	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"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH		
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	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH BIRTH SINCE JANUARY 2002: MONTH AND YEAR OF BIRTH ARE RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p>										
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2002 OR LATER. IF NONE, RECORD '0' AND SKIP TO 226.									<input type="text"/>	

N°.	QUESTIONS AND FILTERS	CATEGORIES	SKP
225	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 301
226	How many months pregnant are you?	MONTHS <input type="text"/> <input type="text"/>	

SECTION 3. CONTRACEPTION

301	<p>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</p> <p>Which ways or methods have you heard about? (1)</p> <p>FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</p>	302 Have you ever used (METHOD)?	
01	<p>FEMALE STERILIZATION Women can have an operation to avoid having any more children.</p>	<p>YES 1 NO 2 ↘</p>	<p>Have you ever had an operation to avoid having any more children? YES 1 NO 2</p>
02	<p>MALE STERILIZATION Men can have an operation to avoid having any more children.</p>	<p>YES 1 NO 2 ↘</p>	<p>Have you ever had a partner who had an operation to avoid having any more children? YES 1 NO 2</p>
03	<p>PILL Women can take a pill every day to avoid becoming pregnant.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
04	<p>IUD Women can have a loop or coil placed inside them by a doctor or a nurse.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
05	<p>INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
06	<p>IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
07	<p>CONDOM Men can put a rubber sheath on their penis before sexual intercourse.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
08	<p>FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NON 2</p>
09	<p>LACTATIONAL AMENORRHEA METHOD (LAM)</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2 NON 2</p>
10	<p>RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
11	<p>WITHDRAWAL Men can be careful and pull out before climax.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
12	<p>EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
13	<p>STANDARD DAYS METHODS USING CYCLE BEADS: Woman can know better the days of the months that she would have a greater chance of being pregnant by using cycle beads or calendar.</p>	<p>OUI 1 NON 2 ↘</p>	<p>OUI 1 NON 2</p>
16	<p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p>YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2</p>	<p>YES 1 NO 2 YES 1 NO 2</p>
303	<p>CHECK 302:</p> <p>NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/></p>		<p>→ 306</p>

N ^o	QUESTIONS AND FILTERS	CODES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 306
305	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
306	CHECK 302 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 309A
307	CHECK 225: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 314
308	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 314
309	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTABLES E IMPLANTS F CONDOM G FEMALE CONDOM H LACTATIONAL AMEN. METHOD I RHYTHM J WITHDRAWAL K EMERGENCY PILL L SDM CYCLESBEADS M FOAM/JELLY N DIAPHRAGM O OTHER _____ X (SPECIFY)	→ 311
309A	CIRCLE 'A' FOR FEMALE STERILIZATION.		
310	In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	SECTEUR PUBLIC REFERRAL HOSPITAL 11 DISTRICT HOSIPTAL 12 HEALTH CENTER 13 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE CLINIC/HOSPITAL ... 21 PRIVATE DOCTOR 23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

N°	QUESTIONS AND FILTERS	CODES	SKIP
311	<p>CHECK 309/309A :</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 309/309A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>NO CODE CIRCLED 00</p> <p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>LACTATIONAL AMEN. METHOD 09</p> <p>RHYTHM 10</p> <p>WITHDRAWAL 11</p> <p>EMRGENCY PILL 12</p> <p>SDM CYCLESBEADS 13</p> <p>FOAM/JELLY 14</p> <p>DIAPHRAGM 15</p> <p>OTHER METHOD 16</p>	<p>→ 313</p> <p>→ 313</p> <p>→ 313</p> <p>→ 312A</p> <p>→ 312A</p> <p>→ 313</p> <p>→ 313</p>
312	<p>Where did you obtain (CURRENT METHOD) when you started using it?</p>	<p>PUBLIC SECTOR</p> <p>REFERENCE HOSPITAL 11</p> <p>DISTRICT HOSIPTAL 12</p> <p>HEALTH CENTER 13</p> <p>HEALTH WORKER 14</p> <p>OTHER PUBLIC 16</p> <p>(PRÉCISER)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE CLINIC/HOSPITAL ... 21</p> <p>PHARMACY 22</p> <p>PRIVATE DOCTOR 23</p> <p>ARBEF CLINIC 24</p> <p>NURSE 25</p> <p>OTHER PRIVATE MEDICAL 26</p> <p>(PRÉCISER)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>CHURCH 32</p> <p>FRIEND/RELATIVE 33</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
312A	<p>Where did you learn how to use the rhythm/lactational amenorhea method?</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>		
313	<p>CHECK 309/309A :</p> <p>NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/></p>		→ 325
314	<p>CHECK 225</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>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?</p> <p>PREGNANT <input type="checkbox"/></p> <p>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?</p>	<p>HAVE (A/ANOTHER) CHILD 1</p> <p>NO MORE/NONE 2</p> <p>SAYS SHE CAN'T GET PREGNANT . 3</p> <p>UNDECIDED/DON'T KNOW AND PREGNANT 4</p> <p>UNDECIDED/DON'T KNOW AND NOT PREGNANT OR UNSURE 5</p>	<p>→ 316</p> <p>→ 325</p> <p>→ 321</p> <p>→ 320</p>

N°	QUESTIONS AND FILTERS	CODES	SKIP
315	<p>CHECK 225:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>PREGNANT <input type="checkbox"/></p> <p>How long would you like to wait from now before the birth of (a/another) child?</p> <p>After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?</p>	<p>MONTHS 1 <input type="checkbox"/></p> <p>YEARS 2 <input type="checkbox"/></p> <p>SOON/NOW 993</p> <p>SAYS SHE CAN'T GET PREGNANT AFTER MARRIAGE 994</p> <p>OTHER 996 (SPECIFY)</p> <p>DON'T KNOW 998</p>	<p>→ 320</p> <p>→ 325</p> <p>→ 320</p>
316	<p>CHECK 225:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>PREGNANT <input type="checkbox"/></p>		<p>→ 321</p>
317	<p>CHECK 308: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>NOT CURRENTLY USING <input type="checkbox"/></p> <p>CURRENTLY USING <input type="checkbox"/></p>		<p>→ 325</p>
318	<p>CHECK 315:</p> <p>NOT ASKED <input type="checkbox"/></p> <p>24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/></p> <p>00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/></p>		<p>→ 321</p>
319	<p>CHECK 314:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy.</p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY . D</p> <p>SUBFECUND/INFECUND E</p> <p>POSTPARTUM AMENORRHEIC ... F</p> <p>BREASTFEEDING G</p> <p>FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED . J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS O</p> <p>FEAR OF SIDE EFFECTS P</p> <p>LACK OF ACCESS/TOO FAR Q</p> <p>COSTS TOO MUCH R</p> <p>INCONVENIENT TO USE S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES T</p> <p>OTHER X (SPECIFY)</p> <p>DON'T KNOW Z</p>	

N°	QUESTIONS AND FILTERS	CODES	SKIP
320	CHECK 309: USING A CONTRACEPTIVE METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> NO, CURRENTLY USING <input type="checkbox"/> YES,		→ 325
321	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES 1 NO 2 DON'T KNOW 8	→ 323 → 323
322	Quelle méthode préféreriez-vous utiliser ?	FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 CONDOM 07 FEMALE CONDOM 08 LACTATIONAL AMEN. METHOD 09 RHYTHM 10 WITHDRAWAL 11 EMRGENCY PILL 12 SDM CYCLESBEADS 13 FOAM/JELLY 14 DIAPHRAGM 15 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 325
323	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED 11 FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX ... 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND 24 WANTS AS MANY CHILDREN AS POSSIBLE 26 OPPOSITION TO USE RESPONDENT OPPOSED 31 HUSBAND/PARTNER OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR ... 53 COSTS TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 325
324	Would you ever use a contraceptive method if you were married?	YES 1 NO 2 DON'T KNOW 8	

N°	QUESTIONS AND FILTERS	CODES	SKIP
325	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>NUMBER <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 401</p> <p>→ 401</p>
326	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: ONE OR MORE BIRTHS IN 2002 OR LATER <input type="checkbox"/> NO BIRTHS IN 2002 OR LATER <input type="checkbox"/>	GO TO 574		
402	CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2002 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)			
403	LINE NUMBER FROM 212	LAST BIRTH LINE NO. <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NO. <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH LINE NO. <input type="text"/> <input type="text"/>
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 (SKIP TO 407) ← LATER 2 NOT AT ALL 3 (SKIP TO 407) ←	THEN 1 (SKIP TO 435) ← LATER 2 NOT AT ALL 3 (SKIP TO 435) ←	THEN 1 (SKIP TO 435) ← LATER 2 NOT AT ALL 3 (SKIP TO 435) ←
406	How much longer would you have liked to wait?	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998
407	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	PROF. DE LA SANTÉ DOCTOR A NURSE/MIDWIFE AUXILIARY MIDWIFE B OTHER PERSON TRAINED TRAD.BIRTH ATTENDANT . C NON TRAINED TRAD. BIRTH ATTENDANT... D OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 414) ←		

N ^o	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
408	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE(S))</p>	<p>HOME YOUR HOME . . . A OTHER HOME . . . B</p> <p>PUBLIC SECTOR GOV. HOSPITAL. C HEALTH CENTE... D OTHER PUBLIC _____ E (SPECIFY)</p> <p>PRIV. MEDICAL SECTOR PRIVATE HOSP./ CLINIC F PRIV. DOCTOR . . G ARBEF CLINIC . . H NURSE I OTHER MEDICAL PRIVATE _____ J (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>		
409	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>MONTHS . . . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>		
410	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>		
411	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once?</p> <p>Were you weighed?</p> <p>Was your blood pressure measured?</p> <p>Did you give a urine sample?</p> <p>Did you give a blood sample?</p>	<p>YES NO</p> <p>WEIGHT . . . 1 2</p> <p>BP 1 2</p> <p>URINE 1 2</p> <p>BLOOD 1 2</p>		
412	<p>During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?</p>	<p>YES 1 NO 2 (SKIP TO 414) ← DON'T KNOW 8</p>		
413	<p>Were you told where to go if you had any of these complications?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>		
414	<p>During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?</p>	<p>YES 1 NO 2 (SKIP TO 417) ← DON'T KNOW 8</p>		
415	<p>During this pregnancy, how many times did you get this tetanus injection?</p>	<p>TIMES <input type="text"/></p> <p>DON'T KNOW 8</p>		
416	<p>CHECK 415:</p>	<p>2 OR MORE OTHER TIMES <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 421) ↓ ↓</p>		

N ^o	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
417	At any time before this pregnancy, did you receive any tetanus injections, either to protect yourself or another baby?	YES 1 NO 2 (SKIP TO 421) ← DON'T KNOW 8		
418	Before this pregnancy, how many other times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'. RECORD '7'.	TIMES <input type="text"/> DON'T KNOW ... 8		
421	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP. MONTRER COMPRIMÉS/SIROP	YES 1 NO 2 (SKIP TO 423) ← DON'T KNOW 8		
422	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ... 998		
423	During this pregnancy, did you take any drug for intestinal worms?	YES 1 NO 2 DON'T KNOW 8		
424	During this pregnancy, did you have difficulty with your vision during daylight?	YES 1 NO 2 DON'T KNOW 8		
425	During this pregnancy, did you suffer from night blindness [USE LOCAL TERM]?	YES 1 NO 2 DON'T KNOW 8		
425A	During this pregnancy, did you have the fever?	YES 1 NO 2 (SKIP TO 426) ← DON'T KNOW 8		
425B	In which trimester did you have the fever?	FIRST TRIMES. 1 SECOND TRIMES. ... 2 THIRD TRIMES. 3 DON'T KNOW 8		
426	During this pregnancy, did you take any drugs to keep you from getting malaria?	YES 1 NO 2 (SKIP TO 435) ← DON'T KNOW 8		
427	What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR A QUARTEM B QUININE C OTHER X (SPECIFY) DON'T KNOW Z		
428	CHECK 427: DRUGS TAKEN FOR MALARIA PREVENTION.	CODE 'A' CODE <input type="text"/> CIRCLED A' NOT <input type="text"/> <input type="text"/> CIRCLED ↓ (SKIP TO 435) ←		

N ^o	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____		
429	How many times did you take (SP/Fansidar) during this pregnancy?	TIMES <input type="text"/> <input type="text"/>				
430	CHECK 407: ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE 'A', OTHER <input type="text"/> B' OR 'C' CIRCLED <input type="text"/> (SKIP TO 435) ←				
431	Did you get the (SP/Fansidar) during any antenatal care visit, during another visit to a health facility or from another source?	ANTENATAL VISIT . . . 1 ANOTHER FACILITY VISIT 2 OTHER SOURCE 6				
435	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE . B AUXILIARY MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE . B AUXILIARY MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . D RELATIVE/FRIEND . E OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE . B AUXILIARY MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE Y		
436	Where did you give birth to (NAME)? (2) PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME YOUR HOME . . . 11 (SKIP TO 460) ← OTHER HOME . . . 12 PUBLIC SECTOR REFER. HOSPITAL 21 DISTRICT HOSPITAL 22 HEALTH CENTER 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIV. MEDICAL SECTOR PRIVATE HOSP./ CLINIC 31 OTHER MEDICAL PRIVATE _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 460) ←	HOME YOUR HOME . . . 11 (SKIP TO 460) ← OTHER HOME . . . 12 PUBLIC SECTOR REFER. HOSPITAL 21 DISTRICT HOSPITAL 22 HEALTH CENTER 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIV. MEDICAL SECTOR PRIVATE HOSP./ CLINIC 31 OTHER MEDICAL PRIVATE _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 460) ←	HOME YOUR HOME . . . 11 (SKIP TO 460) ← OTHER HOME . . . 12 PUBLIC SECTOR REFER. HOSPITAL 21 DISTRICT HOSPITAL 22 HEALTH CENTER 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIV. MEDICAL SECTOR PRIVATE HOSP./ CLINIC 31 OTHER MEDICAL PRIVATE _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 460) ←		
437	Did the mutuelle pay for the delivery of (NAME) ?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2		
460	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 501) ←	YES 1 NO 2 (SKIP TO 501) ←	YES 1 NO 2 (SKIP TO 501) ←		

N ^o	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
461	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ... 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>		
462	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 464) ←		
463	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER ... B SUGAR OR GLUCOSE WATER ... C GRIPE WATER ... D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA . G TEA/INFUSIONS ... H HONEY I OTHER _____ X (SPECIFY)		
464	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 466) ←		
465	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 501) ← NO 2		
466	For how many months did you breastfeed (NAME)?	MONTHS ... <input type="text"/> <input type="text"/> STILL BF 95 DON'T KNOW ... 98	MONTHS ... <input type="text"/> <input type="text"/> STILL BF 95 DON'T KNOW ... 98	MONTHS ... <input type="text"/> <input type="text"/> STILL BF 95 DON'T KNOW ... 98

SECTION 5. VACCINATION OF CHILDREN AND HEALTH AND NUTRITION OF WOMEN AND CHILDREN

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2002 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).		
502	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>
503	FROM 212 AND 216	NAME _____ LIVING <input style="width:20px;" type="text"/> DEAD <input style="width:20px;" type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573)	NAME _____ LIVING <input style="width:20px;" type="text"/> DEAD <input style="width:20px;" type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573)
504	Do you have a card where (NAME'S) vaccinations are written down? (2) IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 508) ← NO CARD 3	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 508) ← NO CARD 3
505	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 508) ← NO 2	YES 1 (SKIP TO 508) ← NO 2
506	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. (3) IF MORE THAN TWO VITAMIN 'A' DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES.		
		LAST BIRTH DAY MONTH YEAR	NEXT-TO-LAST BIRTH DAY MONTH YEAR
		DAY MONTH YEAR	DAY MONTH YEAR
	BCG	<input style="width:20px;" type="text"/>	BCG
	POLIO 0 (POLIO GIVEN AT BIRTH)	<input style="width:20px;" type="text"/>	P0
	POLIO 1	<input style="width:20px;" type="text"/>	P1
	POLIO 2	<input style="width:20px;" type="text"/>	P2
	POLIO 3	<input style="width:20px;" type="text"/>	P3
	DTP/Pentavalent 1	<input style="width:20px;" type="text"/>	D1
	DTP/Pentavalent 2	<input style="width:20px;" type="text"/>	D2
	DTP/Pentavalent 3	<input style="width:20px;" type="text"/>	D3
	MEASLES/MMR	<input style="width:20px;" type="text"/>	MEA
	VITAMIN A (MOST RECENT)	<input style="width:20px;" type="text"/>	VIT A
	VITAMIN A (2nd MOST RECENT)	<input style="width:20px;" type="text"/>	VIT A
		DAY MONTH YEAR	DAY MONTH YEAR
		DAY MONTH YEAR	DAY MONTH YEAR

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
507	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINES.	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) NO 2 (SKIP TO 512) ← DON'T KNOW 8	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) NO 2 (SKIP TO 512) ← DON'T KNOW 8	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) NO 2 (SKIP TO 512) ← DON'T KNOW 8
508	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization campaign?	YES 1 NO 2 (SKIP TO 512) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 512) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 512) ← DON'T KNOW 8
509	Please tell me if (NAME) received any of the following vaccinations:			
509A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
509B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 509E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 509E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 509E) ← DON'T KNOW 8
509C	Was the first polio vaccine received 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
509D	How many times was the polio vaccine received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
509E	A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 509G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 509G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 509G) ← DON'T KNOW 8
509F	How many times was a DPT vaccination received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
509G	A measles injection or an MMR injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
512	CHECK 506: DATE SHOWN FOR VITAMIN A DOSE	DATE FOR MOST RECENT VITAMIN A DOSE <input type="text"/> OTHER <input type="text"/> (SKIP TO 514)	DATE FOR MOST RECENT VITAMIN A DOSE <input type="text"/> OTHER <input type="text"/> (SKIP TO 514)	DATE FOR MOST RECENT VITAMIN A DOSE <input type="text"/> OTHER <input type="text"/> (SKIP TO 514)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
513	According to (NAME)'s health card, he/she received a vitamin A dose (like this/any of these) in (MONTH AND YEAR OF MOST RECENT DOSE FROM CARD). Has (NAME) received another vitamin A dose since then? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 (SKIP TO 515) ← NO 2 (SKIP TO 516) ← DON'T KNOW 8	YES 1 (SKIP TO 515) ← NO 2 (SKIP TO 516) ← DON'T KNOW 8	YES 1 (SKIP TO 515) ← NO 2 (SKIP TO 516) ← DON'T KNOW 8
514	HAS (NAME) ever received a vitamin A dose (like this/ any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 (SKIP TO 516) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 516) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 516) ← DON'T KNOW 8
515	Did (NAME) receive a vitamin A dose within 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
516	In the last seven days, did (NAME) take iron pills, sprinkles with iron, or iron syrup (like this/any of these)? SHOW COMMON TYPES OF PILLS/SPRINKLES/ SYRUPS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
517	Has (NAME) taken any drug for intestinal worms in the last six months?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
518	Has (NAME) had diarrhea in the last 2 weeks? (6)	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8
519	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
520	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
521	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
522	Did you seek advice or treatment for the diarrhea from any source?	YES 1 NO 2 (SKIP TO 527) ←	YES 1 NO 2 (SKIP TO 527) ←	YES 1 NO 2 (SKIP TO 527) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
523	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>REF. HOSPITAL A</p> <p>DISTRICT HOSP. B</p> <p>HEALTH CENT. . . . C</p> <p>HEALTH .</p> <p>WORKER D</p> <p>OTHER PUBLIC</p> <p>_____ E</p> <p>(SPECIFY)</p> <p>OTHER PRIVATE</p> <p>MEDICAL</p> <p>PRIVATE CLINIC/</p> <p>HOSPITAL F</p> <p>PHARMACY G</p> <p>PRIV. DOCTOR H</p> <p>ARBEF CLINIC I</p> <p>NURSE J</p> <p>OTHER PRIVATEE</p> <p>MEDICAL _____ K</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/KIOSQUE.. L</p> <p>TRAD. HEALER M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>REF. HOSPITAL A</p> <p>DISTRICT HOSP. B</p> <p>HEALTH CENT. . . . C</p> <p>HEALTH .</p> <p>WORKER D</p> <p>OTHER PUBLIC</p> <p>_____ E</p> <p>(SPECIFY)</p> <p>OTHER PRIVATE</p> <p>MEDICAL</p> <p>PRIVATE CLINIC/</p> <p>HOSPITAL F</p> <p>PHARMACY G</p> <p>PRIV. DOCTOR H</p> <p>ARBEF CLINIC I</p> <p>NURSE J</p> <p>OTHER PRIVATEE</p> <p>MEDICAL _____ K</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/KIOSQUE.. L</p> <p>TRAD. HEALER M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>REF. HOSPITAL A</p> <p>DISTRICT HOSP. B</p> <p>HEALTH CENT. . . . C</p> <p>HEALTH .</p> <p>WORKER D</p> <p>OTHER PUBLIC</p> <p>_____ E</p> <p>(SPECIFY)</p> <p>OTHER PRIVATE</p> <p>MEDICAL</p> <p>PRIVATE CLINIC/</p> <p>HOSPITAL F</p> <p>PHARMACY G</p> <p>PRIV. DOCTOR H</p> <p>ARBEF CLINIC I</p> <p>NURSE J</p> <p>OTHER PRIVATEE</p> <p>MEDICAL _____ K</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/KIOSQUE.. L</p> <p>TRAD. HEALER M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
524	CHECK 523:	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>↓ (SKIP TO 526) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>↓ (SKIP TO 526) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>↓ (SKIP TO 526) ←</p>
525	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 523.</p>	FIRST PLACE . . . <input type="checkbox"/>	FIRST PLACE . . . <input type="checkbox"/>	FIRST PLACE . . . <input type="checkbox"/>
526	<p>How many days after the diarrhea began did you first seek advice or treatment for (NAME)?</p> <p>IF THE SAME DAY, RECORD '00'.</p>	DAYS <input type="text"/>	DAYS <input type="text"/>	DAYS <input type="text"/>
527	Does (NAME) still have diarrhea?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
528	<p>Was he/she given any of the following to drink at any time since he/she started having the diarrhea:</p> <p>a) A fluid made from a special packet called [LOCAL NAME FOR ORS PACKET]?</p> <p>b) A pre-packaged ORS liquid?</p> <p>c) A government-recommended homemade fluid?</p>	<p>YES NO DK</p> <p>FLUID FROM</p> <p>ORS PKT . . 1 2 8</p> <p>ORS LQD . . 1 2 8</p> <p>HOMEMADE</p> <p>FLUID . . . 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM</p> <p>ORS PKT . . 1 2 8</p> <p>ORS LQD . . 1 2 8</p> <p>HOMEMADE</p> <p>FLUID . . . 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM</p> <p>ORS PKT . . 1 2 8</p> <p>ORS LQD . . 1 2 8</p> <p>HOMEMADE</p> <p>FLUID . . . 1 2 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
529	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8
530	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY . B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC. G UNKNOWN INJECTION ... H (IV) INTRAVENOUS . I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY . B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC. G UNKNOWN INJECTION ... H (IV) INTRAVENOUS . I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY . B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC. G UNKNOWN INJECTION ... H (IV) INTRAVENOUS . I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)
531	CHECK 530: GIVEN ZINC?	CODE "C" CIRCLED <input type="checkbox"/> CODE "C" NOT CIRCLED <input type="checkbox"/> (SKIP TO 533) ←	CODE "C" CIRCLED <input type="checkbox"/> CODE "C" NOT CIRCLED <input type="checkbox"/> (SKIP TO 533) ←	CODE "C" CIRCLED <input type="checkbox"/> CODE "C" NOT CIRCLED <input type="checkbox"/> (SKIP TO 533) ←
532	How many times was (NAME) given zinc?	TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98	TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98	TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98
533	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
534	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8
535	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES 1 NO 2 (SKIP TO 538) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 538) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 538) ← DON'T KNOW 8
536	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 538) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 538) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 538) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH		
		NAME _____		NAME _____		NAME _____		
537	CHECK 533: HAD FEVER OR COUGH?	YES <input type="checkbox"/> ↓	NO OR DK <input type="checkbox"/> ↓ (GO TO 572)	YES <input type="checkbox"/> ↓	NO OR DK <input type="checkbox"/> ↓ (GO TO 572)	YES <input type="checkbox"/> ↓	NO OR DK <input type="checkbox"/> ↓ (GO TO 572)	
538	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	
539	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	
540	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 545) ←	YES 1 NO 2 (SKIP TO 545) ←	YES 1 NO 2 (SKIP TO 545) ←	YES 1 NO 2 (SKIP TO 545) ←	YES 1 NO 2 (SKIP TO 545) ←	YES 1 NO 2 (SKIP TO 545) ←	
541	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR REF. HOSPITAL A DISTRICT HOSP. B HEALTH CENT. . . . C HEALTH . WORKER D OTHER PUBLIC _____ (SPECIFY) E OTHER PRIVATE MEDICAL PRIVATE CLINIC/ HOSPITAL ... F PHARMACY ... G PRIV. DOCTOR . H NURSE I OTHER PRIVATEE MEDICAL _____ J (SPECIFY) OTHER SOURCE SHOP/KIOSQUE.. K TRAD. HEALER L OTHER _____ X (SPECIFY)	PUBLIC SECTOR REF. HOSPITAL A DISTRICT HOSP. B HEALTH CENT. . . . C HEALTH . WORKER D OTHER PUBLIC _____ (SPECIFY) E OTHER PRIVATE MEDICAL PRIVATE CLINIC/ HOSPI' F PHARMACY ... G PRIV. DOCTOR . H NURSE I OTHER PRIVATEE MEDICAL _____ J (SPECIFY) OTHER SOURCE SHOP/KIOSQUE.. K TRAD. HEALER L OTHER _____ X (SPECIFY)	PUBLIC SECTOR REF. HOSPITAL A DISTRICT HOSP. B HEALTH CENT. . . . C HEALTH . WORKER D OTHER PUBLIC _____ (SPECIFY) E OTHER PRIVATE MEDICAL PRIVATE CLINIC/ HOSPI' F PHARMACY ... G PRIV. DOCTOR . H NURSE I OTHER PRIVATEE MEDICAL _____ J (SPECIFY) OTHER SOURCE SHOP/KIOSQUE.. K TRAD. HEALER L OTHER _____ X (SPECIFY)	PUBLIC SECTOR REF. HOSPITAL A DISTRICT HOSP. B HEALTH CENT. . . . C HEALTH . WORKER D OTHER PUBLIC _____ (SPECIFY) E OTHER PRIVATE MEDICAL PRIVATE CLINIC/ HOSPI' F PHARMACY ... G PRIV. DOCTOR . H NURSE I OTHER PRIVATEE MEDICAL _____ J (SPECIFY) OTHER SOURCE SHOP/KIOSQUE.. K TRAD. HEALER L OTHER _____ X (SPECIFY)	PUBLIC SECTOR REF. HOSPITAL A DISTRICT HOSP. B HEALTH CENT. . . . C HEALTH . WORKER D OTHER PUBLIC _____ (SPECIFY) E OTHER PRIVATE MEDICAL PRIVATE CLINIC/ HOSPI' F PHARMACY ... G PRIV. DOCTOR . H NURSE I OTHER PRIVATEE MEDICAL _____ J (SPECIFY) OTHER SOURCE SHOP/KIOSQUE.. K TRAD. HEALER L OTHER _____ X (SPECIFY)	PUBLIC SECTOR REF. HOSPITAL A DISTRICT HOSP. B HEALTH CENT. . . . C HEALTH . WORKER D OTHER PUBLIC _____ (SPECIFY) E OTHER PRIVATE MEDICAL PRIVATE CLINIC/ HOSPI' F PHARMACY ... G PRIV. DOCTOR . H NURSE I OTHER PRIVATEE MEDICAL _____ J (SPECIFY) OTHER SOURCE SHOP/KIOSQUE.. K TRAD. HEALER L OTHER _____ X (SPECIFY)	PUBLIC SECTOR REF. HOSPITAL A DISTRICT HOSP. B HEALTH CENT. . . . C HEALTH . WORKER D OTHER PUBLIC _____ (SPECIFY) E OTHER PRIVATE MEDICAL PRIVATE CLINIC/ HOSPI' F PHARMACY ... G PRIV. DOCTOR . H NURSE I OTHER PRIVATEE MEDICAL _____ J (SPECIFY) OTHER SOURCE SHOP/KIOSQUE.. K TRAD. HEALER L OTHER _____ X (SPECIFY)
542	CHECK 541:	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ↓ (SKIP TO 544) ←	ONLY ONE CODE CIRCLED <input type="checkbox"/> ↓ (SKIP TO 544) ←	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ↓ (SKIP TO 544) ←	ONLY ONE CODE CIRCLED <input type="checkbox"/> ↓ (SKIP TO 544) ←	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ↓ (SKIP TO 544) ←	ONLY ONE CODE CIRCLED <input type="checkbox"/> ↓ (SKIP TO 544) ←	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
543	Where did you first seek advice or treatment? USE LETTER CODE FROM 541.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
544	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
545	Is (NAME) still sick with a (fever/cough)?	FEVER ONLY 1 COUGH ONLY 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DON'T KNOW 8	FEVER ONLY 1 COUGH ONLY 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DON'T KNOW 8	FEVER ONLY 1 COUGH ONLY 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DON'T KNOW 8
546	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (GO TO 572) ← DON'T KNOW 8	YES 1 NO 2 (GO TO 572) ← DON'T KNOW 8	YES 1 NO 2 (GO TO 572) ← DON'T KNOW 8
547	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDAR ... A QUININE B QUARTEM C PRIMO D OTHER ANTI- MALARIAL _____ ... E ANTIBIOTIC DRUGS PILL/SYRUP ... F INJECTION ... G ASPIRIN H ACETA- MINOPHEN I IBUPROFEN J OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A QUININE B QUARTEM C PRIMO D OTHER ANTI- MALARIAL _____ ... E ANTIBIOTIC DRUGS PILL/SYRUP ... F INJECTION ... G ASPIRIN H ACETA- MINOPHEN I IBUPROFEN J OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A QUININE B QUARTEM C PRIMO D OTHER ANTI- MALARIAL _____ ... E ANTIBIOTIC DRUGS PILL/SYRUP ... F INJECTION ... G ASPIRIN H ACETA- MINOPHEN I IBUPROFEN J OTHER _____ X (SPECIFY) DON'T KNOW Z
548	CHECK 547: ANY CODE A-E CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (GO TO 572)	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (GO TO 572)	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (GO TO 572)
549	Did you already have (NAME OF DRUG FROM 547) at home when the child became ill? (10) ASK SEPARATELY FOR EACH OF THE DRUGS 'A' THROUGH 'E' THAT THE CHILD IS RECORDED AS HAVING TAKEN IN 547. IF YES FOR ANY DRUG, CIRCLE CODE FOR THAT DRUG. IF NO FOR ALL DRUGS, CIRCLE 'Y'.	ANTIMALARIAL DRUGS SP/FANSIDAR ... A QUININE B QUARTEM C PRIMO D OTHER ANTI- MALARIAL _____ ... E (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... F NO DRUG AT HOME . Y	ANTIMALARIAL DRUGS SP/FANSIDAR ... A QUININE B QUARTEM C PRIMO D OTHER ANTI- MALARIAL _____ ... E (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... F NO DRUG AT HOME . Y	ANTIMALARIAL DRUGS SP/FANSIDAR ... A QUININE B QUARTEM C PRIMO D OTHER ANTI- MALARIAL _____ ... E (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... F NO DRUG AT HOME . Y

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____				
569	CHECK 547: OTHER ANTIMALARIAL ('D') GIVEN	CODE 'D' CIRCLED <input type="checkbox"/> CODE 'D' NOT CIRCLED <input type="checkbox"/> (GO TO 572)	CODE 'D' CIRCLED <input type="checkbox"/> CODE 'D' NOT CIRCLED <input type="checkbox"/> (GO TO 572)	CODE 'D' CIRCLED <input type="checkbox"/> CODE 'D' NOT CIRCLED <input type="checkbox"/> (GO TO 572)				
570	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8				
571	For how many days did (NAME) take the (OTHER ANTIMALARIAL)? IF 7 DAYS OR MORE, RECORD 7.	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8				
572	Is (NAME) covered by the <i>mutuelle when he is sick</i> and you have to take him to a health facility for for traitement?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8				
573		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, END OF INTERVIEW AND GO TO 574	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, END OF INTERVIEW AND GO TO 574	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, END OF INTERVIEW AND GO TO 574				
574	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></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></table>						

INTERVIEWER'S OBSERVATIONS
TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____