**Identification**

- **Place Name:** 
- **Name of Household Head:** 
- **Cluster Number:** 
- **Household Structure Number:** 
- **Household Number:** 
- **Name and Line Number of Woman:** 

**Check Cover Page of the Household Questionnaire:**
- Household selected for male interview, HIV, malaria test, anthropometric measurements and section 12 of the woman’s questionnaire: 
  - **Yes** = 1 
  - **No** = 2
- Check Q. 141 in household questionnaire: Is woman selected for questions on relationship in the household (section 12)?
  - **Yes** = 1 
  - **No** = 2

**Interviewer Visits**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Final Visit</th>
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<tbody>
<tr>
<td>Date</td>
<td></td>
<td></td>
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<tr>
<td>Interviewer’s Name</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Result*</td>
<td></td>
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<tr>
<td>Next Visit: Date</td>
<td></td>
<td></td>
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<tr>
<td>Time</td>
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</tbody>
</table>

**Result Codes:**
- 1. Completed 
- 2. Not at Home 
- 3. Postponed 
- 4. Refused 
- 5. Partly Completed 
- 6. Incapacitated 
- 7. Other (Specify) 

**Language of Interview:**
- Kinyarwanda: 1
- Other: 6

**Translator Used?**
- Yes: 1
- No: 2

**Supervisor**

<table>
<thead>
<tr>
<th>Name</th>
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**Field Editor**

<table>
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**Office Editor**

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</table>

**Keyed By**

<table>
<thead>
<tr>
<th>Name</th>
</tr>
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</table>
SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _______________________________. I am working with the National Institute of Statistics of Rwanda. We are conducting a survey about health all over Rwanda. 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

<table>
<thead>
<tr>
<th>NO.</th>
<th>QUESTIONS AND FILTERS</th>
<th>CODING CATEGORIES</th>
<th>SKIP</th>
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</thead>
<tbody>
<tr>
<td>101</td>
<td>RECORD THE TIME.</td>
<td>HOUR</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>MINUTES</td>
<td></td>
</tr>
<tr>
<td>102</td>
<td>In what month and year were you born?</td>
<td>MONTH</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>DON'T KNOW MONTH</td>
<td>98</td>
</tr>
<tr>
<td></td>
<td></td>
<td>YEAR</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>DON'T KNOW YEAR</td>
<td>9998</td>
</tr>
<tr>
<td>103</td>
<td>How old were you at your last birthday?</td>
<td>COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.</td>
<td>AGE IN COMPLETED YEARS</td>
</tr>
<tr>
<td>104</td>
<td>Have you ever attended school?</td>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>105</td>
<td>What is the highest level of school you attended: primary, post-primary, secondary, or higher?</td>
<td>PRIMARY</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>POST-PRIMARY/VOCATIONAL</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SECONDARY</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TERTIARY</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PRE-PRIMARY</td>
<td>6</td>
</tr>
<tr>
<td>106</td>
<td>What is the highest (grade/form/year) you completed at that level?</td>
<td>GRADE/FORM/YEAR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>107</td>
<td>CHECK 105: PRIMARY OR LESS</td>
<td>POST-PRIMARY/VOCATIONAL</td>
<td>110</td>
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<tr>
<td></td>
<td></td>
<td>SECONDARY OR TERTIARY</td>
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<td>NO.</td>
<td>QUESTIONS AND FILTERS</td>
<td>CODING CATEGORIES</td>
<td>SKIP</td>
</tr>
<tr>
<td>-----</td>
<td>-----------------------</td>
<td>-------------------</td>
<td>------</td>
</tr>
<tr>
<td>108</td>
<td>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?</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>109</td>
<td>CHECK 108: CODE '2', '3', OR '4' CIRCLED CODE '1' OR '5' CIRCLED</td>
<td></td>
<td>111</td>
</tr>
<tr>
<td>110</td>
<td>Do you read a newspaper or magazine at least once a week, less than once a week or not at all?</td>
<td>AT LEAST ONCE A WEEK ............... 1 LESS THAN ONCE A WEEK ............... 2 NOT AT ALL ............... 3</td>
<td></td>
</tr>
<tr>
<td>111</td>
<td>Do you listen to the radio at least once a week, less than once a week or not at all?</td>
<td>AT LEAST ONCE A WEEK ............... 1 LESS THAN ONCE A WEEK ............... 2 NOT AT ALL ............... 3</td>
<td></td>
</tr>
<tr>
<td>112</td>
<td>Do you watch television at least once a week, less than once a week or not at all?</td>
<td>AT LEAST ONCE A WEEK ............... 1 LESS THAN ONCE A WEEK ............... 2 NOT AT ALL ............... 3</td>
<td></td>
</tr>
<tr>
<td>113</td>
<td>What is your religion?</td>
<td>CATHOLIC ............... 1 PROTESTANT ............... 2 ADVENTIST ............... 3 MUSLIM ............... 4 TRADITIONAL ............... 5 OTHER ............... 6 SPECIFY NO RELIGION ............... 7</td>
<td></td>
</tr>
<tr>
<td>115</td>
<td>In the last 12 months, how many times have you been away from home for one or more nights?</td>
<td>NUMBER OF TIMES ............... 00</td>
<td></td>
</tr>
<tr>
<td>116</td>
<td>In the last 12 months, have you been away from home for more than one month at a time?</td>
<td>YES ............... 1 NO ............... 2</td>
<td></td>
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</tbody>
</table>
## SECTION 2. REPRODUCTION

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</thead>
<tbody>
<tr>
<td>201</td>
<td>Now I would like to ask about all the births you have had during your life. Have you ever given birth?</td>
<td>YES ........................................ 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO ........................................ 2</td>
<td>206</td>
</tr>
<tr>
<td>202</td>
<td>Do you have any sons or daughters to whom you have given birth who are now living with you?</td>
<td>YES ........................................ 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO ........................................ 2</td>
<td>204</td>
</tr>
<tr>
<td>203</td>
<td>How many sons live with you?</td>
<td>SONS AT HOME ...............................</td>
<td></td>
</tr>
<tr>
<td></td>
<td>And how many daughters live with you?</td>
<td>DAUGHTERS AT HOME ...........................</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IF NONE, RECORD '00'.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>204</td>
<td>Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?</td>
<td>YES ........................................ 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO ........................................ 2</td>
<td>206</td>
</tr>
<tr>
<td>205</td>
<td>How many sons are alive but do not live with you?</td>
<td>SONS ELSEWHERE ..............................</td>
<td></td>
</tr>
<tr>
<td></td>
<td>And how many daughters are alive but do not live with you?</td>
<td>DAUGHTERS ELSEWHERE ..........................</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IF NONE, RECORD '00'.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>205A</td>
<td>Where do your sons or daughters who do not live with you live?</td>
<td>BOARDING SCHOOL .............................. A</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>RELATIVE ..................................... B</td>
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<td></td>
<td>IN THE STREET ............................... C</td>
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<td></td>
<td>WORK ......................................... D</td>
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<td></td>
<td></td>
<td>SPECIFY</td>
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<tr>
<td></td>
<td></td>
<td>MARRIED ................................. E</td>
<td></td>
</tr>
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<td></td>
<td></td>
<td>OTHER ...................................... X</td>
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<tr>
<td></td>
<td></td>
<td>(SPECIFY)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>DON'T KNOW ................................. Z</td>
<td></td>
</tr>
<tr>
<td>206</td>
<td>Have you ever given birth to a boy or girl who was born alive but later died?</td>
<td>YES ........................................ 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?</td>
<td>NO ........................................ 2</td>
<td>208</td>
</tr>
<tr>
<td>207</td>
<td>How many boys have died?</td>
<td>BOYS DEAD ...................................</td>
<td></td>
</tr>
<tr>
<td></td>
<td>And how many girls have died?</td>
<td>GIRLS DEAD .................................</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IF NONE, RECORD '00'.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>208</td>
<td>SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL.</td>
<td>TOTAL BIRTHS .................................</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IF NONE, RECORD '00'.</td>
<td></td>
<td></td>
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<tr>
<td>209</td>
<td>CHECK 208:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Just to make sure that I have this right: you have had in TOTAL __________ births during your life. Is that correct?</td>
<td>YES □ NO □</td>
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</tr>
<tr>
<td></td>
<td>PROBE AND CORRECT 201-208 AS NECESSARY.</td>
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<tr>
<td>210</td>
<td>CHECK 208:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ONE OR MORE BIRTHS □ NO BIRTHS □</td>
<td></td>
<td>226</td>
</tr>
</tbody>
</table>
Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.

**RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS.**

(If there are more than 12 births, use an additional questionnaire, starting with the second row.)

<table>
<thead>
<tr>
<th>212</th>
<th>213</th>
<th>214</th>
<th>215</th>
<th>216</th>
<th>217</th>
<th>218</th>
<th>219</th>
<th>220</th>
<th>221</th>
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</thead>
<tbody>
<tr>
<td><strong>What name was given to your next baby?</strong></td>
<td><strong>Is (NAME) a boy or a girl?</strong></td>
<td><strong>Were any of these births twins?</strong></td>
<td><strong>In what month and year was (NAME) born?</strong></td>
<td><strong>Is (NAME) still alive?</strong></td>
<td><strong>How old was (NAME) at his/her last birthday?</strong></td>
<td><strong>RECORD AGE IN COMPLETED YEARS.</strong></td>
<td><strong>If dead: How old was (NAME) when he/she died?</strong></td>
<td><strong>W-5</strong></td>
<td><strong>Appendix F</strong></td>
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<tr>
<td>01</td>
<td><strong>BOY 1 SING 1</strong></td>
<td><strong>GIRL 2 MULT 2</strong></td>
<td><strong>MONTH YEAR</strong></td>
<td><strong>YES</strong></td>
<td><strong>AGE IN YEARS</strong></td>
<td><strong>YES</strong></td>
<td><strong>HOUSEHOLD LINE NUMBER</strong></td>
<td><strong>DAYS</strong></td>
<td><strong>ADD</strong></td>
</tr>
<tr>
<td>02</td>
<td><strong>BOY 1 SING 1</strong></td>
<td><strong>GIRL 2 MULT 2</strong></td>
<td><strong>MONTH YEAR</strong></td>
<td><strong>YES</strong></td>
<td><strong>AGE IN YEARS</strong></td>
<td><strong>YES</strong></td>
<td><strong>HOUSEHOLD LINE NUMBER</strong></td>
<td><strong>DAYS</strong></td>
<td><strong>ADD</strong></td>
</tr>
<tr>
<td>03</td>
<td><strong>BOY 1 SING 1</strong></td>
<td><strong>GIRL 2 MULT 2</strong></td>
<td><strong>MONTH YEAR</strong></td>
<td><strong>YES</strong></td>
<td><strong>AGE IN YEARS</strong></td>
<td><strong>YES</strong></td>
<td><strong>HOUSEHOLD LINE NUMBER</strong></td>
<td><strong>DAYS</strong></td>
<td><strong>ADD</strong></td>
</tr>
<tr>
<td>04</td>
<td><strong>BOY 1 SING 1</strong></td>
<td><strong>GIRL 2 MULT 2</strong></td>
<td><strong>MONTH YEAR</strong></td>
<td><strong>YES</strong></td>
<td><strong>AGE IN YEARS</strong></td>
<td><strong>YES</strong></td>
<td><strong>HOUSEHOLD LINE NUMBER</strong></td>
<td><strong>DAYS</strong></td>
<td><strong>ADD</strong></td>
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<tr>
<td>05</td>
<td><strong>BOY 1 SING 1</strong></td>
<td><strong>GIRL 2 MULT 2</strong></td>
<td><strong>MONTH YEAR</strong></td>
<td><strong>YES</strong></td>
<td><strong>AGE IN YEARS</strong></td>
<td><strong>YES</strong></td>
<td><strong>HOUSEHOLD LINE NUMBER</strong></td>
<td><strong>DAYS</strong></td>
<td><strong>ADD</strong></td>
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<tr>
<td>06</td>
<td><strong>BOY 1 SING 1</strong></td>
<td><strong>GIRL 2 MULT 2</strong></td>
<td><strong>MONTH YEAR</strong></td>
<td><strong>YES</strong></td>
<td><strong>AGE IN YEARS</strong></td>
<td><strong>YES</strong></td>
<td><strong>HOUSEHOLD LINE NUMBER</strong></td>
<td><strong>DAYS</strong></td>
<td><strong>ADD</strong></td>
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<td>07</td>
<td><strong>BOY 1 SING 1</strong></td>
<td><strong>GIRL 2 MULT 2</strong></td>
<td><strong>MONTH YEAR</strong></td>
<td><strong>YES</strong></td>
<td><strong>AGE IN YEARS</strong></td>
<td><strong>YES</strong></td>
<td><strong>HOUSEHOLD LINE NUMBER</strong></td>
<td><strong>DAYS</strong></td>
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</table>
### BIRTH HISTORY NUMBER

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<th>08</th>
<th>BOY 1 SING 1</th>
<th>MONTH</th>
<th>YEAR</th>
<th>YES</th>
<th>1</th>
<th>AGE IN YEARS</th>
<th>YES</th>
<th>1</th>
<th>HOUSEHOLD LINE NUMBER</th>
<th>DAYS</th>
<th>1</th>
<th>YES</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>GIRL 2 MULT 2</td>
<td></td>
<td></td>
<td>NO 2</td>
<td>220</td>
<td></td>
<td>NO 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09</td>
<td>BOY 1 SING 1</td>
<td>MONTH</td>
<td>YEAR</td>
<td>YES</td>
<td>1</td>
<td>AGE IN YEARS</td>
<td>YES</td>
<td>1</td>
<td>HOUSEHOLD LINE NUMBER</td>
<td>DAYS</td>
<td>1</td>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>GIRL 2 MULT 2</td>
<td></td>
<td></td>
<td>NO 2</td>
<td>220</td>
<td></td>
<td>NO 2</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>BOY 1 SING 1</td>
<td>MONTH</td>
<td>YEAR</td>
<td>YES</td>
<td>1</td>
<td>AGE IN YEARS</td>
<td>YES</td>
<td>1</td>
<td>HOUSEHOLD LINE NUMBER</td>
<td>DAYS</td>
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<td>YES</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>GIRL 2 MULT 2</td>
<td></td>
<td></td>
<td>NO 2</td>
<td>220</td>
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<td>NO 2</td>
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<td>11</td>
<td>BOY 1 SING 1</td>
<td>MONTH</td>
<td>YEAR</td>
<td>YES</td>
<td>1</td>
<td>AGE IN YEARS</td>
<td>YES</td>
<td>1</td>
<td>HOUSEHOLD LINE NUMBER</td>
<td>DAYS</td>
<td>1</td>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>GIRL 2 MULT 2</td>
<td></td>
<td></td>
<td>NO 2</td>
<td>220</td>
<td></td>
<td>NO 2</td>
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<td></td>
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</tr>
<tr>
<td>12</td>
<td>BOY 1 SING 1</td>
<td>MONTH</td>
<td>YEAR</td>
<td>YES</td>
<td>1</td>
<td>AGE IN YEARS</td>
<td>YES</td>
<td>1</td>
<td>HOUSEHOLD LINE NUMBER</td>
<td>DAYS</td>
<td>1</td>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>GIRL 2 MULT 2</td>
<td></td>
<td></td>
<td>NO 2</td>
<td>220</td>
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<td>NO 2</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### 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** 
- **NUMBERS ARE DIFFERENT** (PROBE AND RECONCILE)

### 224 CHECK 215:

**ENTER THE NUMBER OF BIRTHS IN 2005 OR LATER.**

- **NUMBER OF BIRTHS** ............... 
- **NONE** ........................................ 8
<table>
<thead>
<tr>
<th>NO.</th>
<th>QUESTIONS AND FILTERS</th>
<th>CODING CATEGORIES</th>
<th>SKIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>226</td>
<td>Are you pregnant now?</td>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>UNSURE</td>
<td>8</td>
</tr>
<tr>
<td>227</td>
<td>How many months pregnant are you?</td>
<td>RECORD NUMBER OF COMPLETED MONTHS.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>MONTHS</td>
<td></td>
</tr>
<tr>
<td>228</td>
<td>When you got pregnant, did you want to get pregnant at that time?</td>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>229</td>
<td>Did you want to have a baby later on or did you not want any (more) children?</td>
<td>LATER</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO MORE</td>
<td>2</td>
</tr>
<tr>
<td>230</td>
<td>Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?</td>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>231</td>
<td>When did the last such pregnancy end?</td>
<td>MONTH</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>YEAR</td>
<td></td>
</tr>
<tr>
<td>232</td>
<td>CHECK 231:</td>
<td>LAST PREGNANCY</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENDED IN</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>JAN. 2005 OR LATER</td>
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<tr>
<td></td>
<td></td>
<td>LAST PREGNANCY</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENDENDBEFORE</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>JAN. 2005</td>
<td></td>
</tr>
<tr>
<td>233</td>
<td>How many months pregnant were you when the last such pregnancy ended?</td>
<td>RECORD NUMBER OF COMPLETED MONTHS.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>MONTHS</td>
<td></td>
</tr>
<tr>
<td>234</td>
<td>Since January 2005, have you had any other pregnancies that did not result in a live birth?</td>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.</td>
<td></td>
</tr>
<tr>
<td>236</td>
<td>Did you have any miscarriages, abortions or stillbirths that ended before 2005?</td>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>237</td>
<td>When did the last such pregnancy that terminated before 2005 end?</td>
<td>MONTH</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>YEAR</td>
<td></td>
</tr>
<tr>
<td>NO.</td>
<td>QUESTIONS AND FILTERS</td>
<td>CODING CATEGORIES</td>
<td>SKIP</td>
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<td>------------------------------------------------------------------------------------</td>
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<tr>
<td>238</td>
<td>When did your last menstrual period start?</td>
<td>DAYS AGO .......................... 1</td>
<td></td>
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<td></td>
<td></td>
<td>WEEKS AGO .......................... 2</td>
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<td></td>
<td>MONTHS AGO .......................... 3</td>
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<td></td>
<td></td>
<td>YEARS AGO .......................... 4</td>
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<td></td>
<td></td>
<td>IN MENOPAUSE/</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>HAS HAD Hysterectomy ............. 994</td>
<td></td>
</tr>
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<td></td>
<td></td>
<td>BEFORE LAST BIRTH ............... 995</td>
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<td></td>
<td></td>
<td>NEVER MENSTRUATED .............. 996</td>
<td></td>
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<tr>
<td>239</td>
<td>From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?</td>
<td>YES ................................. 1</td>
<td>301</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO ................................. 2</td>
<td></td>
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<td>DON'T KNOW .......................... 8</td>
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<tr>
<td>240</td>
<td>Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?</td>
<td>JUST BEFORE HER PERIOD BEGINS .......................... 1</td>
<td></td>
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<td></td>
<td></td>
<td>DURING HER PERIOD .................. 2</td>
<td></td>
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<td></td>
<td></td>
<td>RIGHT AFTER HER PERIOD HAS ENDED .............. 3</td>
<td></td>
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<td>HALFWAY BETWEEN TWO PERIODS .............. 4</td>
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<td></td>
<td></td>
<td>OTHER .............................. 6</td>
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<td></td>
<td></td>
<td>(SPECIFY) ........................... 6</td>
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<td>DON'T KNOW .......................... 8</td>
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</table>
### SECTION 3. CONTRACEPTION

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)?

<p>| | | |</p>
<table>
<thead>
<tr>
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</thead>
</table>
| 01 | Female Sterilization. PROBE: Women can have an operation to avoid having any more children. | YES ............................... 1  
NO .................................. 2 |
| 02 | Male Sterilization. PROBE: Men can have an operation to avoid having any more children. | YES ............................... 1  
NO .................................. 2 |
| 03 | IUD PROBE: Women can have a loop or coil placed inside them (uterus) by a doctor or a nurse. | YES ............................... 1  
NO .................................. 2 |
| 04 | Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months. | YES ............................... 1  
NO .................................. 2 |
| 05 | Implants/Jadelle. 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 | 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 | Lactational Amenorrhea Method (LAM) | YES ............................... 1  
NO .................................. 2 |
| 10 | Rhythm Method. PROBE: Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant. | YES ............................... 1  
NO .................................. 2 |
| 11 | Standard Days Methods (SDM), PROBE: The woman know days of the month when she can get pregnant by using beads or calendar | YES ............................... 1  
NO .................................. 2 |
| 12 | Withdrawal. PROBE: Men can be careful and pull out before climax. | YES ............................... 1  
NO .................................. 2 |
| 13 | Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy. | YES ............................... 1  
NO .................................. 2 |
| 14 | Have you heard of any other ways or methods that women or men can use to avoid pregnancy? | YES ............................... 1  
(SPECIFY)  
(SPECIFY)  
NO .................................. 2 |

**CHECK 226:**

- **NOT PREGNANT OR UNSURE**
- **PREGNANT**  

311
<table>
<thead>
<tr>
<th>NO.</th>
<th>QUESTIONS AND FILTERS</th>
<th>CODING CATEGORIES</th>
<th>SKIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>303</td>
<td>Are you currently doing something or using any method to delay or avoid getting pregnant?</td>
<td>YES .......................... 1 NO .......................... 2</td>
<td>311</td>
</tr>
<tr>
<td>304</td>
<td>Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.</td>
<td>FEMALE STERILIZATION .......... A MALE STERILIZATION .......... B IUD ......................... C INJECTABLES ..................... D IMPLANTS/JADELLE .......... E PILL ........................ F CONDOM ........................ G FEMALE CONDOM ................. H DIAPHRAGM ..................... I FOAM/JELLY ..................... J LACTATIONAL AMEN. METHOD ...... K RHYTHM METHOD ................ L STANDARD DAYS METHOD ...... M WITHDRAWAL .................. N OTHER MODERN METHOD ...... X OTHER TRADITIONAL METHOD .. Y</td>
<td>307 308A 308A</td>
</tr>
<tr>
<td>305</td>
<td>What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.</td>
<td>MICROGYNON .................. 01 LOFEMENAL .................. 02 OVERTETE ..................... 03 OTHER .......................... 96 (SPECIFY)</td>
<td>308A</td>
</tr>
<tr>
<td>306</td>
<td>What is the brand name of the condoms you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.</td>
<td>PRUDENCE ..................... 01 PLEASURE PLUS .................. 02 OTHER .......................... 96 (SPECIFY)</td>
<td>308A</td>
</tr>
<tr>
<td>307</td>
<td>In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</td>
<td>PUBLIC/AGREE SECTOR .......... ( \text{REFERAL HOSPITAL} ) ( \text{DISTRICT HOSPITAL} ) ( \text{HEALTH CENTER} ) ( \text{HEALTH POST} ) ( \text{OUTREACH} ) ( \text{OTHER PUBLIC HEALTH FACILITY} ) ( \text{PRIVATE MEDICAL SECTOR} ) ( \text{POLYCLINIC} ) ( \text{CLINIC} ) ( \text{DISPENSARY} ) ( \text{OTHER PRIVATE HEALTH FACILITY} ) ( \text{OTHER PUBLIC HEALTH FACILITY} ) ( \text{OTHER PRIVATE HEALTH FACILITY} ) ( \text{OTHER} ) ( \text{DON'T KNOW} )</td>
<td>W-10</td>
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</tbody>
</table>

*Appendix F*
<table>
<thead>
<tr>
<th>NO.</th>
<th>QUESTIONS AND FILTERS</th>
<th>CODING CATEGORIES</th>
<th>SKIP</th>
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</thead>
<tbody>
<tr>
<td>308</td>
<td>In what month and year was the sterilization performed?</td>
<td></td>
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<tr>
<td>308A</td>
<td>Since what month and year have you been using (CURRENT METHOD) without stopping?</td>
<td></td>
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<tr>
<td></td>
<td>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</td>
<td></td>
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<tr>
<td>309</td>
<td>CHECK 308/308A, 215 AND 231: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308/308A</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>GO BACK TO 308/308A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</td>
<td></td>
<td></td>
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<tr>
<td>310</td>
<td>CHECK 308/308A: YEAR IS 2005 OR LATER</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>311</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2005. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</td>
<td></td>
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<td></td>
<td>ILLUSTRATIVE QUESTIONS:</td>
<td></td>
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<tr>
<td></td>
<td>* When was the last time you used a method? Which method was that?</td>
<td></td>
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<td></td>
<td>* When did you start using that method? How long after the birth of (NAME)?</td>
<td></td>
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<td></td>
<td>* How long did you use the method then?</td>
<td></td>
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<td></td>
<td>IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO THE LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</td>
<td></td>
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<td></td>
<td>ILLUSTRATIVE QUESTIONS:</td>
<td></td>
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<tr>
<td></td>
<td>* Why did you stop using the (METHOD)? Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?</td>
<td></td>
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<tr>
<td></td>
<td>* IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.</td>
<td></td>
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<tr>
<td>NO.</td>
<td>QUESTIONS AND FILTERS</td>
<td>CODING CATEGORIES</td>
<td>SKIP</td>
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<tr>
<td>312</td>
<td>CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH</td>
<td></td>
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<tr>
<td></td>
<td>NO METHOD USED</td>
<td>ANY METHOD USED</td>
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<td>314</td>
</tr>
<tr>
<td>313</td>
<td>Have you ever used anything or tried in any way to delay or avoid getting pregnant?</td>
<td>YES</td>
<td>1</td>
</tr>
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<td></td>
<td></td>
<td>NO</td>
<td>2</td>
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<td>324</td>
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<td>314</td>
<td>CHECK 304:</td>
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<tr>
<td></td>
<td>CIRCLE METHOD CODE:</td>
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<td>IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</td>
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<td>NO CODE CIRCLED</td>
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<td>FEMALE STERILIZATION</td>
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<td>IUD</td>
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<td>INJECTABLES</td>
<td>04</td>
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<td>IMPLANTS/JADELLE</td>
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<td>DIAPHRAGM</td>
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<td>RHYTHM METHOD</td>
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<td>STANDARD DAYS METHOD</td>
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<td>WITHDRAWAL</td>
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<td>OTHER TRADITIONAL METHOD</td>
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</tr>
<tr>
<td>315</td>
<td>You first started using (CURRENT METHOD) in (DATE FROM 308/308A). Where did you get it at that time?</td>
<td>PUBLIC/AGREE SECTOR</td>
<td>11</td>
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<td></td>
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<td>REFERAL HOSPITAL</td>
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<td>COMMUNITY HEALTH WORKER</td>
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<td>OTHER PUBLIC HEALTH FACILITY</td>
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<td>(SPECIFY)</td>
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<tr>
<td>315A</td>
<td>Where did you learn how to use the rhythm/lactational amenorhea method/standard days method?</td>
<td>PRIVATE MEDICAL SECTOR</td>
<td>21</td>
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<td>PHARMACY</td>
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<td>OTHER</td>
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<td>(SPECIFY)</td>
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<td>DON'T KNOW</td>
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<tr>
<td>316</td>
<td>CHECK 304:</td>
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<tr>
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<td>CIRCLE METHOD CODE:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</td>
<td></td>
<td>323</td>
</tr>
<tr>
<td>317</td>
<td>At that time, were you told about side effects or problems you might have with the method?</td>
<td>YES 1</td>
<td>319</td>
</tr>
<tr>
<td>317A</td>
<td>When you got sterilized, were you told about side effects or problems you might have with the method?</td>
<td>YES 1</td>
<td>319</td>
</tr>
<tr>
<td>318</td>
<td>Were you ever told by a health or family planning worker about other methods of family planning that you could use?</td>
<td>YES 1</td>
<td>320</td>
</tr>
<tr>
<td>319</td>
<td>Were you told what to do if you experienced side effects or problems?</td>
<td>YES 1</td>
<td>320</td>
</tr>
<tr>
<td>320</td>
<td>CHECK 317:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CODE '1' CIRCLED 🔴</td>
<td>CODE '1' NOT CIRCLED 🔴</td>
<td></td>
</tr>
<tr>
<td></td>
<td>At that time, were you told about other methods of family planning that you could use?</td>
<td>YES 1</td>
<td>322</td>
</tr>
<tr>
<td></td>
<td>When you obtained (CURRENT METHOD FROM 314) from (SOURCE OF METHOD FROM 307 OR 315), were you told about other methods of family planning that you could use?</td>
<td>YES 1</td>
<td>322</td>
</tr>
<tr>
<td>321</td>
<td>Were you ever told by a health or family planning worker about other methods of family planning that you could use?</td>
<td>YES 1</td>
<td>326</td>
</tr>
<tr>
<td>322</td>
<td>CHECK 304:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CIRCLE METHOD CODE:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</td>
<td></td>
<td>326</td>
</tr>
</tbody>
</table>

Appendix F • 471
<table>
<thead>
<tr>
<th>NO.</th>
<th>QUESTIONS AND FILTERS</th>
<th>CODING CATEGORIES</th>
<th>SKIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>323</td>
<td>Where did you obtain (CURRENT METHOD) the last time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PROBE TO IDENTIFY THE TYPE OF SOURCE.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(NAME OF PLACE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>324</td>
<td>Do you know of a place where you can obtain a method of family planning?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>325</td>
<td>Where is that?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Any other place?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(NAME OF PLACE(S))</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PUBLIC/AGREE SECTOR
- REFERAL HOSPITAL
- DISTRICT HOSPITAL
- HEALTH CENTER
- HEALTH POST
- OUTREACH
- COMMUNITY HEALTH WORKER
- OTHER PUBLIC HEALTH FACILITY (SPECIFY)

PRIVATE MEDICAL SECTOR
- POLYCLINIC
- CLINIC
- DISPENSARY
- PHARMACY
- FAMILY PLANNING CLINIC
- OTHER PRIVATE HEALTH FACILITY (SPECIFY)

OTHER SOURCES
- KIOSK
- CHURCH
- FRIEND/RELATIVE
- OTHER (SPECIFY)

DON'T KNOW

YES

NO

Appendix F • 472
<table>
<thead>
<tr>
<th>NO.</th>
<th>QUESTIONS AND FILTERS</th>
<th>CODING CATEGORIES</th>
<th>SKIP</th>
</tr>
</thead>
</table>
| 326 | In the last 12 months, were you visited by a fieldworker 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

<table>
<thead>
<tr>
<th>CHECK 224:</th>
<th>ONE OR MORE BIRTHS IN 2005 OR LATER</th>
<th>NO BIRTHS IN 2005 OR LATER</th>
<th>556</th>
</tr>
</thead>
</table>

**CHECK 215:** ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2005 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 some questions about your children born in the last five years. (We will talk about each separately.)

<table>
<thead>
<tr>
<th>BIRTH HISTORY NUMBER</th>
<th>LAST BIRTH</th>
<th>NEXT-TO-LAST BIRTH</th>
<th>SECOND-FROM-LAST BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM 212 IN BIRTH HISTORY</td>
<td>NAME ___________________</td>
<td>NAME ___________________</td>
<td>NAME ___________________</td>
</tr>
<tr>
<td>LIVING</td>
<td>DEAD</td>
<td>LIVING</td>
<td>DEAD</td>
</tr>
</tbody>
</table>

- **405** When you got pregnant with (NAME), did you want to get pregnant at that time?
  - YES . . . . . . . . . . . . . . 1 (SKIP TO 408)
  - NO . . . . . . . . . . . . . . 2

- **406** Did you want to have a baby later on, or did you not want any (more) children?
  - LATER . . . . . . . . . . . . 1 (SKIP TO 408)
  - NO MORE . . . . . . . . . . . . 2 (SKIP TO 408)

- **407** How much longer did you want to wait?
  - MONTHS .1
  - YEARS .2
  - DON'T KNOW .998

- **408** Did you see anyone for antenatal care for this pregnancy?
  - YES . . . . . . . . . . . . . . 1 (SKIP TO 415)
  - NO . . . . . . . . . . . . . . 2

- **409** Whom did you see?
  - HEALTH PERSONNEL
    - DOCTOR . . . . . . A
    - NURSE/MED. ASST B
    - MIDWIFE . . . . . . C
  - OTHER PERSON
    - TRADITIONAL BIRTH ATTENDANT D
    - COMMUNITY HEALTH WORKER E
    - COMMUNITY HEALTH MOTHER AND CHILD . . F
  - OTHER . . . . . . . . . . . . X

  PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.
### Questions and Filters

<table>
<thead>
<tr>
<th>NO.</th>
<th>Questions and Filters</th>
<th>Last Birth Name</th>
<th>Next-to-Last Birth Name</th>
<th>Second-from-Last Birth Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>410</td>
<td>Where did you receive antenatal care for this pregnancy?</td>
<td>HOME</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Where did you receive antenatal care for this pregnancy?</td>
<td>YOUR HOME</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Where did you receive antenatal care for this pregnancy?</td>
<td>OTHER HOME</td>
<td>B</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S).</td>
<td>PUBLIC/AGREE SECTOR</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</td>
<td>REF. HOSPITAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(NAME OF PLACE(S))</td>
<td>DIST. HOSPITAL</td>
<td>D</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(NAME OF PLACE(S))</td>
<td>HEALTH CENTER</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(NAME OF PLACE(S))</td>
<td>HEALTH POST</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(NAME OF PLACE(S))</td>
<td>OTHER PUBLIC</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FACILITY (SPECIFY)</td>
<td>PRIVATE MED. SECTOR</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>POLYCLINIC</td>
<td>H</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>CLINIC</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>DISPENSARY</td>
<td>J</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>OTHER PRIVATE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>MED. FACILITY</td>
<td>K</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>OTHER</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(SPECIFY)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 411 | How many months pregnant were you when you first received antenatal care for this pregnancy? | MONTHS . . . | DON'T KNOW . . . 98 |
| 412 | How many times did you receive antenatal care during this pregnancy?                      | NUMBER OF TIMES | DON'T KNOW . . . 98 |

#### Check 412:

<p>| 412A | 2 OR MORE TIMES LESS THAN 2 TIMES (SKIP TO 413) |
| 412B | 3 OR MORE TIMES LESS THAN 3 TIMES (SKIP TO 413) |
| 412C | 4 OR MORE TIMES LESS THAN 4 TIMES (SKIP TO 413) |</p>
<table>
<thead>
<tr>
<th>NO.</th>
<th>QUESTIONS AND FILTERS</th>
<th>LAST BIRTH</th>
<th>NEXT-TO-LAST BIRTH</th>
<th>SECOND-FROM-LAST BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>412F</td>
<td>How many months pregnant were you when you received your fourth antenatal care for this pregnancy?</td>
<td>MONTHS . . .</td>
<td>DON'T KNOW . . . . 98</td>
<td></td>
</tr>
<tr>
<td>413</td>
<td>As part of your antenatal care during this pregnancy, were any of the following done at least once:</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Was your blood pressure measured?</td>
<td>BP . . . . 1 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Did you give a urine sample?</td>
<td>URINE . . . 1 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Did you give a blood sample?</td>
<td>BLOOD . . 1 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>414</td>
<td>During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?</td>
<td>YES . . . . . . 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NO . . . . . . . 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW . . . 8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>415</td>
<td>During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?</td>
<td>YES . . . . . . . . 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NO . . . . . . . . 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(SKIP TO 418)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW . . . 8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>416</td>
<td>During this pregnancy, how many times did you get a tetanus injection?</td>
<td>TIMES . . . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW . . . 8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>417</td>
<td>CHECK 416:</td>
<td>2 OR MORE OTHER TIMES</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(SKIP TO 421)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>418</td>
<td>At any time before this pregnancy, did you receive any tetanus injections?</td>
<td>YES . . . . . . . . 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NO . . . . . . . . 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(SKIP TO 421)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW . . . 8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>419</td>
<td>Before this pregnancy, how many times did you receive a tetanus injection?</td>
<td>TIMES . . . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>IF 7 OR MORE TIMES, RECORD '7':</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW . . . 8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>420</td>
<td>How many years ago did you receive the last tetanus injection before this pregnancy?</td>
<td>YEARS . . . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>421</td>
<td>During this pregnancy, were you given or did you buy any iron tablets?</td>
<td>YES . . . . . . . . 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NO . . . . . . . . 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(SKIP TO 423)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW . . . 8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>422</td>
<td>During the whole pregnancy, for how many days did you take the iron tablets?</td>
<td>DAYS . . . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW . . . 998</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO.</td>
<td>QUESTIONS AND FILTERS</td>
<td>LAST BIRTH</td>
<td>NEXT-TO-LAST BIRTH</td>
<td>SECOND-FROM-LAST BIRTH</td>
</tr>
<tr>
<td>-----</td>
<td>-----------------------</td>
<td>------------</td>
<td>-------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>423</td>
<td>During this pregnancy, did you take any drug for intestinal worms?</td>
<td>YES .......... 1</td>
<td>NO .......... 2</td>
<td>DON'T KNOW ...... 8</td>
</tr>
<tr>
<td>424</td>
<td>During this pregnancy, did you take any antimalarial drugs?</td>
<td>YES .......... 1</td>
<td>NO .......... 2</td>
<td>(SKIP TO 430)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DON'T KNOW ...... 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>425</td>
<td>What drugs did you take?</td>
<td>COARTEM ...... A</td>
<td>QUININE ...... B</td>
<td>OTHER .......... X</td>
</tr>
<tr>
<td></td>
<td>RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.</td>
<td>DON'T KNOW ...... Z</td>
<td></td>
<td></td>
</tr>
<tr>
<td>425A</td>
<td>Where did you get the antimalarial drug?</td>
<td>PUBLIC/AGREE SECTOR</td>
<td>REF. HOSPITAL ...... A</td>
<td>DIST. HOSPITAL ...... B</td>
</tr>
<tr>
<td></td>
<td>PROBE TO IDENTIFY THE TYPE OF SOURCE.</td>
<td>HEALTH CENTER ...... C</td>
<td>HEALTH POST ...... D</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</td>
<td>OUTREACH ...... E</td>
<td>COMMUNITY</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(NAME OF PLACE)</td>
<td>OTHER PUBLIC HEALTH WORKER ...... F</td>
<td>OTHER PUBLIC MED. FACILITY ...... G</td>
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</tr>
<tr>
<td></td>
<td>(SPECIFY)</td>
<td>PRIVATE MED. SECTOR</td>
<td>POLyclINIC ...... H</td>
<td>CLINIC ...... I</td>
</tr>
<tr>
<td></td>
<td>(SPECIFY)</td>
<td>DISPENSARY ...... J</td>
<td>PHARMACY ...... K</td>
<td>OTHER PRIVATE MED. FACILITY ...... L</td>
</tr>
<tr>
<td></td>
<td>(SPECIFY)</td>
<td>OTHER SOURCE</td>
<td>KIOSK ...... M</td>
<td>TRADITIONAL PRACTITIONER ...... N</td>
</tr>
<tr>
<td></td>
<td>(SPECIFY)</td>
<td>CHURCH ...... O</td>
<td>FRIEND/RELATIVE ...... P</td>
<td>OTHER .......... X</td>
</tr>
<tr>
<td></td>
<td>(SPECIFY)</td>
<td>VERY LARGE ...... 1</td>
<td>VERY LARGE ...... 1</td>
<td>VERY LARGE ...... 1</td>
</tr>
<tr>
<td>430</td>
<td>When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?</td>
<td>LARGER THAN ...... 2</td>
<td>LARGER THAN ...... 2</td>
<td>LARGER THAN ...... 2</td>
</tr>
<tr>
<td></td>
<td>AVERAGE ...... 2</td>
<td>AVERAGE ...... 2</td>
<td>AVERAGE ...... 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>AVERAGE ...... 3</td>
<td>AVERAGE ...... 3</td>
<td>AVERAGE ...... 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SMALLER THAN ...... 4</td>
<td>SMALLER THAN ...... 4</td>
<td>SMALLER THAN ...... 4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>AVERAGE ...... 4</td>
<td>AVERAGE ...... 4</td>
<td>AVERAGE ...... 4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>VERY SMALL ...... 5</td>
<td>VERY SMALL ...... 5</td>
<td>VERY SMALL ...... 5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ...... 8</td>
<td>DON'T KNOW ...... 8</td>
<td>DON'T KNOW ...... 8</td>
<td></td>
</tr>
<tr>
<td>NO.</td>
<td>QUESTIONS AND FILTERS</td>
<td>LAST BIRTH</td>
<td>NEXT-TO-LAST BIRTH</td>
<td>SECOND-FROM-LAST BIRTH</td>
</tr>
<tr>
<td>------</td>
<td>-----------------------------------------------------------</td>
<td>-------------------------------------------------</td>
<td>--------------------------------------------------</td>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>431</td>
<td>Was (NAME) weighed at birth?</td>
<td>YES . . . . . . . . 1</td>
<td>YES . . . . . . . . 1</td>
<td>YES . . . . . . . . 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO . . . . . . . . 2</td>
<td>NO . . . . . . . . 2</td>
<td>NO . . . . . . . . 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(SKIP TO 433)</td>
<td>(SKIP TO 433)</td>
<td>(SKIP TO 433)</td>
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<tr>
<td></td>
<td></td>
<td>DON'T KNOW . . . . 8</td>
<td>DON'T KNOW . . . . 8</td>
<td>DON'T KNOW . . . . 8</td>
</tr>
<tr>
<td>432</td>
<td>How much did (NAME) weigh?</td>
<td>KG FROM CARD</td>
<td>KG FROM CARD</td>
<td>KG FROM CARD</td>
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<td>RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<td></td>
<td>2</td>
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<td>DON'T KNOW 99.998</td>
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<tr>
<td>433</td>
<td>Who assisted with the delivery of (NAME)?</td>
<td>HEALTH PERSONNEL</td>
<td>HEALTH PERSONNEL</td>
<td>HEALTH PERSONNEL</td>
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<td></td>
<td>Anyone else?</td>
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<td>DOCTOR . . . . . . A</td>
<td>DOCTOR . . . . . . A</td>
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<td></td>
<td></td>
<td>NURSE/MED. ASST B</td>
<td>NURSE/MED. ASST B</td>
<td>NURSE/MED. ASST B</td>
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<tr>
<td></td>
<td></td>
<td>MIDWIFE . . . . . C</td>
<td>MIDWIFE . . . . . C</td>
<td>MIDWIFE . . . . . C</td>
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<td>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</td>
<td>OTHER PERSON</td>
<td>OTHER PERSON</td>
<td>OTHER PERSON</td>
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<tr>
<td></td>
<td></td>
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<td>TRADITIONAL BIRTH ATTENDANT D</td>
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<td>COMMUNITY HEALTH WORKER E</td>
<td>COMMUNITY HEALTH WORKER E</td>
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<td>COMMUNITY HEALTH MOTHER</td>
<td>COMMUNITY HEALTH MOTHER</td>
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<td></td>
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<td>AND CHILD . . . F</td>
<td>AND CHILD . . . F</td>
<td>AND CHILD . . . F</td>
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<td>NO ONE . . . . Y</td>
<td>NO ONE . . . . Y</td>
<td>NO ONE . . . . Y</td>
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<tr>
<td>434</td>
<td>Where did you give birth to (NAME)?</td>
<td>HOME YOUR HOME . . 11</td>
<td>HOME YOUR HOME . . 11</td>
<td>HOME YOUR HOME . . 11</td>
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<tr>
<td></td>
<td>PROBE TO IDENTIFY THE TYPE OF SOURCE.</td>
<td>(SKIP TO 438)</td>
<td>(SKIP TO 448)</td>
<td>(SKIP TO 448)</td>
</tr>
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<td></td>
<td></td>
<td>OTHER HOME . . . 12</td>
<td>OTHER HOME . . . 12</td>
<td>OTHER HOME . . . 12</td>
</tr>
<tr>
<td></td>
<td>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</td>
<td>PUBLIC/AGREE SECTOR REF. HOSPITAL 21</td>
<td>PUBLIC/AGREE SECTOR REF. HOSPITAL 21</td>
<td>PUBLIC/AGREE SECTOR REF. HOSPITAL 21</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>DIST. HOSPITAL 22</td>
<td>DIST. HOSPITAL 22</td>
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<td></td>
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<td>HEALTH CENTER 23</td>
<td>HEALTH CENTER 23</td>
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<td>HEALTH POST 24</td>
<td>HEALTH POST 24</td>
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<td></td>
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<td>OTHER PUBLIC FACILITY</td>
<td>OTHER PUBLIC FACILITY</td>
</tr>
<tr>
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<td>(SPECIFY)</td>
<td>(SPECIFY)</td>
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<td>PRIVATE MED. SECTOR POLYCLINIC 31</td>
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<td></td>
<td>DISPENSARY 33</td>
<td>DISPENSARY 33</td>
<td>DISPENSARY 33</td>
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<td></td>
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<td>OTHER PRIVATE MED. FACILITY</td>
<td>OTHER PRIVATE MED. FACILITY</td>
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<td></td>
<td>(SPECIFY)</td>
<td>(SPECIFY)</td>
<td>(SPECIFY)</td>
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<tr>
<td></td>
<td></td>
<td>OTHER . . . . . 96</td>
<td>OTHER . . . . . 96</td>
<td>OTHER . . . . . 96</td>
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<td></td>
<td>(SKIP TO 438)</td>
<td>(SKIP TO 448)</td>
<td>(SKIP TO 448)</td>
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Appendix F • 478

W-20
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<th>NO.</th>
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<th>SECOND-FROM-LAST BIRTH</th>
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<td></td>
<td></td>
<td>NAME ______</td>
<td>NAME ______</td>
<td>NAME ______</td>
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<tr>
<td>435</td>
<td>Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?</td>
<td>YES............ 1</td>
<td>YES............ 1</td>
<td>YES............ 1</td>
</tr>
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<td></td>
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<td>(SKIP TO 448)</td>
<td>(SKIP TO 448)</td>
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<td>435A</td>
<td>How did you travel to the health facility to deliver (NAME) by caesarean?</td>
<td>AMBULANCE .... 1</td>
<td>AMBULANCE .... 1</td>
<td>AMBULANCE .... 1</td>
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<tr>
<td></td>
<td></td>
<td>PRIVATE CAR ... 2</td>
<td>PRIVATE CAR ... 2</td>
<td>PRIVATE CAR ... 2</td>
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<td></td>
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<td>OTHER ........ 6</td>
<td>OTHER ........ 6</td>
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<td></td>
<td>SPECIFY</td>
<td>SPECIFY</td>
<td>SPECIFY</td>
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<tr>
<td>436</td>
<td>After you gave birth to (NAME), did anyone check on your health while you were still in the facility?</td>
<td>YES............ 1</td>
<td>YES............ 1</td>
<td></td>
</tr>
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<td></td>
<td></td>
<td>NO............ 2</td>
<td>NO............ 2</td>
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<td></td>
<td>(SKIP TO 439)</td>
<td>(SKIP TO 439)</td>
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<td>437</td>
<td>Did anyone check on your health after you left the facility?</td>
<td>YES............ 1</td>
<td>YES............ 1</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>NO............ 2</td>
<td>NO............ 2</td>
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<td>(SKIP TO 439)</td>
<td>(SKIP TO 439)</td>
<td></td>
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<tr>
<td>438</td>
<td>After you gave birth to (NAME), did anyone check on your health?</td>
<td>YES............ 1</td>
<td>YES............ 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO............ 2</td>
<td>NO............ 2</td>
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<td>(SKIP TO 439)</td>
<td>(SKIP TO 439)</td>
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<tr>
<td>439</td>
<td>Who checked on your health at that time?</td>
<td>HEALTH PERSONNEL</td>
<td>Probe for most qualified person.</td>
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<td>DOCTOR ....... 11</td>
<td>Other person</td>
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<td></td>
<td>NURSE/MED. ASST 12</td>
<td>Traditional birth attendant</td>
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<td></td>
<td>MIDWIFE ....... 13</td>
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<td></td>
<td>OTHER .......... 96</td>
<td>Community health mother and child</td>
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<td></td>
<td>SPECIFY</td>
<td>SPECIFY</td>
<td></td>
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<td>440</td>
<td>How long after delivery did the first check take place?</td>
<td>HOURS 1</td>
<td>HOURS 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>DAYS 2</td>
<td>DAYS 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>WEEKS 3</td>
<td>WEEKS 3</td>
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<td></td>
<td>DON'T KNOW ... 998</td>
<td>DON'T KNOW ... 998</td>
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<tr>
<td>441</td>
<td>CHECK 437:</td>
<td>YES</td>
<td>Not asked</td>
<td></td>
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<td>(SKIP TO 446)</td>
<td>(SKIP TO 446)</td>
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<tr>
<td>442</td>
<td>In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?</td>
<td>YES............ 1</td>
<td>YES............ 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO............ 2</td>
<td>NO............ 2</td>
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<td>(SKIP TO 446)</td>
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<td>DON'T KNOW ... 8</td>
<td>DON'T KNOW ... 8</td>
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<td>NO.</td>
<td>QUESTIONS AND FILTERS</td>
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<td>NEXT-TO-LAST BIRTH</td>
<td>SECOND-FROM-LAST BIRTH</td>
</tr>
<tr>
<td>-----</td>
<td>-----------------------</td>
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<td>--------------------</td>
<td>------------------------</td>
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</tbody>
</table>
| 443 | How many hours, days or weeks after the birth of (NAME) did the first check take place? | HRS AFTER BIRTH . . . 1  
DAYS AFTER BIRTH . . . 2  
WKS AFTER BIRTH . . . 3  
DON'T KNOW . . . 998 | | |
| 444 | Who checked on (NAME)'s health at that time? | HEALTH PERSONNEL  
DOCTOR . . . . . 11  
NURSE/MED. ASST 12  
MIDWIFE . . . . . 13  
OTHER PERSON  
TRADITIONAL BIRTH ATTENDANT 21  
COMMUNITY HEALTH WORKER 22  
COMMUNITY HEALTH MOTHER AND CHILD . . . 23  
OTHER . . . 96  
(SPECIFY) | | |
| 445 | Where did this first check of (NAME) take place? | HOME  
YOUR HOME . . . 11  
OTHER HOME . . . 12  
PUBLIC/AGREE SECTOR  
REF. HOSPITAL 21  
DIST. HOSPITAL 22  
HEALTH CENTER 23  
HEALTH POST 24  
OTHER PUBLIC FACILITY . . . 26  
(SPECIFY)  
PRIVATE MED. SECTOR  
POLYCLINIC 31  
CLINIC . . . . . 32  
DISPENSARY . . . 33  
OTHER PRIVATE MED. FACILITY . . . 36  
(SPECIFY)  
OTHER . . . 96  
(SPECIFY) | | |
| 446 | In the first two months after delivery, did you receive a vitamin A dose (like this/any of these)? | YES . . . . . . . . 1  
NO . . . . . . . . 2  
DON'T KNOW . . . 8  | | |
| 447 | Has your menstrual period returned since the birth of (NAME)? | YES . . . . . . . . 1  
(SKIP TO 449) | | |
<p>| | | | |
| | | | |</p>
<table>
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<tr>
<th>NO.</th>
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<th>LAST BIRTH</th>
<th>NEXT-TO-LAST BIRTH</th>
<th>SECOND-FROM-LAST BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>448</td>
<td>Did your period return between the birth of (NAME) and your next pregnancy?</td>
<td></td>
<td>YES . . . . . . 1</td>
<td>YES . . . . . . 1</td>
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<td></td>
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<td></td>
<td>NO . . . . . . 2</td>
<td>NO . . . . . . 2</td>
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<tr>
<td></td>
<td>(SKIP TO 452)</td>
<td>(SKIP TO 452)</td>
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<tr>
<td>449</td>
<td>For how many months after the birth of (NAME) did you not have a period?</td>
<td>MONTHS . . .</td>
<td>MONTHS . . .</td>
<td>MONTHS . . .</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW . . . 98</td>
<td>DON'T KNOW . . . 98</td>
<td>DON'T KNOW . . . 98</td>
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<tr>
<td>450</td>
<td>CHECK 226: IS RESPONDENT PREGNANT?</td>
<td>NOT PREGNANT</td>
<td>PREGNANT OR UNSURE</td>
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<tr>
<td>451</td>
<td>Have you had sexual intercourse since the birth of (NAME)?</td>
<td>YES . . . . . . 1</td>
<td>YES . . . . . . 1</td>
<td>YES . . . . . . 1</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>NO . . . . . . 2</td>
<td>NO . . . . . . 2</td>
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<td>(SKIP TO 453)</td>
<td>(SKIP TO 453)</td>
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<tr>
<td>452</td>
<td>For how many months after the birth of (NAME) did you not have sexual intercourse?</td>
<td>DAYS . . . 1</td>
<td>DAYS . . . 1</td>
<td>DAYS . . . 1</td>
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<td>MONTHS . . . 2</td>
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<td>DON'T KNOW . . . 98</td>
<td>DON'T KNOW . . . 98</td>
<td>DON'T KNOW . . . 98</td>
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<tr>
<td>453</td>
<td>Did you ever breastfeed (NAME)?</td>
<td>YES . . . . . . 1</td>
<td>YES . . . . . . 1</td>
<td>YES . . . . . . 1</td>
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<td></td>
<td></td>
<td></td>
<td>NO . . . . . . 2</td>
<td>NO . . . . . . 2</td>
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<td>(SKIP TO 455)</td>
<td>(SKIP TO 455)</td>
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<tr>
<td>454</td>
<td>CHECK 404: IS CHILD LIVING?</td>
<td>LIVING</td>
<td>DEAD</td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
<td>(SKIP TO 460)</td>
<td>(GO TO 460A)</td>
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<tr>
<td>455</td>
<td>How long after birth did you first put (NAME) to the breast?</td>
<td>IMMEDIATELY . . 000</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>HOURS 1</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
<td>DAYS 2</td>
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<td>456</td>
<td>In the first three days after delivery, was (NAME) given anything to drink other than breast milk?</td>
<td>YES . . . . . . 1</td>
<td>YES . . . . . . 1</td>
<td>YES . . . . . . 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NO . . . . . . 2</td>
<td>NO . . . . . . 2</td>
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<td>SECOND-FROM-LAST BIRTH</td>
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<td>-----------------------</td>
</tr>
<tr>
<td>457</td>
<td>What was (NAME) given to drink?</td>
<td>MILK (OTHER THAN BREAST MILK) A</td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PLAIN WATER ... B</td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td>SUGAR OR GLU- COSE WATER ... C</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>GRIPES WATER ... D</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUGAR-SALT-WATER SOLUTION ... E</td>
<td></td>
<td></td>
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<td></td>
<td>FRUIT JUICE ... F</td>
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<td></td>
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<td>INFANT FORMULA G</td>
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<td>TEA/INFUSIONS ... H</td>
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<td></td>
<td></td>
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<td>HONEY ............. J</td>
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<td></td>
</tr>
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<td>OTHER ............. X (SPECIFY)</td>
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<tr>
<td>458</td>
<td>CHECK 404: IS CHILD LIVING?</td>
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<td>DEAD</td>
<td>LIVING</td>
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<td></td>
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<td>(GO TO 460A)</td>
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<td>459</td>
<td>Are you still breastfeeding (NAME)?</td>
<td>YES ............ 1</td>
<td></td>
<td></td>
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<td>NO ............ 2</td>
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<tr>
<td>460</td>
<td>Did (NAME) drink anything from a bottle with a nipple yesterday or last night?</td>
<td>YES ............ 1</td>
<td></td>
<td></td>
</tr>
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<td></td>
<td>NO ............ 2</td>
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<td>DON'T KNOW .... 8</td>
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<td></td>
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<tr>
<td>460A</td>
<td>CHECK 434: WAS CHILD DELIVERED AT HOME?</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
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<tr>
<td>460B</td>
<td>Why you did not deliver (NAME) at a health facility?</td>
<td>FACILITY COST TOO MUCH .... 01</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>FACILITY COST TOO FARINO TRANSPORT .... 02</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>DON'T TRUST FACILITY .... 03</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO FEMALE PROVIDER .... 04</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>HUSBAND FAMILY DON'T ALLOW .... 05</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NOT NECESSARY/EASY TO DELI- VERY/COMFOR- TABLE POSITION .... 06</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>CUSTOMARY TO DELIVER AT HOME .... 07</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>OTHER ............. 96</td>
<td></td>
<td></td>
</tr>
<tr>
<td>461</td>
<td>Go back to 405 in next column; or, if no more births, go to 501.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**SECTION 5. CHILD IMMUNIZATION, HEALTH AND NUTRITION**

501 ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2005 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).

<table>
<thead>
<tr>
<th>BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY</th>
<th>LAST BIRTH</th>
<th>NEXT-TO-LAST BIRTH</th>
<th>SECOND-FROM-LAST BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NAME</strong></td>
<td>LIVING</td>
<td>DEAD</td>
<td></td>
</tr>
<tr>
<td>(GO TO 503)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FROM 212 AND 216</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NAME</strong></td>
<td>LIVING</td>
<td>DEAD</td>
<td></td>
</tr>
<tr>
<td>(GO TO 503)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NAME</strong></td>
<td>LIVING</td>
<td>DEAD</td>
<td></td>
</tr>
<tr>
<td>(GO TO 503)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

502 LAST BIRTH NEXT-TO-LAST BIRTH SECOND-FROM-LAST BIRTH

503 NAME

<table>
<thead>
<tr>
<th>FROM 212 AND 216</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIVING DEAD</td>
</tr>
<tr>
<td>(GO TO 503)</td>
</tr>
<tr>
<td>(GO TO 503)</td>
</tr>
</tbody>
</table>

504 Do you have a card where (NAME)'s vaccinations are written down?

<table>
<thead>
<tr>
<th>YES, SEEN .......... 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES, NOT SEEN .......... 2</td>
</tr>
<tr>
<td>NO CARD .............. 3</td>
</tr>
<tr>
<td>(SKIP TO 509)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YES, SEEN .......... 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES, NOT SEEN .......... 2</td>
</tr>
<tr>
<td>NO CARD .............. 3</td>
</tr>
<tr>
<td>(SKIP TO 509)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YES, SEEN .......... 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES, NOT SEEN .......... 2</td>
</tr>
<tr>
<td>NO CARD .............. 3</td>
</tr>
<tr>
<td>(SKIP TO 509)</td>
</tr>
</tbody>
</table>

505 Did you ever have a vaccination card for (NAME)?

<table>
<thead>
<tr>
<th>YES ................. 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO ................... 2</td>
</tr>
<tr>
<td>(SKIP TO 509)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YES ................. 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO ................... 2</td>
</tr>
<tr>
<td>(SKIP TO 509)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YES ................. 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO ................... 2</td>
</tr>
<tr>
<td>(SKIP TO 509)</td>
</tr>
</tbody>
</table>

506 (1) COPY DATES FROM THE CARD.

(2) WRITE ‘44’ IN ‘DAY’ COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.

<table>
<thead>
<tr>
<th>BCG</th>
<th>POLIO 0 (POLIO GIVEN AT BIRTH)</th>
<th>POLIO 1</th>
<th>POLIO 2</th>
<th>POLIO 3</th>
<th>PENTAVALENT 1</th>
<th>PENTAVALENT 2</th>
<th>PENTAVALENT 3</th>
<th>PNEUMO. 1</th>
<th>PNEUMO. 2</th>
<th>PNEUMO. 3</th>
<th>MEASLES</th>
<th>VITAMIN A (MOST RECENT)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BCG</td>
<td></td>
<td></td>
<td></td>
<td>BCG</td>
<td>BCG</td>
<td>BCG</td>
<td>BCG</td>
<td>BCG</td>
<td>BCG</td>
<td>BCG</td>
<td>VIT A</td>
</tr>
<tr>
<td></td>
<td>DAY MONTH YEAR</td>
<td></td>
<td></td>
<td></td>
<td>DAY MONTH YEAR</td>
<td>DAY MONTH YEAR</td>
<td>DAY MONTH YEAR</td>
<td>DAY MONTH Year</td>
<td>DAY MONTH Year</td>
<td>Day MONTH Year</td>
<td>Day MONTH Year</td>
<td>Day MONTH Year</td>
</tr>
</tbody>
</table>

507 CHECK 506:

<table>
<thead>
<tr>
<th>BCG TO MEASLES ALL RECORDED</th>
<th>BCG TO MEASLES ALL RECORDED</th>
<th>BCG TO MEASLES ALL RECORDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>(GO TO 511)</td>
<td>(GO TO 511)</td>
<td>(GO TO 511)</td>
</tr>
<tr>
<td>NO.</td>
<td>QUESTIONS AND FILTERS</td>
<td>LAST BIRTH</td>
</tr>
<tr>
<td>-----</td>
<td>------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>508</td>
<td>Has (NAME) had any vaccinations that are not recorded on this card, including vaccinations given in a national immunization day campaign?</td>
<td>YES ............ 1</td>
</tr>
<tr>
<td></td>
<td>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 506 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</td>
<td>(PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506)</td>
</tr>
<tr>
<td></td>
<td>NO ............ 2</td>
<td>NO ............ 2</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ...... 8</td>
<td>DON'T KNOW ...... 8</td>
</tr>
<tr>
<td>509</td>
<td>Did (NAME) ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?</td>
<td>YES ............ 1</td>
</tr>
<tr>
<td></td>
<td>NO ............ 2</td>
<td>NO ............ 2</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ...... 8</td>
<td>DON'T KNOW ...... 8</td>
</tr>
<tr>
<td>510</td>
<td>Please tell me if (NAME) had any of the following vaccinations:</td>
<td></td>
</tr>
<tr>
<td>510A</td>
<td>A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?</td>
<td>YES ............ 1</td>
</tr>
<tr>
<td></td>
<td>NO ............ 2</td>
<td>NO ............ 2</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ...... 8</td>
<td>DON'T KNOW ...... 8</td>
</tr>
<tr>
<td>510B</td>
<td>Polio vaccine, that is, drops in the mouth?</td>
<td>YES ............ 1</td>
</tr>
<tr>
<td></td>
<td>NO ............ 2</td>
<td>NO ............ 2</td>
</tr>
<tr>
<td></td>
<td>(SKIP TO 510E)</td>
<td>(SKIP TO 510E)</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ...... 8</td>
<td>DON'T KNOW ...... 8</td>
</tr>
<tr>
<td>510C</td>
<td>Was the first polio vaccine given in the first two weeks after birth or later?</td>
<td>FIRST 2 WEEKS ......... 1</td>
</tr>
<tr>
<td></td>
<td>LATER ......... 2</td>
<td>LATER ......... 2</td>
</tr>
<tr>
<td>510D</td>
<td>How many times was the polio vaccine given?</td>
<td>NUMBER OF TIMES .........</td>
</tr>
<tr>
<td>510E</td>
<td>A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?</td>
<td>YES ............ 1</td>
</tr>
<tr>
<td></td>
<td>NO ............ 2</td>
<td>NO ............ 2</td>
</tr>
<tr>
<td></td>
<td>(SKIP TO 510G)</td>
<td>(SKIP TO 510G)</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ...... 8</td>
<td>DON'T KNOW ...... 8</td>
</tr>
<tr>
<td>510F</td>
<td>How many times was the DPT vaccination given?</td>
<td>NUMBER OF TIMES .........</td>
</tr>
<tr>
<td>510G</td>
<td>A PCV vaccination, that is, an injection given in the thigh, sometimes at the same time as polio drops?</td>
<td>YES ............ 1</td>
</tr>
<tr>
<td></td>
<td>NO ............ 2</td>
<td>NO ............ 2</td>
</tr>
<tr>
<td></td>
<td>(SKIP TO 510I)</td>
<td>(SKIP TO 510I)</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ...... 8</td>
<td>DON'T KNOW ...... 8</td>
</tr>
<tr>
<td>510H</td>
<td>How many times was the PCV vaccination given?</td>
<td>NUMBER OF TIMES .........</td>
</tr>
<tr>
<td>NO.</td>
<td>QUESTIONS AND FILTERS</td>
<td>LAST BIRTH</td>
</tr>
<tr>
<td>-----</td>
<td>-----------------------</td>
<td>------------</td>
</tr>
<tr>
<td>510i</td>
<td>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?</td>
<td>YES .......... 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO .......... 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DON'T KNOW ...... 8</td>
</tr>
<tr>
<td>511</td>
<td>Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)?</td>
<td>YES .......... 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO .......... 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DON'T KNOW ...... 8</td>
</tr>
<tr>
<td>513</td>
<td>Was (NAME) given any drug for intestinal worms in the last six months?</td>
<td>YES .......... 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO .......... 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DON'T KNOW ...... 8</td>
</tr>
<tr>
<td>514</td>
<td>Has (NAME) had diarrhea in the last 2 weeks?</td>
<td>YES .......... 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO .......... 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(SKIP TO 525)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DON'T KNOW ...... 8</td>
</tr>
<tr>
<td>515</td>
<td>Was there any blood in the stools?</td>
<td>YES .......... 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO .......... 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DON'T KNOW ...... 8</td>
</tr>
<tr>
<td>516</td>
<td>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?</td>
<td>MUCH LESS ...... 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SOMEWHAT LESS 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ABOUT THE SAME 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MORE .......... 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NOTHING TO DRINK 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DON'T KNOW ...... 8</td>
</tr>
<tr>
<td>517</td>
<td>When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?</td>
<td>MUCH LESS ...... 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SOMEWHAT LESS 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ABOUT THE SAME 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MORE .......... 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>STOPPED FOOD 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NEVER GAVE FOOD 6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DON'T KNOW ...... 8</td>
</tr>
<tr>
<td>517A</td>
<td>CHECK 453:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NOT CURRENTLY BREASTFED</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CURRENTLY BREASTFED</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SKIP TO 518</td>
<td></td>
</tr>
<tr>
<td>517B</td>
<td>When (NAME) had diarrhea, did you continue to breastfeed him/her?</td>
<td>YES .......... 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO .......... 2</td>
</tr>
<tr>
<td>518</td>
<td>Did you seek advice or treatment for the diarrhea from any source?</td>
<td>YES .......... 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO .......... 2</td>
</tr>
<tr>
<td></td>
<td>(SKIP TO 522)</td>
<td></td>
</tr>
<tr>
<td>NO.</td>
<td>QUESTIONS AND FILTERS</td>
<td>LAST BIRTH</td>
</tr>
<tr>
<td>-----</td>
<td>-----------------------</td>
<td>------------</td>
</tr>
<tr>
<td>519</td>
<td>Where did you seek advice or treatment?</td>
<td>PUBLIC/AGREE SECTOR REF. HOSPITAL A</td>
</tr>
<tr>
<td></td>
<td>Anywhere else?</td>
<td>DIST. HOSPITAL B</td>
</tr>
<tr>
<td></td>
<td>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</td>
<td>HEALTH CENTER C</td>
</tr>
<tr>
<td></td>
<td>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</td>
<td>HEALTH POST D</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OUTREACH . . . E</td>
</tr>
<tr>
<td></td>
<td></td>
<td>COMMUNITY</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HEALTH WORKER . . . F</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OTHER PUBLIC FACILITY</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(SPECIFY) G</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PRIVATE MED. SECTOR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CLINIC . . . . . . . I</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DISPENSARY J</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PHARMACY K</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OTHER PRIVATE MED. FACILITY</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(SPECIFY) L</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OTHER SOURCE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>KIOSK . . . . . . . . . . . . . . . . . . . M</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TRADITIONAL PRACTITIONER N</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CHURCH . . . . . . . . . . . . . . . . . . . O</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FRIEND/RELATIVE P</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OTHER X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(SPECIFY)</td>
</tr>
<tr>
<td>520</td>
<td>CHECK 519:</td>
<td>TWO OR ONLY CODES CODE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MORE ONE CIRCLED CIRCLED</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(SKIP TO 522)</td>
</tr>
<tr>
<td>521</td>
<td>Where did you first seek advice or treatment?</td>
<td>FIRST PLACE . . .</td>
</tr>
<tr>
<td></td>
<td>USE LETTER CODE FROM 519.</td>
<td></td>
</tr>
<tr>
<td>522</td>
<td>Was he/she given any of the following to drink at any time since he/she started having the diarrhea:</td>
<td>YES NO DK</td>
</tr>
<tr>
<td></td>
<td>a) A fluid made from a special packet called ORS PACKET?</td>
<td>FLUID FROM ORS PKT 1 2 8</td>
</tr>
<tr>
<td></td>
<td>b) A government-recommended homemade fluid?</td>
<td>HOMEMADE FLUID . . . 1 2 8</td>
</tr>
<tr>
<td>NO.</td>
<td>QUESTIONS AND FILTERS</td>
<td>LAST BIRTH</td>
</tr>
<tr>
<td>-----</td>
<td>-----------------------</td>
<td>------------</td>
</tr>
<tr>
<td>523</td>
<td>Was anything (else) given to treat the diarrhea?</td>
<td>YES ............ 1</td>
</tr>
<tr>
<td></td>
<td>(SKIP TO 525)</td>
<td>NO ............ 2</td>
</tr>
<tr>
<td></td>
<td>(SKIP TO 525)</td>
<td>DON'T KNOW ....... 8</td>
</tr>
<tr>
<td>524</td>
<td>What (else) was given to treat the diarrhea?</td>
<td>PILL OR SYRUP</td>
</tr>
<tr>
<td></td>
<td>ANYTHING ELSE?</td>
<td>ANTIBIOTIC ....... A</td>
</tr>
<tr>
<td></td>
<td>RECORD ALL TREATMENTS GIVEN.</td>
<td>ANTIMOTILITY B</td>
</tr>
<tr>
<td></td>
<td>OTHER (NOT ANTI-</td>
<td>OTHER (NOT ANTI-</td>
</tr>
<tr>
<td></td>
<td>Biotic, Anti-</td>
<td>Biotic, Anti-</td>
</tr>
<tr>
<td></td>
<td>Motility, Or-</td>
<td>Motility, Or-</td>
</tr>
<tr>
<td></td>
<td>Zinc) ....... C</td>
<td>Zinc) ....... C</td>
</tr>
<tr>
<td></td>
<td>UNKNOWN PILL</td>
<td>UNKNOWN PILL</td>
</tr>
<tr>
<td></td>
<td>OR SYRUP .... D</td>
<td>OR SYRUP .... D</td>
</tr>
<tr>
<td>525</td>
<td>Has (NAME) been ill with a fever at any time in the last 2 weeks?</td>
<td>YES ............ 1</td>
</tr>
<tr>
<td></td>
<td>(SKIP TO 527)</td>
<td>NO ............ 2</td>
</tr>
<tr>
<td></td>
<td>(SKIP TO 527)</td>
<td>DON'T KNOW ....... 8</td>
</tr>
<tr>
<td>526</td>
<td>At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?</td>
<td>YES ............ 1</td>
</tr>
<tr>
<td></td>
<td>(SKIP TO 527)</td>
<td>NO ............ 2</td>
</tr>
<tr>
<td></td>
<td>(SKIP TO 527)</td>
<td>DON'T KNOW ....... 8</td>
</tr>
<tr>
<td>527</td>
<td>Has (NAME) had an illness with a cough at any time in the last 2 weeks?</td>
<td>YES ............ 1</td>
</tr>
<tr>
<td></td>
<td>(SKIP TO 530)</td>
<td>NO ............ 2</td>
</tr>
<tr>
<td></td>
<td>(SKIP TO 530)</td>
<td>DON'T KNOW ....... 8</td>
</tr>
<tr>
<td>528</td>
<td>When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?</td>
<td>YES ............ 1</td>
</tr>
<tr>
<td></td>
<td>(SKIP TO 531)</td>
<td>NO ............ 2</td>
</tr>
<tr>
<td></td>
<td>(SKIP TO 531)</td>
<td>DON'T KNOW ....... 8</td>
</tr>
<tr>
<td>529</td>
<td>Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?</td>
<td>CHEST ONLY ....... 1</td>
</tr>
<tr>
<td></td>
<td>(SPECIFY)</td>
<td>NOSE ONLY ....... 2</td>
</tr>
<tr>
<td></td>
<td>(SPECIFY)</td>
<td>BOTH ....... 3</td>
</tr>
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<td></td>
<td>(SPECIFY)</td>
<td>OTHER ....... 6</td>
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<td>DON'T KNOW ....... 8</td>
<td>DON'T KNOW ....... 8</td>
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<tr>
<td>NO.</td>
<td>QUESTIONS AND FILTERS</td>
<td>LAST BIRTH</td>
</tr>
<tr>
<td>-----</td>
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</tr>
<tr>
<td>530</td>
<td>CHECK 525:</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>YES</td>
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<tr>
<td></td>
<td></td>
<td>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)</td>
</tr>
<tr>
<td>531</td>
<td>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?</td>
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<tr>
<td></td>
<td></td>
<td>MUCH LESS ...... 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SOMEWHAT LESS ...... 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ABOUT THE SAME ...... 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MORE ...... 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NOTHING TO DRINK ...... 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DON'T KNOW ...... 8</td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td>532</td>
<td>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?</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>MUCH LESS ...... 1</td>
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<td></td>
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<td>SOMEWHAT LESS ...... 2</td>
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<td></td>
<td></td>
<td>ABOUT THE SAME ...... 3</td>
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<td></td>
<td></td>
<td>MORE ...... 4</td>
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<td>STOPPED FOOD ...... 5</td>
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<td></td>
<td></td>
<td>NEVER GAVE FOOD ...... 6</td>
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<td></td>
<td></td>
<td>DON'T KNOW ...... 8</td>
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<tr>
<td>533</td>
<td>Did you seek advice or treatment for the illness from any source?</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>YES ...... 1</td>
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<td></td>
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<td>NO ...... 2</td>
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<td>(SKIP TO 537)</td>
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<tr>
<td>NO.</td>
<td>QUESTIONS AND FILTERS</td>
<td>LAST BIRTH</td>
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</tr>
<tr>
<td>534</td>
<td>Where did you seek advice or treatment?</td>
<td>PUBLIC/AGREE SECTOR</td>
</tr>
<tr>
<td></td>
<td>Anywhere else?</td>
<td>REF. HOSPITAL A</td>
</tr>
<tr>
<td></td>
<td>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</td>
<td>DIST. HOSPITAL B</td>
</tr>
<tr>
<td></td>
<td>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</td>
<td>HEALTH CENTER C</td>
</tr>
<tr>
<td></td>
<td>(NAME OF PLACE(S))</td>
<td>HEALTH POST D</td>
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<tr>
<td></td>
<td></td>
<td>OUTREACH E</td>
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<td>COMMUNITY</td>
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<td></td>
<td>HEALTH WORKER F</td>
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<td></td>
<td></td>
<td>OTHER PUBLIC FACILITY</td>
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<td></td>
<td></td>
<td>PRIVATE MED. SECTOR</td>
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<td>POLYCLINIC H</td>
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<td>CLINIC I</td>
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<td></td>
<td>DISPENSARY J</td>
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<td>PHARMACY K</td>
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<td>OTHER PRIVATE MED. FACILITY</td>
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<td>KIOSK M</td>
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<td>FRIEND/RELATIVE P</td>
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<td>OTHER X</td>
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<td></td>
<td></td>
<td>(SPECIFY)</td>
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<table>
<thead>
<tr>
<th>535</th>
<th>CHECK 534:</th>
<th>TWO OR ONLY</th>
<th>TWO OR ONLY</th>
<th>TWO OR ONLY</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)</td>
<td>MORE ONE CODES CODE CIRCLED</td>
<td>MORE ONE CODES CODE CIRCLED</td>
<td>MORE ONE CODES CODE CIRCLED</td>
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<td>(SKIP TO 537)</td>
<td>(SKIP TO 537)</td>
<td>(SKIP TO 537)</td>
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<thead>
<tr>
<th>536</th>
<th>Where did you first seek advice or treatment?</th>
<th>FIRST PLACE</th>
<th>FIRST PLACE</th>
<th>FIRST PLACE</th>
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<tbody>
<tr>
<td></td>
<td>USE LETTER CODE FROM 534.</td>
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<thead>
<tr>
<th>537</th>
<th>At any time during the illness, did (NAME) take any drugs for the illness?</th>
<th>YES</th>
<th>YES</th>
<th>YES</th>
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<td></td>
<td>NO</td>
<td>1</td>
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<td>1</td>
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<tr>
<td></td>
<td>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)</td>
<td>2</td>
<td>2</td>
<td>2</td>
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<tr>
<td></td>
<td>DON'T KNOW</td>
<td>8</td>
<td>8</td>
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</tbody>
</table>
What drugs did (NAME) take?

Any other drugs? RECORD ALL MENTIONED.

ANTIMALARIAL DRUGS
COARTEM ... A
PRIMO ... B
QUININE ... C
OTHER ANTI-MALARIAL ... D
(SPECIFY)

ANTIBIOTIC DRUGS
PILL/SYRUP ... E
INJECTION ... F
OTHER DRUGS
ASPIRIN ...... G
ACETA-MINOPHEN ... H
IBUPROFEN ... I
OTHER ... X
(SPECIFY)
DON'T KNOW ....... Z

CHECK 538: ANY CODE A-D CIRCLED?
YES NO
(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)

CHECK 538: COARTEM ('A') GIVEN
CODE 'A' CIRCLED NOT CIRCLED
(SKIP TO 542)

How long after the fever started did (NAME) first take Coartem?
SAME DAY ....... 0
NEXT DAY ....... 1
TWO DAYS AFTER FEVER ....... 2
THREE OR MORE DAYS AFTER FEVER ....... 3
DON'T KNOW ....... 8

CHECK 538: PRIMO ('B') GIVEN
CODE 'B' CIRCLED NOT CIRCLED
(SKIP TO 544)
<table>
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<tr>
<th>NO.</th>
<th>QUESTIONS AND FILTERS</th>
<th>LAST BIRTH</th>
<th>NEXT-TO-LAST BIRTH</th>
<th>SECOND-FROM-LAST BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>543</td>
<td>How long after the fever started did (NAME) first take Primo?</td>
<td>SAME DAY 0</td>
<td>SAME DAY 0</td>
<td>SAME DAY 0</td>
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<td></td>
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<td>NEXT DAY 1</td>
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<td>TWO DAYS AFTER</td>
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<td>FEVER 2</td>
<td>FEVER 2</td>
<td>FEVER 2</td>
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<td>THREE OR MORE</td>
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<td>DAYS AFTER</td>
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<td>DAYS AFTER</td>
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<td>FEVER 3</td>
<td>FEVER 3</td>
<td>FEVER 3</td>
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<td>DON'T KNOW 8</td>
<td>DON'T KNOW 8</td>
<td>DON'T KNOW 8</td>
</tr>
<tr>
<td>544</td>
<td>CHECK 538:</td>
<td>CODE 'C' CIRCLED</td>
<td>CODE 'C' CIRCLED</td>
<td>CODE 'C' CIRCLED</td>
</tr>
<tr>
<td></td>
<td>QUININE ('C') GIVEN</td>
<td>(SKIP TO 550)</td>
<td>(SKIP TO 550)</td>
<td>(SKIP TO 550)</td>
</tr>
<tr>
<td>545</td>
<td>How long after the fever started did (NAME) first take quinine?</td>
<td>SAME DAY 0</td>
<td>SAME DAY 0</td>
<td>SAME DAY 0</td>
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<td></td>
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<td>NEXT DAY 1</td>
<td>NEXT DAY 1</td>
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<td>TWO DAYS AFTER</td>
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<td>FEVER 2</td>
<td>FEVER 2</td>
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<td>THREE OR MORE</td>
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<td>FEVER 3</td>
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<td>DON'T KNOW 8</td>
<td>DON'T KNOW 8</td>
<td>DON'T KNOW 8</td>
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<tr>
<td>550</td>
<td>CHECK 538:</td>
<td>CODE 'D' CIRCLED</td>
<td>CODE 'D' CIRCLED</td>
<td>CODE 'D' CIRCLED</td>
</tr>
<tr>
<td></td>
<td>OTHER ANTIMALARIAL ('D') GIVEN</td>
<td>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)</td>
<td>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)</td>
<td>(GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)</td>
</tr>
<tr>
<td>551</td>
<td>How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?</td>
<td>SAME DAY 0</td>
<td>SAME DAY 0</td>
<td>SAME DAY 0</td>
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<td></td>
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<td>NEXT DAY 1</td>
<td>NEXT DAY 1</td>
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<td>TWO DAYS AFTER</td>
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<td>FEVER 2</td>
<td>FEVER 2</td>
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<td>THREE OR MORE</td>
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<td>FEVER 3</td>
<td>FEVER 3</td>
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<td>DON'T KNOW 8</td>
<td>DON'T KNOW 8</td>
<td>DON'T KNOW 8</td>
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<td>552</td>
<td></td>
<td>GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.</td>
<td>GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.</td>
<td>GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553.</td>
</tr>
<tr>
<td>NO.</td>
<td>QUESTIONS AND FILTERS</td>
<td>CODING CATEGORIES</td>
<td>SKIP</td>
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<tr>
<td>553</td>
<td>CHECK 215 AND 218, ALL ROWS:</td>
<td>NUMBER OF CHILDREN BORN IN 2005 OR LATER LIVING WITH THE RESPONDENT</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>ONE OR MORE</td>
<td>NONE</td>
<td>556</td>
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<tr>
<td></td>
<td></td>
<td>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 554</td>
<td></td>
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<td></td>
<td></td>
<td>(NAME)</td>
<td></td>
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<tr>
<td>554</td>
<td>The last time (NAME FROM 553) passed stools, what was done to dispose of the stools?</td>
<td>CHILD USED TOILET OR LATRINE ... 01</td>
<td>PUT/RINSED INTO TOILET OR LATRINE .... 02</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>PUT/RINSED INTO DRAIN OR DITCH . 03</td>
<td>THROWN INTO GARBAGE ......... 04</td>
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<td>BURIED .................. 05</td>
<td>LEFT IN THE OPEN ............ 06</td>
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<td></td>
<td></td>
<td>OTHER ................... 96</td>
<td>(SPECIFY)</td>
<td></td>
</tr>
<tr>
<td>555</td>
<td>CHECK 522(a) AND 522(b), ALL COLUMNS:</td>
<td>NO CHILD RECEIVED FLUID</td>
<td>ANY CHILD RECEIVED FLUID</td>
<td>557</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FROM ORS PACKET OR HOMEMADE FLUID</td>
<td>FROM ORS PACKET OR HOMEMADE FLUID</td>
<td></td>
</tr>
<tr>
<td>556</td>
<td>Have you ever heard of a special product called ORS PACKET you can get for the treatment of diarrhea?</td>
<td>YES ......................... 1</td>
<td>NO ......................... 2</td>
<td></td>
</tr>
<tr>
<td>557</td>
<td>CHECK 215 AND 218, ALL ROWS:</td>
<td>NUMBER OF CHILDREN BORN IN 2008 OR LATER LIVING WITH THE RESPONDENT</td>
<td></td>
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<td></td>
<td></td>
<td>ONE OR MORE</td>
<td>NONE</td>
<td>601</td>
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<tr>
<td></td>
<td></td>
<td>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 558</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>(NAME)</td>
<td></td>
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</tbody>
</table>
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):

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
</tr>
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<tbody>
<tr>
<td>a)</td>
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<td>b)</td>
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</table>

Check 558 (Categories "g" through "u"):

ALL "NO"    AT LEAST ONE "YES" OR ALL DKS
<table>
<thead>
<tr>
<th>NO.</th>
<th>QUESTIONS AND FILTERS</th>
<th>CODING CATEGORIES</th>
<th>SKIP</th>
</tr>
</thead>
</table>
| 560 | Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? | YES .......................... 1 | → 561A
|     | IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat? | NO .......................... 2 |      |
|     | (GO BACK TO 558 TO RECORD FOOD EATEN YESTERDAY) |                  |      |
| 561 | How many times did (NAME FROM 557) eat solid, semisolid, or soft foods yesterday during the day or at night? | NUMBER OF TIMES .......................... | 8 |
|     | IF 7 OR MORE TIMES, RECORD '7'. | DON'T KNOW .......................... |      |
| 561A| Have you ever heard of any counseling or education on nutrition? | YES .......................... 1 | → 601 |
|     | NO .......................... 2 |                  |      |
| 561B| Where did you hear about counseling or education on nutrition? | A HEALTH FACILITY  ................. A |      |
|     | COMMUNITY HEALTH WORKER  ........ B |                  |      |
|     | FRIENDS/RELATIVE  ............. C |                  |      |
|     | MAGAZINE/PAPER/RADIO/TV  ........ D |                  |      |
|     | OTHER  ................................ X | SPECIFY |      |
### Section 6. Marriage and Sexual Activity

<table>
<thead>
<tr>
<th>No.</th>
<th>Questions and Filters</th>
<th>Coding Categories</th>
<th>Skip</th>
</tr>
</thead>
</table>
| 601 | Are you currently married or living together with a man as if married? | YES, CURRENTLY MARRIED ............... 1  
YES, LIVING WITH A MAN ............... 2  
NO, NOT IN UNION .................... 3 | 604 |
| 602 | Have you ever been married or lived together with a man as if married? | YES, FORMERLY MARRIED ............... 1  
YES, LIVED WITH A MAN ............... 2  
NO ................................. 3 | 612 |
| 603 | What is your marital status now: are you widowed, divorced, or separated? | WIDOWED ......................... 1  
DIVORCED ......................... 2  
SEPARATED .......................... 3 | 609 |
| 604 | Is your (husband/partner) living with you now or is he staying elsewhere? | LIVING WITH HER ................... 1  
STAYING ELSEWHERE .................. 2 | 612 |
| 605 | RECORD THE HUSBAND/S/PARTNER’S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD ‘00’. | NAME _____________________________  
LINE NO. .......................... | 609 |
| 606 | Does your (husband/partner) have other wives or does he live with other women as if married? | YES ................................. 1  
NO ................................. 2  
DON’T KNOW ......................... 8 | 609 |
| 607 | Including yourself, in total, how many wives or live-in partners does he have? | TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS .................. | 609 |
| 608 | Are you the first, second, … wife? | RANK ................................. 98 | 609 |
| 609 | Have you been married or lived with a man only once or more than once? | ONLY ONCE .......................... 1  
MORE THAN ONCE ..................... 2 | 609 |
| 610 | CHECK 609: | MARRIED/ LIVED WITH A MAN ONLY ONCE  
MARRIED/ LIVED WITH A MAN MORE THAN ONCE  
In what month and year did you start living with your (husband/partner)? | 612 |
| 611 | How old were you when you first started living with him? | AGE ................................. | 611 |
| 612 | CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. | | |
| 613 | Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. | NEVER HAD SEXUAL INTERCOURSE .................. 00  
AGE IN YEARS ........................ | 628 |
|     | How old were you when you had sexual intercourse for the very first time? | FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER .................. 95 | 613 |
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.

When was the last time you had sexual intercourse?

*IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS.*

*IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.*

<table>
<thead>
<tr>
<th>DAYS AGO</th>
<th>WEEKS AGO</th>
<th>MONTHS AGO</th>
<th>YEARS AGO</th>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td></td>
<td>LAST SEXUAL PARTNER</td>
<td>SECOND-TO-LAST SEXUAL PARTNER</td>
<td>THIRD-TO-LAST SEXUAL PARTNER</td>
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<tr>
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<tr>
<td>616</td>
<td>When was the last time you had sexual intercourse with this person?</td>
<td>DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3</td>
<td>DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3</td>
</tr>
<tr>
<td>617</td>
<td>The last time you had sexual intercourse (with this second/third person), was a condom used?</td>
<td>YES . . . . . . . . . . . . . . NO . . . . . . . . . . . . . .</td>
<td>YES . . . . . . . . . . . . . . NO . . . . . . . . . . . . . .</td>
</tr>
<tr>
<td>618</td>
<td>Was a condom used every time you had sexual intercourse with this person in the last 12 months?</td>
<td>YES . . . . . . . . . . . . . . NO . . . . . . . . . . . . . .</td>
<td>YES . . . . . . . . . . . . . . NO . . . . . . . . . . . . . .</td>
</tr>
<tr>
<td>619</td>
<td>What was your relationship to this person with whom you had sexual intercourse?</td>
<td>HUSBAND . . . . . . . . . . . . . . LIVING WITH</td>
<td>HUSBAND . . . . . . . . . . . . . . LIVING WITH</td>
</tr>
<tr>
<td></td>
<td>IF BOYFRIEND: Were you living together as if married?</td>
<td>BOYFRIEND NOT LIVING WITH</td>
<td>BOYFRIEND NOT LIVING WITH</td>
</tr>
<tr>
<td></td>
<td>IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.</td>
<td>RESPONDENT . . . . . . . . . . . . . .</td>
<td>RESPONDENT . . . . . . . . . . . . . .</td>
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<tr>
<td>620</td>
<td>CHECK 609:</td>
<td>MARRIED</td>
<td>MARRIED</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MARRIED</td>
<td>ONLY MORE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MARRIED</td>
<td>ONCE THAN</td>
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<td>ONCE</td>
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<tr>
<td></td>
<td></td>
<td>MARRIED</td>
<td>ONLY MORE</td>
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<tr>
<td></td>
<td></td>
<td>MARRIED</td>
<td>ONCE</td>
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<tr>
<td>621</td>
<td>CHECK 613:</td>
<td>FIRST TIME WHEN STARTED LIVING WITH FIRST</td>
<td>FIRST TIME WHEN STARTED LIVING WITH FIRST</td>
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<tr>
<td></td>
<td></td>
<td>HUSBAND</td>
<td>OTHER</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(SKIP TO 623)</td>
<td>(SKIP TO 623)</td>
</tr>
<tr>
<td>622</td>
<td>How long ago did you first have sexual intercourse with this (second/third) person?</td>
<td>DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3</td>
<td>DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3</td>
</tr>
<tr>
<td>623</td>
<td>How many times during the last 12 months did you have sexual intercourse with this person?</td>
<td>NUMBER OF TIMES</td>
<td>NUMBER OF TIMES</td>
</tr>
<tr>
<td></td>
<td>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>623A</td>
<td>How many times during the last month did you have sexual intercourse with this person?</td>
<td>NUMBER OF TIMES</td>
<td>NUMBER OF TIMES</td>
</tr>
<tr>
<td>624</td>
<td>How old is this person?</td>
<td>AGE OF PARTNER</td>
<td>AGE OF PARTNER</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW . . . . . . . . . . . . . .</td>
<td>DON'T KNOW . . . . . . . . . . . . . .</td>
<td>DON'T KNOW . . . . . . . . . . . . . .</td>
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**W-39**

Appendix F • 497
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<tr>
<th></th>
<th>LAST SEXUAL PARTNER</th>
<th>SECOND-TO-LAST SEXUAL PARTNER</th>
<th>THIRD-TO-LAST SEXUAL PARTNER</th>
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<tbody>
<tr>
<td>625</td>
<td>Apart from (this person/these two people), have you had sexual intercourse with any other person in the last 12 months?</td>
<td>YES ........................ 1 (GO BACK TO 616 IN NEXT COLUMN) NO ........................ 2 (SKIP TO 627)</td>
<td>YES ........................ 1 (GO BACK TO 616 IN NEXT COLUMN) NO ........................ 2 (SKIP TO 627)</td>
</tr>
<tr>
<td>626</td>
<td>In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.</td>
<td>NUMBER OF PARTNERS LAST 12 MONTHS ...</td>
<td>DON'T KNOW ... 98</td>
</tr>
<tr>
<td>626A</td>
<td>In total, with how many different people have you had sexual intercourse in the last month? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.</td>
<td>NUMBER OF PARTNERS LAST MONTH ...</td>
<td>DON'T KNOW ... 98</td>
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<td>NO.</td>
<td>QUESTIONS AND FILTERS</td>
<td>CODING CATEGORIES</td>
<td>SKIP</td>
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<tr>
<td>627</td>
<td>In total, with how many different people have you had sexual intercourse in your lifetime?</td>
<td>NUMBER OF PARTNERS IN LIFETIME</td>
<td>98</td>
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<tr>
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<td>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.</td>
<td>DON'T KNOW</td>
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<tr>
<td>628</td>
<td>PRESENCE OF OTHERS DURING THIS SECTION</td>
<td>YES NO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CHILDREN &lt;10</td>
<td>1 2</td>
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<tr>
<td></td>
<td>MALE ADULTS</td>
<td>1 2</td>
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<td></td>
<td>FEMALE ADULTS</td>
<td>1 2</td>
<td></td>
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<tr>
<td>629</td>
<td>Do you know of a place where a person can get condoms?</td>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td>2 632</td>
<td></td>
</tr>
<tr>
<td>630</td>
<td>Where is that?</td>
<td>PUBLIC/AGREE SECTOR</td>
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</tr>
<tr>
<td></td>
<td>Any other place?</td>
<td>REFERAL HOSPITAL</td>
<td>A</td>
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<tr>
<td></td>
<td>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</td>
<td>DISTRICT HOSPITAL</td>
<td>B</td>
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<tr>
<td></td>
<td>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</td>
<td>HEALTH CENTER</td>
<td>C</td>
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<tr>
<td></td>
<td>(NAME OF PLACE(S))</td>
<td>HEALTH POST</td>
<td>D</td>
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<td></td>
<td></td>
<td>OUTREACH</td>
<td>E</td>
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<td>COMMUNITY HEALTH WORKER</td>
<td>F</td>
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<td></td>
<td></td>
<td>OTHER PUBLIC HEALTH</td>
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<td>FACILITY</td>
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<td>PRIVATE MEDICAL SECTOR</td>
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<td>POLYCLINIC</td>
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<td>CLINIC</td>
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<td>DISPENSARY</td>
<td>J</td>
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<td>PHARMACY</td>
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<td>FAMILY PLANING CLINIC</td>
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<td></td>
<td>OTHER PRIVATE HEALTH</td>
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<td>OTHER SOURCES</td>
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<td>TRADITIONAL BIRTH ATT</td>
<td>O</td>
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<td></td>
<td></td>
<td>FRIEND/RELATIVE</td>
<td>P</td>
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<td></td>
<td></td>
<td>OTHER</td>
<td>X</td>
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<td></td>
<td></td>
<td>(SPECIFY)</td>
<td></td>
</tr>
<tr>
<td>631</td>
<td>If you wanted to, could you yourself get a condom?</td>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td>2 8</td>
<td></td>
</tr>
<tr>
<td>632</td>
<td>Do you know of a place where a person can get female condoms?</td>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td>2 701</td>
<td></td>
</tr>
<tr>
<td>NO.</td>
<td>QUESTIONS AND FILTERS</td>
<td>CODING CATEGORIES</td>
<td>SKIP</td>
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<td>-----</td>
<td>-----------------------</td>
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<tr>
<td>634</td>
<td>If you wanted to, could you yourself get a female condom?</td>
<td>YES .......... 1&lt;br&gt;NO .......... 2&lt;br&gt;DON'T KNOW/UNSURE .......... 8</td>
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### SECTION 7. FERTILITY PREFERENCES

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<th>SKIP</th>
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<tr>
<td>701</td>
<td>CHECK 304:</td>
<td></td>
<td>712</td>
</tr>
<tr>
<td></td>
<td>NEITHER STERILIZED</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>HE OR SHE STERILIZED</td>
<td></td>
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<tr>
<td>702</td>
<td>CHECK 226:</td>
<td></td>
<td>704</td>
</tr>
<tr>
<td></td>
<td>NOT PREGNANT OR UNSURE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>703</td>
<td>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?</td>
<td>HAVE ANOTHER CHILD .............. 1</td>
<td>705</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO MORE/NONE .............. 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>UNDECIDED/DON'T KNOW .............. 8</td>
<td>711</td>
</tr>
<tr>
<td>704</td>
<td>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?</td>
<td>HAVE (A/ANOTHER) CHILD .............. 1</td>
<td>707</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO MORE/NONE .............. 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SAYS SHE CAN'T GET PREGNANT .............. 3</td>
<td>712</td>
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<tr>
<td></td>
<td></td>
<td>UNDECIDED/DON'T KNOW .............. 8</td>
<td></td>
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<tr>
<td>705</td>
<td>CHECK 226:</td>
<td></td>
<td>710</td>
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<td>NOT PREGNANT OR UNSURE</td>
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<td>PREGNANT</td>
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<td>How long would you like to wait from now before the birth of (a/another) child?</td>
<td>MONTHS .............. 1</td>
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<tr>
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<td>After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?</td>
<td>YEARS .............. 2</td>
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<td>SOON/NOW .............. 993</td>
<td>710</td>
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<td>SAYS SHE CAN'T GET PREGNANT .............. 994</td>
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<td>AFTER MARRIAGE .............. 995</td>
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<td>OTHER .............. (SPECIFY) 996</td>
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<td></td>
<td>DON'T KNOW .............. 998</td>
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<td>706</td>
<td>CHECK 226:</td>
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<td>PREGNANT</td>
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<td>CHECK 303: USING A CONTRACEPTIVE METHOD?</td>
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<td>CHECK 705:</td>
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<td>24 OR MORE MONTHS OR 2 OR MORE YEARS</td>
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<td>00-23 MONTHS OR 00-01 YEAR</td>
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<td>CODING CATEGORIES</td>
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<tr>
<td>709</td>
<td>CHECK 703 AND 704:</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>WANTS TO HAVE A/ANOTHER CHILD</td>
<td>WANTS NO MORE/ NONE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>You have said that you do not want (a/another) child soon.</td>
<td>You have said that you do not want any (more) children.</td>
<td></td>
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<tr>
<td></td>
<td>Can you tell me why you are not using a method to prevent pregnancy?</td>
<td>Can you tell me why you are not using a method to prevent pregnancy?</td>
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</tr>
<tr>
<td></td>
<td>Any other reason?</td>
<td>Any other reason?</td>
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<td></td>
<td>RECORD ALL REASONS MENTIONED.</td>
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<td>NOT MARRIED ................. A</td>
<td>FERTILITY-RELATED REASONS</td>
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<td>NOT HAVING SEX ............. B</td>
<td>INFREQUENT SEX ........ C</td>
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<td>MENOPAUSAL/HYSTERECTOMY .... D</td>
<td>CAN'T GET PREGNANT ....... E</td>
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<td>NOT MENSTRUATED SINCE ....... F</td>
<td>LAST BIRTH ............... G</td>
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<td>BREASTFEEDING ............... H</td>
<td>OPPOSITION TO USE</td>
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<td>KNOWS NO METHOD ............ M</td>
<td>LACK OF KNOWLEDGE</td>
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<td>KNOWS NO SOURCE ............ N</td>
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<td>SIDE EFFECTS/HEALTH CONCERNS .... O</td>
<td>LACK OF ACCESS/TOO FAR .... P</td>
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<td>COSTS TOO MUCH .............. Q</td>
<td>PREFERRED METHOD NOT AVAILABLE .... R</td>
<td></td>
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<tr>
<td></td>
<td>NO METHOD AVAILABLE ......... S</td>
<td>INCONVENIENT TO USE ........ T</td>
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<td></td>
<td>INTERFERES WITH BODY'S NORMAL PROCESSES .... U</td>
<td>OTHER ..................... X</td>
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<tr>
<td></td>
<td>(SPECIFY)</td>
<td>DON'T KNOW .................. Z</td>
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<table>
<thead>
<tr>
<th>710</th>
<th>CHECK 303: USING A CONTRACEPTIVE METHOD?</th>
<th></th>
<th>712</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NOT ASKED</td>
<td>NO, NOT CURRENTLY USING</td>
<td>YES, CURRENTLY USING</td>
</tr>
</tbody>
</table>

| 711 | 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 |

<table>
<thead>
<tr>
<th>712</th>
<th>CHECK 216:</th>
<th></th>
<th>714</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>HAS LIVING CHILDREN</td>
<td>NO LIVING CHILDREN</td>
<td></td>
</tr>
<tr>
<td></td>
<td>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?</td>
<td>If you could choose exactly the number of children to have in your whole life, how many would that be?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PROBE FOR A NUMERIC RESPONSE.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NONE ................. 00</td>
<td>NUMBER .............</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OTHER ..................... 96</td>
<td>(SPECIFY)</td>
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<td>QUESTIONS AND FILTERS</td>
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<tr>
<td>713</td>
<td>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?</td>
<td>BOYS GIRLS EITHER</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NUMBER</td>
<td></td>
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<td></td>
<td></td>
<td>OTHER</td>
<td>96</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(SPECIFY)</td>
<td></td>
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<tr>
<td>714</td>
<td>In the last few months have you:</td>
<td>YES NO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Heard about family planning on the radio?</td>
<td>RADIO</td>
<td>1 2</td>
</tr>
<tr>
<td></td>
<td>Seen anything about family planning on the television?</td>
<td>TELEVISION</td>
<td>1 2</td>
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<td></td>
<td>Read about family planning in a newspaper or magazine?</td>
<td>NEWSPAPER OR MAGAZINE</td>
<td>1 2</td>
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<tr>
<td>716</td>
<td>CHECK 601:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES, CURRENTLY MARRIED</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES, CURRENTLY LIVING WITH A MAN</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NO, NOT IN UNION</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>801</td>
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<tr>
<td>717</td>
<td>CHECK 303: USING A CONTRACEPTIVE METHOD?</td>
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<tr>
<td></td>
<td>CURRENTLY USING</td>
<td></td>
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<td></td>
<td>CURRENTLY OR NOTASKED</td>
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<td>720</td>
</tr>
<tr>
<td>718</td>
<td>Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?</td>
<td>MAINLY RESPONDENT</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MAINLY HUSBAND/PARTNER</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>JOINT DECISION</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OTHER</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(SPECIFY)</td>
<td></td>
</tr>
<tr>
<td>719</td>
<td>CHECK 304:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NEITHER STERILIZED</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HE OR SHE STERILIZED</td>
<td></td>
<td></td>
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<td></td>
<td>801</td>
</tr>
<tr>
<td>720</td>
<td>Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?</td>
<td>SAME NUMBER</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MORE CHILDREN</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FEWER CHILDREN</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DON'T KNOW</td>
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### SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

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<th>SKIP</th>
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<tr>
<td>801</td>
<td>CHECK 601 AND 602:</td>
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<tr>
<td></td>
<td>CURRENTLY MARRIED/</td>
<td></td>
<td>803</td>
</tr>
<tr>
<td></td>
<td>FORMERLY MARRIED/</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>LIVING WITH A MAN</td>
<td></td>
<td>807</td>
</tr>
<tr>
<td></td>
<td>NEVER MARRIED AND NEVER LIVED WITH A MAN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>802</td>
<td>How old was your (husband/partner) on his last birthday?</td>
<td>AGE IN COMPLETED YEARS</td>
<td></td>
</tr>
<tr>
<td>803</td>
<td>Did your (last) (husband/partner) ever attend school?</td>
<td>YES .......................... 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NO .......................... 2</td>
<td>806</td>
<td></td>
</tr>
<tr>
<td>804</td>
<td>What was the highest level of school he attended: primary, secondary, or higher?</td>
<td>PRIMARY ........................ 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>POST-PRIMARY/VOCATIONAL ........................ 2</td>
<td></td>
<td></td>
</tr>
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<td></td>
<td>SECONDARY ........................ 3</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>TERTIARY ........................ 4</td>
<td></td>
<td></td>
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<td></td>
<td>PRE-PRIMARY ........................ 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ........................ 8</td>
<td>806</td>
<td></td>
</tr>
<tr>
<td>805</td>
<td>What was the highest (grade/form/year) he completed at that level?</td>
<td>GRADE ........................</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.</td>
<td>DON'T KNOW ........................ 98</td>
<td></td>
</tr>
<tr>
<td>806</td>
<td>CHECK 801:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CURRENTLY MARRIED/</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FORMERLY MARRIED/</td>
<td></td>
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<tr>
<td></td>
<td>LIVING WITH A MAN</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>LIVED WITH A MAN</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>What is your (husband's/ partner's) occupation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>That is, what kind of work does he mainly do?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>807</td>
<td>Aside from your own housework, have you done any work in the last seven days?</td>
<td>YES .......................... 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NO .......................... 2</td>
<td>811</td>
<td></td>
</tr>
<tr>
<td>808</td>
<td>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?</td>
<td>YES .......................... 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NO .......................... 2</td>
<td>811</td>
<td></td>
</tr>
<tr>
<td>809</td>
<td>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?</td>
<td>YES .......................... 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NO .......................... 2</td>
<td>811</td>
<td></td>
</tr>
<tr>
<td>810</td>
<td>Have you done any work in the last 12 months?</td>
<td>YES .......................... 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NO .......................... 2</td>
<td>815</td>
<td></td>
</tr>
<tr>
<td>811</td>
<td>What is your occupation, that is, what kind of work do you mainly do?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>812</td>
<td>Do you do this work for a member of your family, for someone else, or are you self-employed?</td>
<td>FOR FAMILY MEMBER ........................ 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FOR SOMEONE ELSE ........................ 2</td>
<td></td>
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<td></td>
<td>SELF-EMPLOYED ........................ 3</td>
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<td>NO.</td>
<td>QUESTIONS AND FILTERS</td>
<td>CODING CATEGORIES</td>
<td>SKIP</td>
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</tbody>
</table>
| 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  |      |
| 815 | CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN | NOT IN UNION | 823 |
| 816 | CHECK 814: CODE 1 OR 2 CIRCLED | OTHER | 819 |
| 817 | Who usually decides how the money you earn will be used: mainly you, mainly your (husband/partner), or you and your (husband/partner) jointly? | RESPONDENT .......... 1  
HUSBAND/PARTNER .......... 2  
RESPONDENT AND HUSBAND/PARTNER JOINTLY .......... 3  
OTHER .......... (SPECIFY)  | 6 |
| 818 | Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same? | MORE THAN HIM .......... 1  
LESS THAN HIM .......... 2  
ABOUT THE SAME .......... 3  
HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY .......... 4  
DON'T KNOW .......... 8  | 820 |
| 819 | Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly? | RESPONDENT .......... 1  
HUSBAND/PARTNER .......... 2  
RESPONDENT AND HUSBAND/PARTNER JOINTLY .......... 3  
HUSBAND/PARTNER HAS NO EARNINGS .......... 4  
OTHER .......... (SPECIFY)  | 6 |
| 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 IN FAMILY .......... 4  
OTHER .......... 6  |      |
| 821 | Who usually makes decisions about making major household purchases? | RESPONDENT .......... 1  
HUSBAND/PARTNER .......... 2  
RESPONDENT AND HUSBAND/PARTNER JOINTLY .......... 3  
SOMEONE ELSE IN FAMILY .......... 4  
OTHER .......... 6  |      |
| 822 | Who usually makes decisions about visits to your family, relatives and friends? | RESPONDENT .......... 1  
HUSBAND/PARTNER .......... 2  
SOMEONE ELSE .......... 3  
HUSBAND/PARTNER JOINTLY .......... 3  
SOMEONE ELSE IN FAMILY .......... 4  
OTHER .......... 6  |      |
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<th>SKIP</th>
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<tr>
<td>823</td>
<td>Do you own this or any other house either alone or jointly with someone else?</td>
<td>ALONE ONLY .......................... 1</td>
<td></td>
</tr>
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<td></td>
<td></td>
<td>JOINTLY ONLY ........................ 2</td>
<td></td>
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<td></td>
<td></td>
<td>BOTH ALONE AND JOINTLY ............. 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>DOES NOT OWN .......................... 4</td>
<td></td>
</tr>
<tr>
<td>824</td>
<td>Do you own any land either alone or jointly with someone else?</td>
<td>ALONE ONLY .......................... 1</td>
<td></td>
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<td></td>
<td></td>
<td>JOINTLY ONLY ........................ 2</td>
<td></td>
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<td></td>
<td></td>
<td>BOTH ALONE AND JOINTLY ............. 3</td>
<td></td>
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<td>DOES NOT OWN .......................... 4</td>
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</tr>
<tr>
<td>825</td>
<td>PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)</td>
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<tr>
<td></td>
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<td>PRESEN./ LISTEN.  ....  1   2   3</td>
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<td></td>
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<td>NOT LISTEN.  ....  1   2   3</td>
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<td>CHILDREN &lt; 10  ........ 1   2   3</td>
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<td>HUSBAND  ................. 1   2   3</td>
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<td></td>
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<td>OTHER MALES ............ 1   2   3</td>
<td></td>
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<td></td>
<td>OTHER FEMALES ... 1   2   3</td>
<td></td>
</tr>
<tr>
<td>826</td>
<td>In your opinion, is a husband justified in hitting or beating his wife in the following situations:</td>
<td>YES   NO   DK</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>GOES OUT  ............ 1   2   8</td>
<td></td>
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<td>NEGL. CHILDREN .... 1   2   8</td>
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<td>ARGUES  .............. 1   2   8</td>
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<td>REFUSES SEX  ......... 1   2   8</td>
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<td></td>
<td></td>
<td>SEX WITH SOMEONE 1   2   8</td>
<td></td>
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<td></td>
<td></td>
<td>BURNS FOOD  ........ 1   2   8</td>
<td></td>
</tr>
<tr>
<td>827</td>
<td>In your opinion, is a parent justified in hitting or beating his children for the following reasons:</td>
<td>YES   NO   DK</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>DISOBEY  ............ 1   2   8</td>
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<td>IMPOLITE  ............ 1   2   8</td>
<td></td>
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<td></td>
<td>EMBARR. FAMILY ... 1   2   8</td>
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<td>QUESTIONS AND FILTERS</td>
<td>CODING CATEGORIES</td>
<td>SKIP</td>
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<td>-----</td>
<td>---------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>901</td>
<td>Now I would like to talk about something else. Have you ever heard of an illness called AIDS?</td>
<td>YES .......................... 1  NO .......................... 2</td>
<td>937</td>
</tr>
<tr>
<td>902</td>
<td>Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?</td>
<td>YES .......................... 1  NO .......................... 2  DON'T KNOW ...................... 8</td>
<td></td>
</tr>
<tr>
<td>903</td>
<td>Can people get the AIDS virus from mosquito bites?</td>
<td>YES .......................... 1  NO .......................... 2  DON'T KNOW ...................... 8</td>
<td></td>
</tr>
<tr>
<td>904</td>
<td>Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?</td>
<td>YES .......................... 1  NO .......................... 2  DON'T KNOW ...................... 8</td>
<td></td>
</tr>
<tr>
<td>905</td>
<td>Can people get the AIDS virus by sharing food with a person who has AIDS?</td>
<td>YES .......................... 1  NO .......................... 2  DON'T KNOW ...................... 8</td>
<td></td>
</tr>
<tr>
<td>906</td>
<td>Can people get the AIDS virus because of witchcraft or other supernatural means?</td>
<td>YES .......................... 1  NO .......................... 2  DON'T KNOW ...................... 8</td>
<td></td>
</tr>
<tr>
<td>907</td>
<td>Is it possible for a healthy-looking person to have the AIDS virus?</td>
<td>YES .......................... 1  NO .......................... 2  DON'T KNOW ...................... 8</td>
<td></td>
</tr>
<tr>
<td>907A</td>
<td>Can men reduce their chance of getting the AIDS virus by getting circumcised?</td>
<td>YES .......................... 1  NO .......................... 2  DON'T KNOW ...................... 8</td>
<td></td>
</tr>
<tr>
<td>908</td>
<td>Can the virus that causes AIDS be transmitted from a mother to her baby:</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>During pregnancy?</td>
<td>YES NO DK</td>
<td></td>
</tr>
<tr>
<td></td>
<td>During delivery?</td>
<td>DURING PREG. ....... 1 2 8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>By breastfeeding?</td>
<td>DURING DELIVERY ... 1 2 8</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>BREASTFEEDING ...... 1 2 8</td>
<td></td>
</tr>
<tr>
<td>909</td>
<td>CHECK 908:</td>
<td></td>
<td>911</td>
</tr>
<tr>
<td></td>
<td>AT LEAST ONE 'YES'</td>
<td>OTHER</td>
<td></td>
</tr>
<tr>
<td>910</td>
<td>Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?</td>
<td>YES .......................... 1  NO .......................... 2  DON'T KNOW ...................... 8</td>
<td></td>
</tr>
<tr>
<td>910A</td>
<td>CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>910B</td>
<td>I don't want to know the results, but have you ever been tested to see if you have the AIDS virus for prenuptial purposes?</td>
<td>YES .......................... 1  NO .......................... 2</td>
<td></td>
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<tr>
<td>910C</td>
<td>CHECK 601:</td>
<td></td>
<td>911</td>
</tr>
<tr>
<td></td>
<td>CURRENTLY MARRIED OR LIVING WITH A MAN</td>
<td>NEVER MARRIED OR NEVER LIVED WITH A MAN</td>
<td></td>
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<tr>
<td></td>
<td>FORMERLY MARRIED OR LIVING WITH A MAN</td>
<td></td>
<td>911</td>
</tr>
<tr>
<td>910D</td>
<td>I don't want to know the results, but have you ever been tested as couple with your husband/partner to see if you and/or him have the AIDS virus?</td>
<td>YES .......................... 1  NO .......................... 2</td>
<td></td>
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<tr>
<td>NO.</td>
<td>QUESTIONS AND FILTERS</td>
<td>CODING CATEGORIES</td>
<td>SKIP</td>
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<tr>
<td>910E</td>
<td>I don't want to know the results, but have you and your husband told each other the results of your tests?</td>
<td>YES ................................. 1</td>
<td>926</td>
</tr>
<tr>
<td>911</td>
<td>CHECK 208 AND 215: NO BIRTHS</td>
<td>LAST BIRTH SINCE JANUARY 2008</td>
<td>926</td>
</tr>
<tr>
<td>912</td>
<td>CHECK 408 FOR LAST BIRTH: NO ANTENATAL CARE</td>
<td>LAST BIRTH BEFORE JANUARY 2008</td>
<td>920</td>
</tr>
<tr>
<td>913</td>
<td>CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>914</td>
<td>During any of the antenatal visits for your last birth were you given any information about: Babies getting the AIDS virus from their mother?</td>
<td>YES NO DK</td>
<td>924</td>
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<tr>
<td>915</td>
<td>Were you offered a test for the AIDS virus as part of your antenatal care?</td>
<td>YES ................................. 1</td>
<td>924</td>
</tr>
<tr>
<td>916</td>
<td>I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?</td>
<td>YES ................................. 1</td>
<td>920</td>
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<tr>
<td>917</td>
<td>Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</td>
<td></td>
<td>918</td>
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<tr>
<td>918</td>
<td>I don't want to know the results, but did you get the results of the test?</td>
<td>YES ................................. 1</td>
<td>924</td>
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<tr>
<td>919</td>
<td>All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling?</td>
<td>YES ................................. 1</td>
<td>924</td>
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All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling?
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<th>SKIP</th>
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<tr>
<td>920</td>
<td>CHECK 434 FOR LAST BIRTH: ANY CODE 21-36 CIRCLED OTHER</td>
<td></td>
<td>926</td>
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<tr>
<td>921</td>
<td>Between the time you went for delivery but before the baby was born, were you offered a test for the AIDS virus?</td>
<td>YES ........................................ 1</td>
<td></td>
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<td></td>
<td></td>
<td>NO ........................................ 2</td>
<td></td>
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<tr>
<td>922</td>
<td>I don't want to know the results, but were you tested for the AIDS virus at that time?</td>
<td>YES ........................................ 1</td>
<td>926</td>
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<tr>
<td></td>
<td></td>
<td>NO ........................................ 2</td>
<td></td>
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<tr>
<td>923</td>
<td>I don't want to know the results, but did you get the results of the test?</td>
<td>YES ........................................ 1</td>
<td></td>
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<td></td>
<td></td>
<td>NO ........................................ 2</td>
<td></td>
</tr>
<tr>
<td>924</td>
<td>Have you been tested for the AIDS virus since that time you were tested during your pregnancy?</td>
<td>YES ........................................ 1</td>
<td>927</td>
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<tr>
<td></td>
<td></td>
<td>NO ........................................ 2</td>
<td></td>
</tr>
<tr>
<td>925</td>
<td>How many months ago was your most recent HIV test?</td>
<td>MONTHS AGO  TWO OR MORE YEARS 96</td>
<td>932</td>
</tr>
<tr>
<td>926</td>
<td>I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?</td>
<td>YES ........................................ 1</td>
<td>930</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO ........................................ 2</td>
<td></td>
</tr>
<tr>
<td>927</td>
<td>How many months ago was your most recent HIV test?</td>
<td>MONTHS AGO  TWO OR MORE YEARS 96</td>
<td></td>
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<tr>
<td>928</td>
<td>I don't want to know the results, but did you get the results of the test?</td>
<td>YES ........................................ 1</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>NO ........................................ 2</td>
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<tr>
<td>929</td>
<td>Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</td>
<td>PUBLIC/AGREE SECTOR  PRIVATE MEDICAL SECTOR  OTHER SOURCES  DON'T KNOW 98</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PUBLIC/AGREE SECTOR  REFERAL HOSPITAL 11 DISTRICT HOSPITAL 12 HEALTH CENTER 13 HEALTH POST 14 OUTREACH 15 COMMUNITY HEALTH WORKER 16 OTHER PUBLIC HEALTH FACILITY 17 (SPECIFY)</td>
<td></td>
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<td></td>
<td>PRIVATE MEDICAL SECTOR  POLYCLINIC 21 CLINIC 22 DISPENSARY 23 PHARMACY 24 FAMILY PLANNING CLINIC 25 OTHER PRIVATE HEALTH FACILITY 26 (SPECIFY)</td>
<td>932</td>
<td></td>
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<tr>
<td></td>
<td>OTHER SOURCES KIOSK 31 TRADITIONAL BIRTH ATT. 32 FRIEND/RELATIVE 33 CORRECTIONAL FACILITY 34 OTHER 96 (SPECIFY)</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW 98</td>
<td></td>
<td></td>
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<tr>
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<td>QUESTIONS AND FILTERS</td>
<td>CODING CATEGORIES</td>
<td>SKIP</td>
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<td>----------------------------------------------------------</td>
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<tr>
<td>930</td>
<td>Do you know of a place where people can go to get tested for the AIDS virus?</td>
<td>YES .............................................. 1</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>NO .................................................. 2</td>
<td>932</td>
</tr>
<tr>
<td>931</td>
<td>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))</td>
<td>PUBLIC/AGREE SECTOR PUBLIC/AGREE SECTOR REFERAL HOSPITAL ............... A DISTRICT HOSPITAL ............... B HEALTH CENTER ............... C HEALTH POST ............... D OUTREACH ............... E COMMUNITY HEALTH WORKER ............... F OTHER PUBLIC HEALTH FACILITY ............... G (SPECIFY) PRIVATE MEDICAL SECTOR POLYCLINIC ............... H CLINIC ............... I DISPENSARY ............... J PHARMACY ............... K FAMILY PLANNING CLINIC ............... L OTHER PRIVATE HEALTH FACILITY ............... M (SPECIFY) OTHER SOURCES KIOSK ............... N TRADITIONAL BIRTH ATT. ............... O FRIEND/RELATIVE ............... P CORRECTIONAL FACILITY ............... Q OTHER ............... X (SPECIFY)</td>
<td></td>
</tr>
<tr>
<td>932</td>
<td>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</td>
<td>YES .............................................. 1</td>
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<td></td>
<td></td>
<td>NO .................................................. 2</td>
<td></td>
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<td></td>
<td></td>
<td>DON'T KNOW ...................................... 8</td>
<td></td>
</tr>
<tr>
<td>933</td>
<td>If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?</td>
<td>YES, REMAIN A SECRET ................................ 1</td>
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<td></td>
<td>NO .................................................. 2</td>
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<td></td>
<td>DK/NOT SURE/DEPENDS ................................ 8</td>
<td></td>
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<tr>
<td>934</td>
<td>If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?</td>
<td>YES .............................................. 1</td>
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<td></td>
<td>NO .................................................. 2</td>
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<td></td>
<td>DK/NOT SURE/DEPENDS ................................ 8</td>
<td></td>
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<tr>
<td>935</td>
<td>In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?</td>
<td>SHOULD BE ALLOWED ................................ 1</td>
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<td></td>
<td></td>
<td>SHOULD NOT BE ALLOWED ................................ 2</td>
<td></td>
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<td>DK/NOT SURE/DEPENDS ................................ 8</td>
<td></td>
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<tr>
<td>936</td>
<td>Should children age 12-14 be taught about using a condom to avoid getting AIDS?</td>
<td>YES .............................................. 1</td>
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<td></td>
<td></td>
<td>NO .................................................. 2</td>
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<tr>
<td></td>
<td></td>
<td>DK/NOT SURE/DEPENDS ................................ 8</td>
<td></td>
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<tr>
<td>937</td>
<td>CHECK 901: HEARD ABOUT AIDS NOT HEARD ABOUT AIDS Have you heard about infections that can be transmitted through sexual contact?</td>
<td>YES .............................................. 1</td>
<td></td>
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<td></td>
<td></td>
<td>NO .................................................. 2</td>
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<td>NO.</td>
<td>QUESTIONS AND FILTERS</td>
<td>CODING CATEGORIES</td>
<td>SKIP</td>
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<tr>
<td>938</td>
<td>CHECK 613:</td>
<td></td>
<td>946</td>
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<tr>
<td></td>
<td>HAS HAD SEXUAL</td>
<td>NEVER HAD SEXUAL</td>
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<td></td>
<td>INTERCOURSE</td>
<td>INTERCOURSE</td>
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<tr>
<td>939</td>
<td>CHECK 937: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?</td>
<td></td>
<td>941</td>
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<tr>
<td></td>
<td>YES</td>
<td>NO</td>
<td></td>
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<tr>
<td>940</td>
<td>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?</td>
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<td></td>
<td>YES ............................. 1</td>
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<td></td>
<td>NO ............................. 2</td>
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<td>DON'T KNOW .............. 8</td>
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<tr>
<td>941</td>
<td>Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?</td>
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<td></td>
<td>YES ............................. 1</td>
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<td>NO ............................. 2</td>
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<td></td>
<td>DON'T KNOW .............. 8</td>
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<tr>
<td>942</td>
<td>Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?</td>
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<td></td>
<td>YES ............................. 1</td>
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<td>NO ............................. 2</td>
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<td>DON'T KNOW .............. 8</td>
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<td>943</td>
<td>CHECK 940, 941, AND 942:</td>
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<td>946</td>
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<tr>
<td></td>
<td>HAS HAD AN</td>
<td>HAS NOT HAD AN</td>
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<td></td>
<td>INFECTION</td>
<td>INFECTION OR</td>
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<td>(ANY 'YES')</td>
<td>DOES NOT KNOW</td>
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<td>944</td>
<td>The last time you had (PROBLEM FROM 940/941/942), did you seek any kind of advice or treatment?</td>
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<td></td>
<td>YES ............................. 1</td>
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<td></td>
<td>NO ............................. 2</td>
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<tr>
<td>945</td>
<td>Where did you go?</td>
<td>PUBLIC/AGREE SECTOR</td>
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<td>Any other place?</td>
<td>REFERAL HOSPITAL</td>
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<td>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</td>
<td>DISTRICT HOSPITAL</td>
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<td>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</td>
<td>HEALTH CENTER</td>
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<td>(NAME OF PLACE(S))</td>
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<td>OUTREACH</td>
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<td>OTHER PUBLIC HEALTH</td>
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<td>FACILITY</td>
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<td>OTHER PRIVATE HEALTH</td>
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<td>FACILITY</td>
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<td>KIOSK</td>
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<td>TRADITIONAL BIRTH ATT.</td>
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<td>OTHER</td>
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<td>(SPECIFY)</td>
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<td>946</td>
<td>If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that he use a condom when they have sex?</td>
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<tr>
<td></td>
<td>YES ............................. 1</td>
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<td></td>
<td>NO ............................. 2</td>
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<td></td>
<td>DON'T KNOW .............. 8</td>
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<td>QUESTIONS AND FILTERS</td>
<td>CODING CATEGORIES</td>
<td>SKIP</td>
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</tbody>
</table>
| 947 | Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women? | YES .................. 1  
NO .................. 2  
DON'T KNOW .................. 8 |      |
| 948 | CHECK 601: CURRENTLY MARRIED/ LIVING WITH A MAN NOT IN UNION | YES .................. 1  
NO .................. 2  
DON'T KNOW .................. 8 | 951  |
| 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 |      |
| 951 | Have you ever heard about the following campaigns? | How did you hear about (NAME OF CAMPAIGN)? | Who did you talk to about (NAME OF CAMPAIGN)? |
|     | a) Sinigurisha                                                                      | a)               | a)               |
|     | b) Fata umwana wese nkuwawe                                                         | b)               | b)               |
|     | c) World AIDS Day (hruga,kwimisho virus SIDA ku bushake n’ababana, kugirango tugaranya ubwiyongere bw’ikwizwa ry’ubwanda bw’agakoko gatera SIDA) | c)               | e)               |
|     | d) World AIDS Day (lagakiringizo ni uburyo bwo kwirinda SIDA tukavugye, tukabone, tungakoreshe: ni uburenganzira bwa buri wese.) | d)               | d)               |
|     | e) Tega amatwi wemwe on the radio                                                   | e)               |                   |
|     | f) Zibukira on the radio                                                            | f)               |                   |
|     | g) Inshuti y’ubuzima on the radio                                                   | g)               |                   |
| CODE FOR 951B | 01 = TELEVISION  
02 = RADIO  
03 = BILLBOARDS  
04 = POSTERS  
05 = PRINT MEDIA  
06 = COMMUNITY/CHURCH/UMUGANDA MEETING OR THEATER  
07 = SCHOOL/UNIVERSITY  
08 = WORKPLACE  
96 = OTHER | | |
| CODE FOR 951C: | 01 = FAMILY MEMBER OR FRIEND  
02 = COWORKER/SUPERVISOR AT WORK  
03 = COMMUNITY HEALTH WORKER  
04 = LOCAL GOVERNMENT LEADER  
05 = LOCAL CHURCH LEADER  
06 = TEACHER/PROFESSOR  
07 = OUTREACH WORKER (NGO WORKER)  
08 = NO ONE  
96 = OTHER | | |
### SECTION 10. OTHER HEALTH ISSUES

<table>
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<tr>
<th>NO.</th>
<th>QUESTIONS AND FILTERS</th>
<th>CODING CATEGORIES</th>
<th>SKIP</th>
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</thead>
<tbody>
<tr>
<td>1001</td>
<td>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?</td>
<td></td>
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<td></td>
<td>IF YES: How many injections have you had?</td>
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<td></td>
<td>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</td>
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<tr>
<td></td>
<td>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>NUMBER OF INJECTIONS</td>
<td></td>
<td></td>
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<tr>
<td>1002</td>
<td>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</td>
<td></td>
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<tr>
<td></td>
<td>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NUMBER OF INJECTIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1003</td>
<td>The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1004</td>
<td>Do you currently smoke cigarettes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1005</td>
<td>In the last 24 hours, how many cigarettes did you smoke?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NUMBER OF CIGARETTES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1006</td>
<td>Do you currently smoke or use any (other) type of tobacco?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1007</td>
<td>What (other) type of tobacco do you currently smoke or use?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PIPE</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CHEWING TOBACCO</td>
<td>B</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SNUFF</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OTHER</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(SPECIFY)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1008</td>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Getting permission to go to the doctor?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Getting money needed for advice or treatment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The distance to the health facility?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not wanting to go alone?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BIG PROBLEM</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NOT A BIG PROBLEM</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PERMISSION TO GO</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>GETTING MONEY</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>DISTANCE</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>GO ALONE</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>1011</td>
<td>GO TO THE NEXT SECTION (11)</td>
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SECTION 11. ADULT MORTALITY

<table>
<thead>
<tr>
<th>NO.</th>
<th>QUESTIONS AND FILTERS</th>
<th>CODING CATEGORIES</th>
<th>SKIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1101</td>
<td>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?</td>
<td>NUMBER OF BIRTHS TO NATURAL MOTHER</td>
<td></td>
</tr>
<tr>
<td>1102</td>
<td>CHECK 1101:</td>
<td>ONLY ONE BIRTH</td>
<td>1201</td>
</tr>
<tr>
<td></td>
<td>TWO OR MORE BIRTHS</td>
<td>(RESPONDENT ONLY)</td>
<td></td>
</tr>
<tr>
<td>1103</td>
<td>How many of these births did your mother have before you were born?</td>
<td>NUMBER OF PRECEDING BIRTHS</td>
<td></td>
</tr>
<tr>
<td>1104</td>
<td>What was the name given to your oldest (next oldest) brother or sister?</td>
<td>(1)</td>
<td>(2)</td>
</tr>
<tr>
<td>1105</td>
<td>Is (NAME) male or female?</td>
<td>MALE 1</td>
<td>MALE 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FEMALE 2</td>
<td>FEMALE 2</td>
</tr>
<tr>
<td>1106</td>
<td>Is (NAME) still alive?</td>
<td>YES ... 1</td>
<td>YES ... 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO ... 2</td>
<td>NO ... 2</td>
</tr>
<tr>
<td>1107</td>
<td>How old is (NAME)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1108</td>
<td>How many years ago did (NAME) die?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1109</td>
<td>How old was (NAME) when he/she died?</td>
<td>IF MALE OR DIED BEFORE 12 YEARS OF AGE</td>
<td>IF MALE OR DIED BEFORE 12 YEARS OF AGE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GO TO (2)</td>
<td>GO TO (3)</td>
</tr>
<tr>
<td>1110</td>
<td>Was (NAME) pregnant when she died?</td>
<td>YES ... 1</td>
<td>YES ... 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO ... 2</td>
<td>NO ... 2</td>
</tr>
<tr>
<td>1111</td>
<td>Did (NAME) die during childbirth?</td>
<td>YES ... 1</td>
<td>YES ... 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO ... 2</td>
<td>NO ... 2</td>
</tr>
<tr>
<td>1112</td>
<td>Did (NAME) die within two months after the end of a pregnancy or childbirth?</td>
<td>YES ... 1</td>
<td>YES ... 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO ... 2</td>
<td>NO ... 2</td>
</tr>
<tr>
<td>1113</td>
<td>How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

GO BACK TO 1104 IN NEXT COLUMN, OR, IF NO MORE BROTHERS OR SISTERS, GO TO THE NEXT SECTION.
<table>
<thead>
<tr>
<th>No.</th>
<th>Questions and Filters</th>
<th>Coding Categories</th>
<th>Skip</th>
</tr>
</thead>
<tbody>
<tr>
<td>1104</td>
<td>What was the name given to your oldest (next oldest) brother or sister?</td>
<td>(7)</td>
<td>(8)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MALE 1</td>
<td>MALE 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FEMALE 2</td>
<td>FEMALE 2</td>
</tr>
<tr>
<td>1105</td>
<td>Is (NAME) male or female?</td>
<td>MALE 1</td>
<td>MALE 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FEMALE 2</td>
<td>FEMALE 2</td>
</tr>
<tr>
<td>1106</td>
<td>Is (NAME) still alive?</td>
<td>YES . . . 1</td>
<td>YES . . . 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO . . . 2</td>
<td>NO . . . 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DK . . . 8</td>
<td>DK . . . 8</td>
</tr>
<tr>
<td>1107</td>
<td>How old is (NAME)?</td>
<td>GO TO (8)</td>
<td>GO TO (9)</td>
</tr>
<tr>
<td>1108</td>
<td>How many years ago did (NAME) die?</td>
<td>GO TO (11)</td>
<td>GO TO (12)</td>
</tr>
<tr>
<td>1109</td>
<td>How old was (NAME) when he/she died?</td>
<td>IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)</td>
<td>IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)</td>
</tr>
<tr>
<td>1110</td>
<td>Was (NAME) pregnant when she died?</td>
<td>YES . . . 1</td>
<td>YES . . . 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO . . . 2</td>
<td>NO . . . 2</td>
</tr>
<tr>
<td>1111</td>
<td>Did (NAME) die during childbirth?</td>
<td>YES . . . 1</td>
<td>YES . . . 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO . . . 2</td>
<td>NO . . . 2</td>
</tr>
<tr>
<td>1112</td>
<td>Did (NAME) die within two months after the end of a pregnancy or childbirth?</td>
<td>YES . . . 1</td>
<td>YES . . . 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO . . . 2</td>
<td>NO . . . 2</td>
</tr>
<tr>
<td>1113</td>
<td>How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1114</td>
<td>Go back to 1104 in next column, or, if no more brothers or sisters, go to the next section.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION 12. RELATIONSHIP IN THE HOUSEHOLD

1201 CHECK COVER PAGE OF THIS QUESTIONNAIRE TO SEE IF WOMAN IS SELECTED FOR THIS SECTION

YES [ ] NO [ ]

1214

1202 CHECK FOR PRESENCE OF OTHERS:

DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED.

PRIVACY OBTAINED [ ] PRIVACY NOT POSSIBLE [ ]

1214

1203 Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Rwanda. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.

1204 CHECK 601 AND 603 FOR MARITAL STATUS:

CURRENTLY MARRIED OR NEVER LIVED WITH A MAN

FORMERLY MARRIED OR NEVER LIVED WITH A MAN

1206

1205 A (Does/did) your (last) husband/partner ever do any of the following things to you?

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Does/did) your (last) husband/partner ever do any of the following things to you?</td>
<td>How often did this happen during the last 12 months: often, only sometimes, or not at all?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OFFEN</td>
</tr>
<tr>
<td>a)</td>
<td>push you, shake you, or throw something at you?</td>
<td>YES</td>
</tr>
<tr>
<td>b)</td>
<td>slap you?</td>
<td>YES</td>
</tr>
<tr>
<td>c)</td>
<td>twist your arm or pull your hair?</td>
<td>YES</td>
</tr>
<tr>
<td>d)</td>
<td>punch you with his fist or with something that could hurt you?</td>
<td>YES</td>
</tr>
<tr>
<td>e)</td>
<td>kick you, drag you or beat you up?</td>
<td>YES</td>
</tr>
<tr>
<td>f)</td>
<td>try to choke you or burn you on purpose?</td>
<td>YES</td>
</tr>
<tr>
<td>g)</td>
<td>threaten or attack you with a knife, gun, or any other weapon?</td>
<td>YES</td>
</tr>
<tr>
<td>h)</td>
<td>physically force you to have sexual intercourse with him even when you did not want to?</td>
<td>YES</td>
</tr>
<tr>
<td>i)</td>
<td>force you to perform any sexual acts you did not want to?</td>
<td>YES</td>
</tr>
<tr>
<td>NO.</td>
<td>QUESTIONS AND FILTERS</td>
<td>CODING CATEGORIES</td>
</tr>
<tr>
<td>-----</td>
<td>---------------------------------------------------------------------------------------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>1206</td>
<td>CHECK 601 AND 603: MARRIED/LIVING WITH A MAN/SEPARATED/NEVER MARRIED/NEVER LIVED WITH A MAN/ DIVORCED/SEPARATED/NEVER LIVED WITH A MAN/WIDOWED</td>
<td>From the time you were 15 years old has anyone other than your (current/last) husband/partner hit, slapped, kicked, or done anything else to hurt you physically?</td>
</tr>
<tr>
<td></td>
<td>YES ........................................ 1</td>
<td>YES ........................................ 1</td>
</tr>
<tr>
<td></td>
<td>NO ........................................ 2</td>
<td>NO ........................................ 2</td>
</tr>
<tr>
<td></td>
<td>REFUSED/NO ANSWER ........................ 3</td>
<td>REFUSED/NO ANSWER ........................ 3</td>
</tr>
<tr>
<td>1207</td>
<td>Who has physically hurt you in this way?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MOTHER .................................... A</td>
<td>MOTHER .................................... A</td>
</tr>
<tr>
<td></td>
<td>FATHER .................................... B</td>
<td>FATHER .................................... B</td>
</tr>
<tr>
<td></td>
<td>STEP-MOTHER ................................ C</td>
<td>STEP-MOTHER ................................ C</td>
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<td>STEP-FATHER ................................ D</td>
<td>STEP-FATHER ................................ D</td>
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<td>SISTER .................................... E</td>
<td>SISTER .................................... E</td>
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<td>BROTHER ................................... F</td>
<td>BROTHER ................................... F</td>
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<td>DAUGHTER ................................... G</td>
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<td>SON ........................................ H</td>
<td>SON ........................................ H</td>
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<td>LATE/EX-HUSBAND/EX-PARTNER .............. I</td>
<td>LATE/EX-HUSBAND/EX-PARTNER .............. I</td>
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<td>CURRENT BOYFRIEND ........................ J</td>
<td>CURRENT BOYFRIEND ........................ J</td>
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<td>FORMER BOYFRIEND ......................... K</td>
<td>FORMER BOYFRIEND ......................... K</td>
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<td>MOTHER-IN-LAW ............................. L</td>
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<td>POLICE/SOLDIER ........................... T</td>
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<td>(SPECIFY) .................................. (SPECIFY)</td>
<td>(SPECIFY) .................................. (SPECIFY)</td>
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<tr>
<td>1208</td>
<td>At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts against your will?</td>
<td>YES ........................................ 1</td>
</tr>
<tr>
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<td>NO ........................................ 2</td>
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<td>REFUSED TO ANSWER/NO ANSWER ................ 3</td>
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<tr>
<td>1209</td>
<td>How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts against your will?</td>
<td>AGE IN COMPLETED YEARS .................</td>
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<td>DON'T KNOW ................................ 98</td>
<td>DON'T KNOW ................................ 98</td>
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<tr>
<td>1210</td>
<td>Who was the person who was forcing you at that time?</td>
<td>CURRENT HUSBAND/PARTNER ............. 01</td>
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<td>FORMER HUSBAND/PARTNER ................... 02</td>
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<td>EMPLOYER/SOMEONE AT WORK .................. 11</td>
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<td>OTHER .................................... 96</td>
<td>OTHER .................................... 96</td>
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<td>(SPECIFY) .................................. (SPECIFY)</td>
<td>(SPECIFY) .................................. (SPECIFY)</td>
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<td>NO.</td>
<td>QUESTIONS AND FILTERS</td>
<td>CODING CATEGORIES</td>
</tr>
<tr>
<td>-----</td>
<td>-----------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>1211</td>
<td>CHECK 1205, 1206, AND 1208:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>AT LEAST ONE YES ☐ NOT A SINGLE YES ☐</td>
<td></td>
</tr>
<tr>
<td>1212</td>
<td>Have you ever tried to get help to prevent or stop this or these person(s) from physically or sexually hurting you?</td>
<td>YES ................................. 1</td>
</tr>
<tr>
<td></td>
<td>NO ................................. 2</td>
<td></td>
</tr>
<tr>
<td>1213</td>
<td>From whom have you sought help?</td>
<td>MOTHER ............................... A</td>
</tr>
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<td>STEP-MOTHER .................... C</td>
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<td>DAUGHTER ........................... G</td>
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<td></td>
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<td></td>
<td>FEMALE FRIEND/ACQUAINTANCE .... P</td>
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<td>LATE/EX-HUSBAND/EX-PARTNER ... I</td>
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<td>MOTHER-IN-LAW .................... L</td>
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<td>FATHER-IN-LAW ..................... M</td>
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<td></td>
<td>OTHER MALE RELATIVE/IN-LAW ... O</td>
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<td></td>
<td>EMPLOYER .......................... S</td>
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<tr>
<td></td>
<td>POLICE/SOLDIER ................... T</td>
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<tr>
<td></td>
<td>OTHER X (SPECIFY)</td>
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<tr>
<td>1214</td>
<td>INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE RELATIONSHIP IN THE HOUSEHOLD MODULE</td>
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<td>1215</td>
<td>RECORD THE TIME.</td>
<td>HOUR .................................</td>
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<td>MINUTES ..........................</td>
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INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.
INFORMATION TO BE CODED FOR EACH COLUMN

<table>
<thead>
<tr>
<th>COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE</th>
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<tbody>
<tr>
<td>BIRTHS</td>
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<tr>
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</tr>
<tr>
<td>12 DEC</td>
</tr>
<tr>
<td>0 NO METHOD</td>
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<tr>
<td>2 MALE STERILIZATION</td>
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<tr>
<td>3 IUD</td>
</tr>
<tr>
<td>4 INJECTABLES</td>
</tr>
<tr>
<td>5 IMPLANTS/JADELL</td>
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<th>COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE</th>
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<tr>
<td>0 INFREQUENT SEX/HUSBAND AWAY</td>
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<tr>
<td>2 WANTED TO BECOME PREGNANT</td>
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<tr>
<td>4 WANTED MORE EFFECTIVE METHOD</td>
</tr>
<tr>
<td>6 LACK OF ACCESS/TOO FAR</td>
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<td>8 INCONVENIENT TO USE</td>
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<tr>
<td>A DIFFICULT TO GET PREGNANT/MENOPAUSAL</td>
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<tr>
<td>(SPECIFY)</td>
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