

**2006 SWAZILAND DEMOGRAPHIC AND HEALTH SURVEY  
WOMEN'S QUESTIONNAIRE**

IDENTIFICATION																																																						
PLACE NAME _____ NAME OF HOUSEHOLD HEAD _____ DHS CLUSTER NUMBER ..... PSU CODE ..... HOUSEHOLD NUMBER ..... REGION (HHOHHO = 1, MANZINI = 2, SHISELWENI = 3, LUBOMBO = 4) ..... URBAN/RURAL (URBAN = 1, RURAL = 2) ..... LARGE CITY/SMALL CITY/TOWN/RURAL ..... (LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4) NAME AND LINE NUMBER OF WOMAN _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																					
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TIME	_____	_____																																																				
*RESULT CODES: 1 COMPLETED                      4 REFUSED 2 NOT AT HOME                      5 PARTLY COMPLETED                      7 OTHER _____ (SPECIFY) 3 POSTPONED                      6 INCAPACITATED																																																						
LANGUAGE OF QUESTIONNAIRE: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td></tr></table> RESPONDENT'S LANGUAGE: _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> LANGUAGE OF INTERVIEW: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> LANGUAGE: 1 SISWATI                      2 ENGLISH                      3 OTHER					2																																																	
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SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY																																																			
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DATE _____	DATE _____	_____	_____																																																			

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

<p><b>INFORMED CONSENT</b></p> <p>Hello. My name is _____ and I am working with the Central Statistical Office. We are conducting a national survey about the health of women, men and children. We would very much appreciate your participation in this survey. I would like to ask you about your health and the health of your children. This information will help the government to plan health services. The survey usually takes an hour to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.</p> <p>Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.</p> <p>At this time, do you want to ask me anything about the survey? May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED . . . . . 1      RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . . . 2 → END</p>
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR ..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ..... <input type="text"/> <input type="text"/> ALWAYS ..... 95 VISITOR ..... 96	→ 104
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY ..... 1 TOWN ..... 2 COUNTRYSIDE ..... 3	
104	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS ..... <input type="text"/> <input type="text"/> NONE ..... 00	→ 106
105	In the last 12 months, have you been away from your home community for more than one month at a time?	YES ..... 1 NO ..... 2	
106	In what month and year were you born?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
108	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 112
109	What is the highest level of school you attended: primary, secondary, or higher?	LOWER PRIMARY ..... 1 HIGHER PRIMARY ..... 2 SECONDARY ..... 3 HIGH SCHOOL ..... 4 TERTIARY ..... 5	
110	What is the highest (grade/form/year) you completed at that level?	GRADE/FORM/YEAR ..... <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	CHECK 109: ANY PRIMARY CODE '1' OR '2' CIRCLED <input type="checkbox"/> SECONDARY OR HIGHER CODE '3' OR '4' OR 5 CIRCLED <input type="checkbox"/>		→ 115
112	Now I would like you to read this sentence to me.  SHOW CARD TO RESPONDENT.  IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE.. 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED ..... 5	
113	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES ..... 1 NO ..... 2	
114	CHECK 112: CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→ 116
115	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
116	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
117	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
118	What is your religion?  _____ NAME OF CHURCH	TRADITIONAL ..... 01 CHARISMATIC ..... 02 PROTESTANT ..... 03 ROMAN CATHOLIC ..... 04 PENTECOSTAL ..... 05 ZIONIST ..... 06 APOSTOLIC SECT ..... 07 ISLAM ..... 08 NONE ..... 09  OTHER _____ 96 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES ..... 1 NO ..... 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES ..... 1 NO ..... 2	→ 204								
203	How many sons live with you?  And how many daughters live with you?  IF NONE, RECORD '00'.	SONS AT HOME ..... <table border="1" data-bbox="1203 363 1300 422"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME ..... <table border="1" data-bbox="1203 422 1300 480"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES ..... 1 NO ..... 2	→ 206								
205	How many sons are alive but do not live with you?  And how many daughters are alive but do not live with you?  IF NONE, RECORD '00'.	SONS ELSEWHERE ..... <table border="1" data-bbox="1203 621 1300 680"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE ..... <table border="1" data-bbox="1203 680 1300 739"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died?  IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES ..... 1 NO ..... 2	→ 208								
207	How many boys have died?  And how many girls have died?  IF NONE, RECORD '00'.	BOYS DEAD ..... <table border="1" data-bbox="1203 955 1300 1014"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD ..... <table border="1" data-bbox="1203 1014 1300 1073"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL ..... <table border="1" data-bbox="1203 1136 1300 1194"><tr><td></td><td></td></tr></table>									
209	CHECK 208:  Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct?  YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208:  ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> → 226										

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

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

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221		
What name was given to your next baby?  (NAME)	Were any of these births twins or multiple?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died?  IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?		
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 NO... 2		
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 NO... 2		
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 NO... 2		
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 NO... 2		
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 NO... 2		
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					YES .....	1	NO .....			2
223	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>										
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2001 OR LATER. IF NONE, RECORD '0'.									<input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 2001, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)		
226	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE ..... 8	→ 229
227	How many months pregnant are you?  RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS ..... <input type="text"/> <input type="text"/>	
228	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN ..... 1 LATER ..... 2 NOT AT ALL ..... 3	
229	Have you ever had a pregnancy that miscarried or was aborted?	YES ..... 1 NO ..... 2	→ 230A
230	When did the last miscarriage or abortion happen?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98  YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	
230A	Have you ever had a pregnancy that ended in a stillbirth?	YES ..... 1 NO ..... 2	→ 231
230B	When did your last stillbirth happen?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98  YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	
230C	Was this last stillbirth macerated or fresh? By macerated I mean the body may have started to decompose.	MACERATED ..... 1 FRESH ..... 2 DON'T KNOW ..... 8	
231	CHECK 230 AND 230B:  LAST MISCARRIAGE/ ABORTION/STILLBIRTH ENDED JANUARY 2 OR LATER <input type="checkbox"/>	NO MISCARRIAGE/ABORTION/ STILLBIRTH <input type="checkbox"/>  LAST MISCARRIAGE ABORTION/STILLBIRTH ENDED BEFORE JANUARY 2001 <input type="checkbox"/>	→ 237 → 237
232	How many months pregnant were you when the last miscarriage/abortion/stillbirth happened?  RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS ..... <input type="text"/> <input type="text"/>	
233	Since January 2001, have you had any other pregnancies that did not result in a live birth?	YES ..... 1 NO ..... 2	→ 237

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2001.  ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any pregnancies that terminated before 2001 that did not result in a live birth?	YES ..... 1 NO ..... 2	→ 237
236	When did the last such pregnancy that terminated before 2001 end?  _____ (DATE, IF GIVEN)	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98  YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	
237	When did your last menstrual period start?  _____ (DATE, IF GIVEN)	DAYS AGO ..... 1 <input type="text"/> <input type="text"/> WEEKS AGO ..... 2 <input type="text"/> <input type="text"/> MONTHS AGO ..... 3 <input type="text"/> <input type="text"/> YEARS AGO ..... 4 <input type="text"/> <input type="text"/> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH ..... 995 NEVER MENSTRUATED ..... 996	
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 301
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS ..... 1 DURING HER PERIOD ..... 2 RIGHT AFTER HER PERIOD HAS ENDED ..... 3 HALFWAY BETWEEN TWO PERIODS ..... 4  OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8	



SECTION 3. CONTRACEPTION

301	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</p>	302 Have you ever used (METHOD)?	
01	<p>FEMALE STERILIZATION Women can have an operation to avoid having any more children.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>Have you ever had an operation to avoid having any more children? YES ..... 1 NO ..... 2</p>
02	<p>MALE STERILIZATION Men can have an operation to avoid having any more children.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>Have you ever had a partner who had an operation to avoid having any more children? YES ..... 1 NO ..... 2</p>
03	<p>PILL Women can take a pill every day to avoid becoming pregnant.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
04	<p>IUD Women can have a loop or coil placed inside them by a doctor or a nurse.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
05	<p>INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
06	<p>IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
07	<p>CONDOM Men can put a rubber sheath on their penis before sexual intercourse.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
08	<p>FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
09	<p>DIAPHRAM Women can place a thin flexible disk in their vagina before intercourse.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
10	<p>FOAM/JELLY Women can place a suppository jelly or cream in their vagina before intercourse.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
11	<p>LACTATIONAL AMENORRHEA METHOD (LAM) Up to six months after childbirth, a woman can use a method that requires that she breastfeeds frequently day, and night and that her menstrual period has not returned.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
12	<p>RHYTHM/BILLINGS/MUCUS METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to be pregnant or the woman observes her discharge and temperature of the vagina. If the temperature is high and the discharge stretches then she can avoid sexual intercourse</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
13	<p>WITHDRAWAL Men can be careful and pull out before climax.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
14	<p>EMERGENCY CONTRACEPTION Women can take pills up to five days after sexual intercourse to avoid becoming pregnant.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
15	<p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p> <p>_____ (SPECIFY)</p> <p>_____ (SPECIFY)</p>	<p>YES ..... 1 NO ..... 2</p> <p>YES ..... 1 NO ..... 2</p>	<p>YES ..... 1 NO ..... 2</p> <p>YES ..... 1 NO ..... 2</p>
303	<p>CHECK 302:</p> <p>NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/></p> <p>AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/></p>		→ 307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 331
306	What have you used or done?  CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant.  How many living children did you have at that time, if any?  IF NONE, RECORD '00'.	NUMBER OF CHILDREN ..... <input type="text"/> <input type="text"/>	
308	CHECK 302 (01):  WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 311A
309	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 331
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 331
311	Which method are you using?  CIRCLE ALL MENTIONED.  IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.	FEMALE STERILIZATION ..... A MALE STERILIZATION ..... B PILL ..... C IUD ..... D INJECTABLES ..... E IMPLANTS ..... F CONDOM ..... G FEMALE CONDOM ..... H DIAPHRAGM ..... I FOAM/JELLY ..... J LACTATIONAL AMEN. METHOD ..... K RHYTHM METHOD ..... L WITHDRAWAL ..... M  OTHER _____ X (SPECIFY)	→ 316 → 315 → 315 → 319A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.		
312	RECORD IF PILL OR CONDOM IS HIGHEST METHOD ON LIST IN 311.  PILL <input type="checkbox"/> MALE/FEMALE CONDOM <input type="checkbox"/>  May I see the package of pills you are using?      May I see the package of condoms you are using?  RECORD NAME OF BRAND IF PACKAGE SEEN.	PACKAGE SEEN ..... 1  BRAND NAME _____ <input type="text"/> <input type="text"/> (SPECIFY)  PACKAGE NOT SEEN ..... 2	→ 314
313	Do you know the brand name of the (pills/condoms) you are using?  RECORD NAME OF BRAND.	BRAND NAME _____ <input type="text"/> <input type="text"/> (SPECIFY)  DON'T KNOW ..... 98	
314	How many (pill cycles/condoms) did you get the last time?	NUMBER OF PILL CYCLES/CONDOMS ... <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW ..... 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
314A	CHECK 311/311A: CONDOM <input type="checkbox"/> PILL <input type="checkbox"/>		315
314B	How do you usually dispose of used condoms?	BURN ..... 1 FLUSH IN TOILET ..... 2 BURY IN HOLE ..... 3 THROW AWAY ..... 4 PIT LATRINE ..... 5 OTHER ..... 6 _____ (SPECIFY)	
315	The last time you obtained (HIGHEST METHOD ON LIST IN 311), how much did you pay in total, including the cost of the method and any consultation you may have had?	COST ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE ..... 9995 DON'T KNOW ..... 9998	319A
316	In what facility did the sterilization take place?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> GOVT. HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12 OTHER PUBLIC ..... 16 _____ (SPECIFY) <b>PRIVATE SECTOR</b> PRIVATE HOSPITAL/CLINIC .... 21 PRIVATE DOCTOR ..... 23 OTHER PRIVATE ..... 26 _____ (SPECIFY) <b>MISSION</b> HOSPITAL/CLINIC ..... 31 OTHER MISSION ..... 36 _____ (SPECIFY) <b>NGO</b> FLAS ..... 41 OTHER NGO ..... 46 _____ (SPECIFY) OTHER ..... 96 _____ (SPECIFY) DON'T KNOW ..... 98	
317	CHECK 311/311A: CODE 'A' CIRCLED <input type="checkbox"/> CODE 'B' CIRCLED <input type="checkbox"/> Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?      Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
318	How much did you pay in total for the sterilization, including any consultation you may have had?	COST ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE ..... 9995 DON'T KNOW ..... 9998	
319	In what month and year was the sterilization performed?	MONTH ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
319A	In what month and year did you start using (CURRENT METHOD) continuously?  PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
320	CHECK 319/319A, 215 AND 230: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A GO BACK TO 319/319A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).	YES <input type="checkbox"/> NO <input type="checkbox"/> 	
321	CHECK 319/319A: YEAR IS 2001 <input type="checkbox"/> OR LATER YEAR IS 2000 <input type="checkbox"/> OR EARLIER		329
323	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED ..... 00 FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 PILL ..... 03 IUD ..... 04 INJECTABLES ..... 05 IMPLANTS ..... 06 CONDOM ..... 07 FEMALE CONDOM ..... 08 DIAPHRAGM ..... 09 FOAM/JELLY ..... 10 LACTATIONAL AMEN. METHOD ... 11 RHYTHM METHOD ..... 12 WITHDRAWAL ..... 13 OTHER METHOD ..... 96	→ 331 → 333 → 330 → 327 → 333
324	At the time you started using the (CURRENT METHOD), were you told about side effects or problems you might have with the method?	YES ..... 1 NO ..... 2	→ 326
325	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES ..... 1 NO ..... 2	→ 327
326	Were you told what to do if you experienced side effects or problems?	YES ..... 1 NO ..... 2	
327	CHECK 324: CODE '1' CIRCLED <input type="checkbox"/> CODE '1' NOT CIRCLED <input type="checkbox"/> At that time, were you told about other methods of family planning that you could use? When you obtained (CURRENT METHOD) were you told about other methods of family planning that you could use?	YES ..... 1 NO ..... 2	→ 329
328	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES ..... 1 NO ..... 2	
329	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION ..... 01 PILL ..... 03 IUD ..... 04 INJECTABLES ..... 05 IMPLANTS ..... 06 FEMALE CONDOM ..... 08 DIAPHRAGM ..... 09 FOAM/JELLY ..... 10 LACTATIONAL AMEN. METHOD ... 11	→ 333 → 333

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL ..... 11</p> <p>GOVT. HEALTH CENTER ..... 12</p> <p>PHU/CLINIC ..... 13</p> <p>MOBILE CLINIC ..... 14</p> <p>RHM/CBD ..... 15</p> <p>OTHER PUBLIC ..... 16</p> <p>(SPECIFY)</p> <p><b>PRIVATE SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ... 21</p> <p>PHARMACY ..... 22</p> <p>PRIVATE DOCTOR ..... 23</p> <p>MOBILE CLINIC ..... 24</p> <p>CBD ..... 25</p> <p>OTHER PRIVATE ..... 26</p> <p>(SPECIFY)</p> <p><b>MISSION</b></p> <p>HOSPITAL ..... 31</p> <p>CLINIC ..... 32</p> <p>OTHER MISSION</p> <p>_____ 36</p> <p>(SPECIFY)</p> <p><b>NGO</b></p> <p>FLAS ..... 41</p> <p>OTHER NGO ..... 46</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... 51</p> <p>CHURCH ..... 52</p> <p>FRIEND/RELATIVE ..... 53</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	<p>333</p>
331	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>333</p>
332	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL ..... A</p> <p>GOVT. HEALTH CENTER ..... B</p> <p>PHU/CLINIC ..... C</p> <p>MOBILE CLINIC ..... D</p> <p>RHM/CBD ..... E</p> <p>OTHER PUBLIC ..... F</p> <p>(SPECIFY)</p> <p><b>PRIVATE SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ... G</p> <p>PHARMACY ..... H</p> <p>PRIVATE DOCTOR ..... I</p> <p>MOBILE CLINIC ..... J</p> <p>CBD ..... K</p> <p>OTHER PRIVATE ..... L</p> <p>(SPECIFY)</p> <p><b>MISSION</b></p> <p>HOSPITAL ..... M</p> <p>CLINIC ..... N</p> <p>OTHER MISSION</p> <p>_____ O</p> <p>(SPECIFY)</p> <p><b>NGO</b></p> <p>FLAS ..... P</p> <p>OTHER NGO ..... Q</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... R</p> <p>CHURCH ..... S</p> <p>FRIEND/RELATIVE ..... T</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	

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

SECTION 4. PREGNANCY, POSTNATAL CARE AND CHILDREN'S NUTRITION

401	CHECK 224: ONE OR MORE BIRTHS IN 2001 OR LATER <input type="checkbox"/> NO BIRTHS IN 2001 OR LATER <input type="checkbox"/> → 550			
402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2001 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN THREE BIRTHS, USE LAST TWO COLUMNS OF ADDITIONAL QUESTIONNAIRES).  Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)			
403	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER ... <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER ... <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH LINE NUMBER ... <input type="text"/> <input type="text"/>
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN ..... 1 (SKIP TO 407) ← LATER ..... 2 NOT AT ALL ..... 3 (SKIP TO 407) ←	THEN ..... 1 (SKIP TO 429) ← LATER ..... 2 NOT AT ALL ..... 3 (SKIP TO 429) ←	THEN ..... 1 (SKIP TO 429) ← LATER ..... 2 NOT AT ALL ..... 3 (SKIP TO 429) ←
406	How much longer would you have liked to wait?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998
407	Did you see anyone for antenatal care for this pregnancy?  IF YES: Whom did you see? Anyone else?  PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	<b>HEALTH PROFESSIONAL</b> DOCTOR ..... A NURSE/MIDWIFE B NURSING ASSISTANT ..... C  <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT/RHM ..... D TRADITIONAL HEALER ..... E OTHER _____ X (SPECIFY) NO ONE ..... Y (SKIP TO 414) ←		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO- LAST BIRTH NAME _____	SECOND-FROM- LAST BIRTH NAME _____
408	<p>Where did you receive antenatal care for this pregnancy?</p> <p>CIRCLE ALL MENTIONED.</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____ (NAME OF PLACE)</p>	<p><b>HOME</b> YOUR HOME ... A OTHER HOME ... B</p> <p><b>PUBLIC SECTOR</b> GOVT. HOSPITAL ... C GOVT. HEALTH CENTER ..... D PHU/CLINIC ... E OTHER PUBLIC ... F</p> <p>_____ (SPECIFY)</p> <p><b>PRIVATE SECTOR</b> PVT. HOSPITAL/ CLINIC ..... G OTHER PRIVATE ... H</p> <p>_____ (SPECIFY)</p> <p><b>MISSION</b> HOSPITAL ..... I CLINIC ..... J OTHER MISSION ... K</p> <p>_____ (SPECIFY)</p> <p><b>NGO</b> FLAS ... L OTHER NGO _____ M (SPECIFY) OTHER ... X _____ (SPECIFY)</p>		
409	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS . <input type="text"/> <input type="text"/>		
410	Including this first visit, how many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES <input type="text"/> <input type="text"/>		
411	As part of your antenatal care during this pregnancy, were any of the following done at least once?	<p>YES NO</p> <p>WEIGHT . 1 2</p> <p>BP ..... 1 2</p> <p>URINE ..... 1 2</p> <p>BLOOD ..... 1 2</p> <p>EXAMINATION . 1 2</p>		
412	During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 414) ←</p> <p>DON'T KNOW ..... 8</p>		
413	Were you told where to go if you had any of these complications?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>		
414	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 417) ←</p> <p>DON'T KNOW ..... 8</p>		



NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO- LAST BIRTH NAME _____	SECOND-FROM- LAST BIRTH NAME _____
415	During this pregnancy, how many times did you get tetanus injection?	TIMES ..... <input type="text"/> DON'T KNOW . . . . 8		
416	CHECK 415:	2 OR MORE OTHER TIMES <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 421) ↓		
417	At any time before this pregnancy, did you receive any tetanus injections?	YES ..... 1 NO ..... 2 (SKIP TO 421) ← DON'T KNOW . . . . 8		
418	Before this pregnancy, how many times did you get a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES ..... <input type="text"/> DON'T KNOW . . . . 8		
419	In what month and year did you receive the last tetanus injection before this pregnancy?	MONTH ... <input type="text"/> <input type="text"/> DK MONTH ..... 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 421) ← DK YEAR ..... 9998		
420	How many years ago did you receive that tetanus injection?	YEARS AGO ..... <input type="text"/> <input type="text"/>		
421	During this pregnancy, were you given or did you buy any iron tablets?  SHOW TABLETS	YES, GIVEN ..... 1 YES, BOUGHT ..... 2 NO ..... 3 (SKIP TO 422A) ← DON'T KNOW . . . . 8		
422	During the whole pregnancy, for how many days did you take the tablets?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER <input type="text"/> <input type="text"/> <input type="text"/> OF DAYS  DON'T KNOW . . . . 998		
422A	During this pregnancy, did you take any drug for intestinal worms?	YES ..... 1 NO ..... 2 DON'T KNOW . . . . 8		
423	During this pregnancy, did you have difficulty with your vision during daylight?	YES ..... 1 NO ..... 2 DON'T KNOW . . . . 8		
424	During this pregnancy, did you suffer from night blindness?	YES ..... 1 NO ..... 2 DON'T KNOW . . . . 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO- LAST BIRTH NAME _____	SECOND-FROM- LAST BIRTH NAME _____
425	During this pregnancy, did you take any drugs to prevent you from getting malaria?	YES ..... 1 NO ..... 2 (SKIP TO 429) ← DON'T KNOW ..... 8		
426	What drugs did you take?  RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW DRUGS TO RESPONDENT	SP/FANSIDAR ... A CHLOROQUINE ... B  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z		
427	CHECK 426:  DRUGS TAKEN FOR MALARIA PREVENTION.	CODE 'B' CODE <input type="checkbox"/> CIRCLED B' NOT <input type="checkbox"/> <input type="checkbox"/> CIRCLED (SKIP TO 429) ←		
428	How many times did you take Chloroquine during this pregnancy?	TIMES ..... <input type="text"/> <input type="text"/>		
429	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8
430	Was (NAME) weighed at birth?	YES ..... 1 NO ..... 2 (SKIP TO 432) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 432) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 432) ← DON'T KNOW ..... 8
431	How much did (NAME) weigh?  RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW . 99.998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW . 99.998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW . 99.998
432	Who assisted with the delivery of (NAME)?  Anyone else?  PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.  IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	DOCTOR ..... A NURSE/MIDWIFE ... B NURSING ASST. ... C TRADITIONAL BIRTH ATTENDANT/RHM .. D RELATIVE/FRIEND .. E TRADITIONAL HEALER ..... F OTHER _____ X (SPECIFY) NO ONE ..... Y	DOCTOR ..... A NURSE/MIDWIFE ... B NURSING ASST. ... C TRADITIONAL BIRTH ATTENDANT/RHM .. D RELATIVE/FRIEND .. E TRADITIONAL HEALER ..... F OTHER _____ X (SPECIFY) NO ONE ..... Y	DOCTOR ..... A NURSE/MIDWIFE ... B NURSING ASST. ... C TRADITIONAL BIRTH ATTENDANT/RHM .. D RELATIVE/FRIEND .. E TRADITIONAL HEALER ..... F OTHER _____ X (SPECIFY) NO ONE ..... Y

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO- LAST BIRTH NAME _____	SECOND-FROM- LAST BIRTH NAME _____																																				
433	<p>Where did you give birth to (NAME)?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____ (NAME OF PLACE)</p>	<p><b>HOME</b> YOUR HOME ... 11 (SKIP TO 440) ←</p> <p>OTHER HOME ... 12</p> <p><b>PUBLIC SECTOR</b> GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ..... 22 GOVT. CLINIC ... 23 OTHER PUBLIC _____ 26 (SPECIFY)</p> <p><b>PRIVATE SECTOR</b> PVT. HOSPITAL/ CLINIC ..... 31 OTHER PRIVATE _____ 36 (SPECIFY)</p> <p><b>MISSION</b> HOSPITAL ..... 41 CLINIC ..... 42  OTHER MISSION 46 _____ (SPECIFY)</p> <p><b>NGO</b> ..... 51</p> <p><b>OTHER</b> _____ 96 (SPECIFY) (SKIP TO 440) ←</p>	<p><b>HOME</b> YOUR HOME ... 11 (SKIP TO 441) ←</p> <p>OTHER HOME ... 12</p> <p><b>PUBLIC SECTOR</b> GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ..... 22 GOVT. CLINIC ... 23 OTHER PUBLIC _____ 26 (SPECIFY)</p> <p><b>PRIVATE SECTOR</b> PVT. HOSPITAL/ CLINIC ..... 31 OTHER PRIVATE _____ 36 (SPECIFY)</p> <p><b>MISSION</b> HOSPITAL ..... 41 CLINIC ..... 42  OTHER MISSION 46 _____ (SPECIFY)</p> <p><b>NGO</b> ..... 51</p> <p><b>OTHER</b> _____ 96 (SPECIFY) (SKIP TO 441) ←</p>	<p><b>HOME</b> YOUR HOME ... 11 (SKIP TO 441) ←</p> <p>OTHER HOME ... 12</p> <p><b>PUBLIC SECTOR</b> GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ..... 22 GOVT. CLINIC ... 23 OTHER PUBLIC _____ 26 (SPECIFY)</p> <p><b>PRIVATE SECTOR</b> PVT. HOSPITAL/ CLINIC ..... 31 OTHER PRIVATE _____ 36 (SPECIFY)</p> <p><b>MISSION</b> HOSPITAL ..... 41 CLINIC ..... 42  OTHER MISSION 46 _____ (SPECIFY)</p> <p><b>NGO</b> ..... 51</p> <p><b>OTHER</b> _____ 96 (SPECIFY) (SKIP TO 441) ←</p>																																				
434	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW ... 998</p>													<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW ... 998</p>													<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW ... 998</p>												
435	<p>Was (NAME) delivered by caesarean section?</p>	<p>YES ..... 1 NO ..... 2</p>	<p>YES ..... 1 NO ..... 2</p>	<p>YES ..... 1 NO ..... 2</p>																																				
436	<p>Before you were discharged after (NAME) was born, did a health professional conduct a physical examination on you?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 439) ←</p>	<p>YES ..... 1 (SKIP TO 451) ← NO ..... 2</p>	<p>YES ..... 1 (SKIP TO 451) ← NO ..... 2</p>																																				
437	<p>How many hours, days or weeks after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW ... 998</p>																																						
438	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>DOCTOR ..... 11 NURSE/MIDWIFE 12 NURSING ASSISTANT ... 13 OTHER _____ 96 (SPECIFY) (SKIP TO 449) ←</p>																																						

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO- LAST BIRTH NAME _____	SECOND-FROM- LAST BIRTH NAME _____												
439	After you were discharged, did a health professional, a traditional birth attendant or a RHM conduct a physical examination on you?	YES ..... 1 (SKIP TO 442) ← NO ..... 2 (SKIP TO 449) ←	YES ..... 1 (SKIP TO 451) ← NO ..... 2	YES ..... 1 (SKIP TO 451) ← NO ..... 2												
440	Why didn't you deliver in a health facility?  PROBE: Any other reason? RECORD ALL MENTIONED.	COST TOO MUCH . A FACILITY NOT OPEN B TOO FAR/ NO TRANS- PORTATION . C DON'T TRUST FACILITY/POOR SERVICE ..... D NO FEMALE PROVIDER AT FACILITY ... E NO MALE PROVIDER AT FACILITY ... F HUSBAND/FAMILY OPPOSED ..... G NOT NECESSARY . H NOT CUSTOMARY . I OTHER _____ X (SPECIFY)														
441	After (NAME) was born, did a health professional, a traditional birth attendant, a RHM, or a traditional healer conduct a physical examination on you?	YES ..... 1  NO ..... 2 (SKIP TO 445) ←	YES ..... 1  NO ..... 2 (SKIP TO 460) ↓	YES ..... 1  NO ..... 2 (SKIP TO 460) ↓												
442	How many hours, days or weeks after delivery did the first check take place?  IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="737 961 824 1031"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="737 1031 824 1100"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="737 1100 824 1171"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW . 998														
443	Who checked on your health at that time?  PROBE FOR MOST QUALIFIED PERSON.	DOCTOR ..... 1 NURSE/MIDWIFE . 2 NURSING ASSISTANT ... 3 TRADITIONAL HEALER ..... 4 TRADITIONAL BIRTH ATTENDANT/RHM 5 OTHER 6  _____ (SPECIFY)														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO- LAST BIRTH NAME _____	SECOND-FROM- LAST BIRTH NAME _____												
444	<p>Where did this first check take place?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____ (NAME OF PLACE)</p>	<p><b>HOME</b> YOUR HOME ... 11 OTHER HOME ... 12</p> <p><b>PUBLIC SECTOR</b> GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ..... 22 PHU/CLINIC ..... 23 OTHER PUBLIC 26</p> <p>_____ (SPECIFY)</p> <p><b>PRIVATE SECTOR</b> PVT. HOSPITAL/ CLINIC ..... 31 OTHER PRIVATE 36</p> <p>_____ (SPECIFY)</p> <p><b>MISSION</b> HOSPITAL ..... 41 CLINIC ..... 42 OTHER MISSION ..... 46</p> <p>_____ (SPECIFY)</p> <p><b>NGO</b> FLAS ..... 51 OTHER NGO ... 56</p> <p>_____ (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>														
444A	CHECK 439:	<p>YES NOT ASKED</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(SKIP TO 449) ↓</p>														
445	In the two months after (NAME) was born, did a health professional or traditional birth attendant check on his/her health?	<p>YES ..... 1 NO ..... 2 (SKIP TO 449) ←   DON'T KNOW . 8</p>														
446	<p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p><b>AFTER BIRTH</b></p> <p>HOURS 1 <table border="1" data-bbox="738 1302 820 1354"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS 2 <table border="1" data-bbox="738 1354 820 1407"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS 3 <table border="1" data-bbox="738 1407 820 1459"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW . 998</p>														
447	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>DOCTOR ..... 11 NURSE/MIDWIFE . 12 NURSING ASSISTANT . 13 TRADITIONAL HEALER . 14 TRADITIONAL BIRTH ATTENDANT . 15 OTHER _____ 96 (SPECIFY)</p>														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO- LAST BIRTH NAME _____	SECOND-FROM- LAST BIRTH NAME _____				
448	<p>Where did this first check of (NAME) take place?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><b>HOME</b> YOUR HOME . 11 OTHER HOME . 12</p> <p><b>PUBLIC SECTOR</b> GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ... 22 PHU/CLINIC ... 23 OTHER PUBLIC 26</p> <p>_____ (SPECIFY)</p> <p><b>PRIVATE MED. SECTOR</b> PVT. HOSPITAL/ CLINIC ..... 31 OTHER PRIVATE 36</p> <p>_____ (SPECIFY)</p> <p><b>MISSION</b> HOSPITAL . 41 CLINIC ..... 42 OTHER MISSION 46</p> <p>_____ (SPECIFY)</p> <p><b>NGO</b> FLAS ..... 51 OTHER NGO 56</p> <p>_____ (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>						
449	<p>Within the first two months after delivery, did you receive a vitamin A dose like (this/any of these)?</p> <p>SHOW COMMON TYPES OF CAPSULES.</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>						
450	<p>Has your menstrual period returned since the birth of (NAME)?</p>	<p>YES ..... 1 (SKIP TO 452) ←</p> <p>NO ..... 2 (SKIP TO 453) ←</p>						
451	<p>Did your period return between the birth of (NAME) and your next pregnancy?</p>							
452	<p>For how many months after the birth of (NAME) did you <u>not</u> have a period?</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DK ..... 98</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>				

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO- LAST BIRTH NAME _____	SECOND-FROM- LAST BIRTH NAME _____
453	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- NANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 455) ←		
454	Have you resumed sexual relations since the birth of (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 456) ←		
455	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98
456	Did you ever breastfeed (NAME)?	YES ..... 1 (SKIP TO 457) ← NO ..... 2	YES ..... 1 (SKIP TO 457) ← NO ..... 2	YES ..... 1 (SKIP TO 457) ← NO ..... 2
456A	What was the main reason you did not breastfeed (NAME)?	MOTHER ILL/WEAK .. 01 CHILD ILL/WEAK ... 02 CHLD DIED ..... 03 NIPPLE/BREAST PROBLEM ..... 04 NOT ENOUGH MILK ..... 05 MOTHER WORKING/ AT SCHOOL ... 06 CHILD REFUSED . 07 FEAR OF HIV TRANSMISSION . 08 OTHER _____ 96 (SPECIFY) (SKIP TO 463)	MOTHER ILL/WEAK .. 01 CHILD ILL/WEAK ... 02 CHLD DIED ..... 03 NIPPLE/BREAST PROBLEM ..... 04 NOT ENOUGH MILK ..... 05 MOTHER WORKING/ AT SCHOOL ... 06 CHILD REFUSED . 07 FEAR OF HIV TRANSMISSION . 08 OTHER _____ 96 (SPECIFY) (SKIP TO 460)	MOTHER ILL/WEAK .. 01 CHILD ILL/WEAK ... 02 CHLD DIED ..... 03 NIPPLE/BREAST PROBLEM ..... 04 NOT ENOUGH MILK ..... 05 MOTHER WORKING/ AT SCHOOL ... 06 CHILD REFUSED . 07 FEAR OF HIV TRANSMISSION . 08 OTHER _____ 96 (SPECIFY) (SKIP TO 460)
457	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ... 000  HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>		
458	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES ..... 1 NO ..... 2 (SKIP TO 460) ←		





SECTION 5. IMMUNIZATION, HEALTH, AND WOMEN'S NUTRITION

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2001 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN THREE BIRTHS, USE LAST TWO COLUMNS OF ADDITIONAL QUESTIONNAIRES).			
502	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER ..... <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER ..... <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH LINE NUMBER ..... <input type="text"/> <input type="text"/>
503	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 547)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 547)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 547)
504	Has (NAME) ever received a vitamin A dose like (this/any of these)? SHOW CAPSULES.	YES ..... 1 NO ..... 2 (SKIP TO 506) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 506) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 506) ← DON'T KNOW ..... 8
505	How many months ago did (NAME) take the last dose?	MONTHS AGO .. <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS AGO .. <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS AGO .. <input type="text"/> <input type="text"/> DON'T KNOW ..... 98
506	Is (NAME) currently taking iron pills like this (any of these)?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
506A	Has (NAME) taken any tablet or syrup for intestinal worms in the past six months?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
507	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN ..... 1 (SKIP TO 509) ← YES, NOT SEEN ..... 2 (SKIP TO 511) ← NO CARD ..... 3	YES, SEEN ..... 1 (SKIP TO 509) ← YES, NOT SEEN ..... 2 (SKIP TO 511) ← NO CARD ..... 3	YES, SEEN ..... 1 (SKIP TO 509) ← YES, NOT SEEN ..... 2 (SKIP TO 511) ← NO CARD ..... 3
508	Did you ever have a vaccination card for (NAME)?	YES ..... 1 (SKIP TO 511) ← NO ..... 2	YES ..... 1 (SKIP TO 511) ← NO ..... 2	YES ..... 1 (SKIP TO 511) ← NO ..... 2

509

- (1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.
- (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.

	LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH				
	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR		
BCG				BCG				BCG			
POLIO 0 (POLIO GIVEN AT BIRTH)				P0				P0			
POLIO 1				P1				P1			
POLIO 2				P2				P2			
POLIO 3				P3				P3			
DPT 1				D1				D1			
DPT 2				D2				D2			
DPT 3				D3				D3			
HBV 1				HBV1				HBV1			
HBV 2				HBV2				HBV2			
HBV 3				HBV3				HBV3			
MEASLES				MEASLES				MEASLES			
VITAMIN A (MOST RECENT)				VIT A (1)				VIT A (1)			
VITAMIN A (2nd MOST RECENT)				VIT A (2)				VIT A (2)			

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
510	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign?  RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINES.	YES ..... 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 509) (SKIP TO 513) ←  NO ..... 2 (SKIP TO 513) ← DON'T KNOW ..... 8	YES ..... 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 509) (SKIP TO 513) ←  NO ..... 2 (SKIP TO 513) ← DON'T KNOW ..... 8	YES ..... 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 509) (SKIP TO 513) ←  NO ..... 2 (SKIP TO 513) ← DON'T KNOW ..... 8
511	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES ..... 1  NO ..... 2 (SKIP TO 515) ← DON'T KNOW ..... 8	YES ..... 1  NO ..... 2 (SKIP TO 515) ← DON'T KNOW ..... 8	YES ..... 1  NO ..... 2 (SKIP TO 515) ← DON'T KNOW ..... 8
512	Please tell me if (NAME) received any of the following vaccinations:			
512A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually leaves a scar?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
512B	Polio vaccine, that is, drops in the mouth?	YES ..... 1 NO ..... 2 (SKIP TO 512E) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 512E) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 512E) ← DON'T KNOW ..... 8
512C	Was the first polio vaccine received in the first two weeks after birth or later?	FIRST 2 WEEKS ... 1 LATER ..... 2	FIRST 2 WEEKS ... 1 LATER ..... 2	FIRST 2 WEEKS ... 1 LATER ..... 2
512D	How many times was the polio vaccine received?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
512E	A DPT vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES ..... 1 NO ..... 2 (SKIP TO 512G) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 512G) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 512G) ← DON'T KNOW ..... 8
512F	How many times was a DPT vaccination received?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
512G	An HBV injection given on the thigh sometimes with polio drops?	YES ..... 1 NO ..... 2 (SKIP TO 512I) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 512I) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 512I) ← DON'T KNOW ..... 8
512H	How many times was an HBV vaccination received? This is an injection that is usually given in the thigh.	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
512I	An injection to prevent measles? This injection is usually given in the left upper arm.	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
513	Were any of the vaccinations (NAME) received during the last two years given as part of a national immunization day campaign?	YES ..... 1 NO ..... 2 (SKIP TO 515) ← NO VACCINATION IN THE LAST 2 YRS. 3 (SKIP TO 515) ← DON'T KNOW ... 8 (SKIP TO 515) ←	YES ..... 1 NO ..... 2 (SKIP TO 515) ← NO VACCINATION IN THE LAST 2 YRS. 3 (SKIP TO 515) ← DON'T KNOW ... 8 (SKIP TO 515) ←	YES ..... 1 NO ..... 2 (SKIP TO 515) ← NO VACCINATION IN THE LAST 2 YRS. 3 (SKIP TO 515) ← DON'T KNOW ... 8 (SKIP TO 515) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
514	At which national immunization day campaigns did (NAME) receive vaccinations?  RECORD ALL CAMPAIGNS MENTIONED.	POLIO AND VIT A (JULY 2004) ... A  MEASLES AND VIT A (JULY 2006) ... B	POLIO AND VIT A (JULY 2004) ... A  MEASLES AND VIT A (JULY 2006) ... B	POLIO AND VIT A (JULY 2004) ... A  MEASLES AND VIT A (JULY 2006) ... B
515	Has (NAME) had diarrhoea in the last two weeks?	YES ..... 1 NO ..... 2 (SKIP TO 530) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 530) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 530) ← DON'T KNOW ..... 8
516	Was there any blood in the stools?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
517	Now I would like to know how much (NAME) was given to drink during the diarrhoea. Was he/she given less than usual to drink, about the same amount or more than usual to drink?  IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8
518	When (NAME) had diarrhoea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?  IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8
519	Did you seek advice or treatment for the diarrhoea from any source?	YES ..... 1 NO ..... 2 (SKIP TO 524) ←	YES ..... 1 NO ..... 2 (SKIP TO 524) ←	YES ..... 1 NO ..... 2 (SKIP TO 524) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
520	<p>Where did you seek advice or treatment?</p> <p>IF SOURCE IS A HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Anywhere else?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT HOSPITAL A GOVT HEALTH CENTER ..... B PHU/CLINIC ... C MOBILE CLINIC . D RHM/CBD ..... E OTHER PUBLIC _____ F (SPECIFY)</p> <p><b>PRIVATE MED. SECTOR</b></p> <p>PVT. HOSPITAL/ CLINIC ..... G PHARMACY ... H PVT DOCTOR ... I MOBILE CLINIC . J CBD ..... K OTHER PRIVATE _____ L (SPECIFY)</p> <p><b>MISSION</b></p> <p>HOSPITAL..... M CLINIC ..... N OTHER MISSION O _____ (SPECIFY)</p> <p><b>NGO</b> ..... P</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... Q TRADITIONAL HEALER ..... R OTHER _____ X (SPECIFY)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT HOSPITAL A GOVT HEALTH CENTER ..... B PHU/CLINIC ... C MOBILE CLINIC . D RHM/CBD ..... E OTHER PUBLIC _____ F (SPECIFY)</p> <p><b>PRIVATE MED. SECTOR</b></p> <p>PVT. HOSPITAL/ CLINIC ..... G PHARMACY ... H PVT DOCTOR ... I MOBILE CLINIC . J CBD ..... K OTHER PRIVATE _____ L (SPECIFY)</p> <p><b>MISSION</b></p> <p>HOSPITAL..... M CLINIC ..... N OTHER MISSION O _____ (SPECIFY)</p> <p><b>NGO</b> ..... P</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... Q TRADITIONAL HEALER ..... R OTHER _____ X (SPECIFY)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT HOSPITAL A GOVT HEALTH CENTER ..... B PHU/CLINIC ... C MOBILE CLINIC . D RHM/CBD ..... E OTHER PUBLIC _____ F (SPECIFY)</p> <p><b>PRIVATE MED. SECTOR</b></p> <p>PVT. HOSPITAL/ CLINIC ..... G PHARMACY ... H PVT DOCTOR ... I MOBILE CLINIC . J CBD ..... K OTHER PRIVATE _____ L (SPECIFY)</p> <p><b>MISSION</b></p> <p>HOSPITAL..... M CLINIC ..... N OTHER MISSION O _____ (SPECIFY)</p> <p><b>NGO</b> ..... P</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... Q TRADITIONAL HEALER ..... R OTHER _____ X (SPECIFY)</p>
521	CHECK 520:	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 523) ←</p>	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 523) ←</p>	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 523) ←</p>
522	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 520.</p>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
523	<p>How many days after the diarrhoea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.</p>	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>
524	Does (NAME) still have diarrhea?	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>
525	<p>Was he/she given any of the following to drink at any time since he/she started having the diarrhea:</p> <p>a A fluid made from a special packet called ORS</p> <p>b Sugar-Salt-Solution (SSS)</p>	<p>YES NO DK</p> <p>ORS PKT 1 2 8</p> <p>SSS 1 2 8</p>	<p>YES NO DK</p> <p>ORS PKT 1 2 8</p> <p>SSS 1 2 8</p>	<p>YES NO DK</p> <p>ORS PKT 1 2 8</p> <p>SSS 1 2 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
526	Was anything (else) given to treat the diarrhea?	YES ..... 1 NO ..... 2 (SKIP TO 530) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 530) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 530) ← DON'T KNOW ..... 8
527	What (else) was given to treat the diarrhea?  Anything else?  RECORD ALL TREATMENTS GIVEN.	<b>PILL OR SYRUP</b> ANTIBIOTIC ..... A ANTIMOTILITY ..... B VITAMIN A ..... C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY/VIT. A .. D UNKNOWN PILL OR SYRUP ..... E  <b>INJECTION</b> ANTIBIOTIC ..... F NON-ANTIBIOTIC. G UNKNOWN INJECTION ... H (IV) INTRAVENOUS ... I HOME REMEDY/ HERBAL MED-ICINE ..... J OTHER _____ X (SPECIFY)	<b>PILL OR SYRUP</b> ANTIBIOTIC ..... A ANTIMOTILITY ..... B VITAMIN A ..... C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY/VIT. A .. D UNKNOWN PILL OR SYRUP ..... E  <b>INJECTION</b> ANTIBIOTIC ..... F NON-ANTIBIOTIC. G UNKNOWN INJECTION ... H (IV) INTRAVENOUS ... I HOME REMEDY/ HERBAL MED-ICINE ..... J OTHER _____ X (SPECIFY)	<b>PILL OR SYRUP</b> ANTIBIOTIC ..... A ANTIMOTILITY ..... B VITAMIN A ..... C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY/VIT. A .. D UNKNOWN PILL OR SYRUP ..... E  <b>INJECTION</b> ANTIBIOTIC ..... F NON-ANTIBIOTIC. G UNKNOWN INJECTION ... H (IV) INTRAVENOUS ... I HOME REMEDY/ HERBAL MED-ICINE ..... J OTHER _____ X (SPECIFY)
528	CHECK 527:  GIVEN VITAMIN A?	CODE "C" CODE "C" CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 530) ←	CODE "C" CODE "C" CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 530) ←	CODE "C" CODE "C" CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 530) ←
529	How many times was (NAME) given vitamin A?	TIMES ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	TIMES ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	TIMES ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98
530	Has (NAME) been ill with a fever at any time in the last two weeks?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
531	Has (NAME) had an illness with a cough at any time in the last two weeks?	YES ..... 1 NO ..... 2 (SKIP TO 534) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 534) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 534) ← DON'T KNOW ..... 8
532	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES ..... 1 NO ..... 2 (SKIP TO 535) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 535) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 535) ← DON'T KNOW ..... 8
533	When (NAME) had this illness, did he/she have a problem in the chest or a blocked or runny nose?	CHEST ONLY ... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 535) ←	CHEST ONLY ... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 535) ←	CHEST ONLY ... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 535) ←
534	CHECK 530:  HAD FEVER?	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 546) ←	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 546) ←	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 546) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
535	Now I would like to know how much (NAME) was given to drink during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink?  IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8
536	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?  IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8
537	Did you seek advice or treatment for the illness from any source?	YES ..... 1 NO ..... 2 (SKIP TO 542) ←	YES ..... 1 NO ..... 2 (SKIP TO 542) ←	YES ..... 1 NO ..... 2 (SKIP TO 542) ←
538	Where did you seek advice or treatment?  Anywhere else?  RECORD ALL SOURCES MENTIONED.	<b>PUBLIC SECTOR</b> GOVT HOSPITAL A GOVT HEALTH CENTER ..... B PHU/CLINIC ... C MOBILE CLINIC . D RHM/CBD ..... E OTHER PUBLIC _____ F (SPECIFY) <b>PRIVATE SECTOR</b> PVT. HOSPITAL/ CLINIC ..... G PHARMACY ... H PVT DOCTOR ... I MOBILE CLINIC . J OTHER PRIVATE _____ K (SPECIFY) <b>MISSION</b> HOSPITAL ..... L CLINIC ..... M OTHER MISSION N _____ (SPECIFY) <b>NGO</b> ..... P <b>OTHER SOURCE</b> SHOP ..... Q TRADITIONAL HEALER ..... R  OTHER _____ X (SPECIFY)	<b>PUBLIC SECTOR</b> GOVT HOSPITAL A GOVT HEALTH CENTER ..... B PHU/CLINIC ... C MOBILE CLINIC . D RHM/CBD ..... E OTHER PUBLIC _____ F (SPECIFY) <b>PRIVATE SECTOR</b> PVT. HOSPITAL/ CLINIC ..... G PHARMACY ... H PVT DOCTOR ... I MOBILE CLINIC . J OTHER PRIVATE _____ K (SPECIFY) <b>MISSION</b> HOSPITAL ..... L CLINIC ..... M OTHER MISSION N _____ (SPECIFY) <b>NGO</b> ..... P <b>OTHER SOURCE</b> SHOP ..... Q TRADITIONAL HEALER ..... R  OTHER _____ X (SPECIFY)	<b>PUBLIC SECTOR</b> GOVT HOSPITAL A GOVT HEALTH CENTER ..... B PHU/CLINIC ... C MOBILE CLINIC . D RHM/CBD ..... E OTHER PUBLIC _____ F (SPECIFY) <b>PRIVATE SECTOR</b> PVT. HOSPITAL/ CLINIC ..... G PHARMACY ... H PVT DOCTOR ... I MOBILE CLINIC . J OTHER PRIVATE _____ K (SPECIFY) <b>MISSION</b> HOSPITAL ..... L CLINIC ..... M OTHER MISSION N _____ (SPECIFY) <b>NGO</b> ..... P <b>OTHER SOURCE</b> SHOP ..... Q TRADITIONAL HEALER ..... R  OTHER _____ X (SPECIFY)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
539	CHECK 538:	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED  (SKIP TO 541) ←	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED  (SKIP TO 541) ←	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED  (SKIP TO 541) ←
540	Where did you first seek advice or treatment?  USE LETTER CODE FROM 538.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
541	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>
542	Is (NAME) still sick with a (fever/cough)?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
543	At any time during the illness, did (NAME) take any drugs for the illness?	YES ..... 1 NO ..... 2 (SKIP TO 546) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 546) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 546) ← DON'T KNOW ..... 8
544	What drugs did (NAME) take?  Any other drugs? RECORD ALL MENTIONED.	<b>ANTIMALARIAL DRUGS</b> SP/FANSIDAR ..... A CHLOROQUINE ... B QUININE ..... C OTHER ANTI-MALARIAL ..... D  <b>ANTIBIOTIC</b> COTRIMOXAZOLE .. E AMOXYCILLIN ..... F PEN VK ..... G ERITHROMYCIN ... H  <b>OTHER DRUGS</b> PANADOL ..... I PHENERGAN ..... J OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	<b>ANTIMALARIAL DRUGS</b> SP/FANSIDAR ..... A CHLOROQUINE ... B QUININE ..... C OTHER ANTI-MALARIAL ..... D  <b>ANTIBIOTIC</b> COTRIMOXAZOLE .. E AMOXYCILLIN ..... F PEN VK ..... G ERITHROMYCIN ... H  <b>OTHER DRUGS</b> PANADOL ..... I PHENERGAN ..... J OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	<b>ANTIMALARIAL DRUGS</b> SP/FANSIDAR ..... A CHLOROQUINE ... B QUININE ..... C OTHER ANTI-MALARIAL ..... D  <b>ANTIBIOTIC</b> COTRIMOXAZOLE .. E AMOXYCILLIN ..... F PEN VK ..... G ERITHROMYCIN ... H  <b>OTHER DRUGS</b> PANADOL ..... I PHENERGAN ..... J OTHER _____ X (SPECIFY) DON'T KNOW ..... Z
544A	CHECK 544: ANY CODE A-H CIRCLED?	YES NO <input type="checkbox"/> <input type="checkbox"/>  (SKIP TO 546) ←	YES NO <input type="checkbox"/> <input type="checkbox"/>  (SKIP TO 546) ←	YES NO <input type="checkbox"/> <input type="checkbox"/>  (SKIP TO 546) ←
545	Did you already have (NAME OF DRUG FROM 544) at home when the child became ill?  IF YES, CIRCLE CODE FOR THAT DRUG.  ASK SEPARATELY FOR EACH ANTIMALARIAL OR ANTIBIOTIC DRUG GIVEN IN 544.	<b>ANTIMALARIAL DRUGS</b> SP/FANSIDAR ... A CHLOROQUINE . B QUININE ..... C OTHER ANTI-MALARIAL ... D  <b>ANTIBIOTIC</b> COTRIMOXAZOLE E AMOXCYCILIN .. F PEN VK ..... G ERITHROMYCIN .. H  NO DRUG AT HOME Y	<b>ANTIMALARIAL DRUGS</b> SP/FANSIDAR ... A CHLOROQUINE . B QUININE ..... C OTHER ANTI-MALARIAL ... D  <b>ANTIBIOTIC</b> COTRIMOXAZOLE E AMOXCYCILIN .. F PEN VK ..... G ERITHROMYCIN .. H  NO DRUG AT HOME Y	<b>ANTIMALARIAL DRUGS</b> SP/FANSIDAR ... A CHLOROQUINE . B QUININE ..... C OTHER ANTI-MALARIAL ... D  <b>ANTIBIOTIC</b> COTRIMOXAZOLE E AMOXCYCILIN .. F PEN VK ..... G ERITHROMYCIN .. H  NO DRUG AT HOME Y
546		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 547.





NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP	
554	Now I would like to ask you about (other) liquids or foods that (NAME FROM 552) or you may have had yesterday during the day or at night. I am interested in whether your child or you had the item even if it was combined with other foods.								
	Did (NAME FROM 552)/you drink (eat):	CHILD			MOTHER				
		YES	NO	DK	YES	NO	DK		
	a. Milk such as tinned, powdered, or fresh animal milk?	a	1	2	8	1	2	8	
	b. Tea or coffee?	b	1	2	8	1	2	8	
	c. Sugary drinks such as sodas or fruit juices?	c	1	2	8	1	2	8	
	d. Any other liquids?	d	1	2	8	1	2	8	
	e. Bread, rice, noodles, maize meal, or other foods made from grains?	e	1	2	8	1	2	8	
	f. Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?	f	1	2	8	1	2	8	
	g. White potatoes, white yams, taro (emathapha), cassava, or any other foods made from roots?	g	1	2	8	1	2	8	
	h. Any dark green, leafy vegetables? (such as cassava leaves, spinach, oca, blackjack and pumpkin leaves)	h	1	2	8	1	2	8	
	i. Ripe mangoes, paw paw, oranges or guavas?	i	1	2	8	1	2	8	
	j. Any other fruits or vegetables?	j	1	2	8	1	2	8	
	k. Liver, kidney, heart or other organ meats (such as tripe, offals and tongue)?	k	1	2	8	1	2	8	
	l. Beef, pork, lamb, goat, rabbit or impala?	l	1	2	8	1	2	8	
	m. Chicken, duck, turkey or other birds?	m	1	2	8	1	2	8	
	n. Eggs?	n	1	2	8	1	2	8	
	o. Fresh or dried fish or shellfish?	o	1	2	8	1	2	8	
	p. Any foods made from beans, peas, or lentils?	p	1	2	8	1	2	8	
	q. Any nuts?	q	1	2	8	1	2	8	
	r. Cheese, sour milk, yogurt or other milk products?	r	1	2	8	1	2	8	
	s. Any oil, fats, or butter, or foods made with any of these?	s	1	2	8	1	2	8	
	t. Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?	t	1	2	8	1	2	8	
	u. Any other solid or semi-solid food?	u	1	2	8				

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you in a civil or traditional marriage or both civil and traditional marriage?	CIVIL MARRIAGE ..... 1 TRADITIONAL MARRIAGE ..... 2 BOTH CIVIL AND TRAD ..... 3 NO ..... 4	→ 601B
601A	Was dowry/labola paid?	YES ..... 1 NO ..... 2	→ 605
601B	Are you living with a man as if married?	YES ..... 1 NO ..... 2	→ 605
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	→ 619
604	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	→ 610
605	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER ..... 1 STAYING ELSEWHERE ..... 2	
606	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	
607	Besides yourself, 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	→ 610
608	Including yourself, in total, how many wives or partners does your husband live with now as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
609	Are you the first, second, ... wife?	RANK ..... <input type="text"/> <input type="text"/> NO RANK ..... 96	
610	Have you been married or lived with a man only once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2	
611	CHECK 610:  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> <p>In what month and year did you start living with your husband/partner?</p> </div> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>Now I would like to ask about when you started living with your first husband/partner. In what month and year was that?</p> </div> </div>	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98  YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	→ 614
612	How old were you when you first started living with him?	AGE ..... <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
614	CHECK 604: IS RESPONDENT CURRENTLY WIDOWED?  NOT ASKED OR NOT WIDOWED <input type="checkbox"/> ↓	WIDOWED <input type="checkbox"/> →	617
615	CHECK 610:  MARRIED MORE THAN ONCE <input type="checkbox"/> ↓	MARRIED ONLY ONCE <input type="checkbox"/> →	619
616	How did your previous marriage or union end?	DEATH/WIDOWHOOD ..... 1 DIVORCE ..... 2 SEPARATION ..... 3	<input type="checkbox"/> → 619
617	Who did most of your late husband's property go to?	RESPONDENT ..... 1 OTHER WIFE ..... 2 SPOUSE'S CHILDREN ..... 3 SPOUSE'S FAMILY ..... 4 OTHER ..... 6 (SPECIFY) NO PROPERTY ..... 7	→ 619
618	Did you receive any of your late husband's assets or valuables?	YES ..... 1 NO ..... 2	
619	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
620	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.  How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE ..... 00  AGE IN YEARS ..... <input type="text"/> <input type="text"/>  FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER ..... 95	→ 622  → 622
621	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES ..... 1 NO ..... 2 DON'T KNOW/UNSURE ..... 8	<input type="checkbox"/> → 642
622	CHECK 107: AGE 15-24 <input type="checkbox"/> ↓	AGE 25-49 <input type="checkbox"/> →	627
623	The <u>first</u> time you had sexual intercourse, was a male condom or female condom used?	YES, MALE CONDOM ..... 1 YES, FEMALE CONDOM ..... 2 NO ..... 3 DON'T KNOW/DON'T REMEMBER ... 8	<input type="checkbox"/> → 624  → 624
623A	What was the main reason you did not use a condom the <u>first</u> time you had sexual intercourse?	AVAILABILITY ..... 01 COST ..... 02 NOT NECESSARY ..... 03 NOT THOUGHT OF ..... 04 PARTNER REFUSED ..... 05 REDUCES PLEASURE ..... 06 OTHER ..... 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
624	How old was the person you first had sexual intercourse with?	AGE OF PARTNER ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	→ 627
625	Was this person older than you, younger than you, or about the same age as you?	OLDER ..... 1 YOUNGER ..... 2 ABOUT THE SAME AGE ..... 3 DON'T KNOW/DON'T REMEMBER ... 8	→ 627
626	Would you say this person was ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER ..... 1 LESS THAN TEN YEARS OLDER ... 2 OLDER, UNSURE HOW MUCH ..... 3	
627	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.		
627A	When was the <u>last</u> time you had sexual intercourse?  IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO ..... 1 WEEKS AGO ..... 2 MONTHS AGO ..... 3 YEARS AGO ..... 4	→ 641

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
628	When was the last time you had sexual intercourse with this person?		DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>
629	The last time you had sexual intercourse with this (second/third) person, was a male condom or a female condom used?	YES, MALE CONDOM. 1 YES, FEMALE CON. 2 (SKIP TO 630) ← NO ..... 3	YES, MALE CONDOM. 1 YES, FEMALE CON. 2 (SKIP TO 630) ← NO ..... 3	YES, MALE CONDOM. 1 YES, FEMALE CON. 2 (SKIP TO 630) ← NO ..... 3
629A	What was the main reason you did not use a condom the last time you had sexual intercourse with this (second/third) person?	NOT AVAILABLE ... 01 COST ..... 02 NOT NECESSARY ... 03 NOT THOUGHT OF ... 04 PARTNER REFUSED . 05 REDUCES PLEASURE 06 OTHER _____ 96 (SPECIFY) (SKIP TO 631) ↓	NOT AVAILABLE ... 01 COST ..... 02 NOT NECESSARY ... 03 NOT THOUGHT OF ... 04 PARTNER REFUSED . 05 REDUCES PLEASURE 06 OTHER _____ 96 (SPECIFY) (SKIP TO 631) ↓	NOT AVAILABLE ... 01 COST ..... 02 NOT NECESSARY ... 03 NOT THOUGHT OF ... 04 PARTNER REFUSED . 05 REDUCES PLEASURE 06 OTHER _____ 96 (SPECIFY) (SKIP TO 631) ↓
630	Was a male or a female condom used everytime you had sexual intercourse with this person in the last 12 months?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
631	What was your relationship to this person with whom you had sexual intercourse?  IF PARTNER: Were you living together as if married? IF YES, CIRCLE '02' IF NO, CIRCLE '03'	HUSBAND ..... 1 (SKIP TO 637) ← LIVE-IN PARTNER 2 PARTNER NOT LIVING WITH RESPONDENT . 3 CASUAL ACQUAINTANCE .. 4 COMMERCIAL SEX WORKER .. 5 OTHER _____ 6 (SPECIFY)	HUSBAND ..... 1 (SKIP TO 637) ← LIVE-IN PARTNER 2 PARTNER NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 COMMERCIAL SEX WORKER .. 5 OTHER _____ 6 (SPECIFY)	HUSBAND ..... 1 (SKIP TO 637) ← LIVE-IN PARTNER 2 PARTNER NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 COMMERCIAL SEX WORKER .. 5 OTHER _____ 6 (SPECIFY)
632	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>
633	CHECK 107:	AGE 15-24 <input type="text"/> AGE 25-49 <input type="text"/> (SKIP TO 637) ↓	AGE 15-24 <input type="text"/> AGE 25-49 <input type="text"/> (SKIP TO 637) ↓	AGE 15-24 <input type="text"/> AGE 25-49 <input type="text"/> (SKIP TO 637) ↓
634	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 637) ← DON'T KNOW ..... 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 637) ← DON'T KNOW ..... 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 637) ← DON'T KNOW ..... 98
635	Is this person older than you, younger than you, or about the same age?	OLDER ..... 1 YOUNGER ..... 2 SAME AGE ..... 3 DON'T KNOW ... 8 (SKIP TO 637) ←	OLDER ..... 1 YOUNGER ..... 2 SAME AGE ..... 3 DON'T KNOW ... 8 (SKIP TO 637) ←	OLDER ..... 1 YOUNGER ..... 2 SAME AGE ..... 3 DON'T KNOW ... 8 (SKIP TO 637) ←

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
636	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3
637	The last time you had sexual intercourse with this person, did you or this person take alcohol or other intoxicating substances?	YES NO ALCOHOL ... 1 2 OTHER ..... 1 2	YES NO ALCOHOL ... 1 2 OTHER ..... 1 2	YES NO ALCOHOL ... 1 2 OTHER ..... 1 2
637A	CHECK 637:	ANY ALL <input type="checkbox"/> YES NO <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 639) ←	ANY ALL <input type="checkbox"/> YES NO <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 639) ←	ANY ALL <input type="checkbox"/> YES NO <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 640) ←
638	Were you or your partner drunk at that time?  IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4
639	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES ..... 1 (GO BACK TO 628 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 641) ←	YES ..... 1 (GO BACK TO 628 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 641) ←	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
640	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 GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS LAST 12 MONTHS ..... <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	
641	In total, with how many different people have you had sexual intercourse in your lifetime?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.  IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME ..... <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	
641A	CHECK 301 (07):  HAS HEARD OF MALE CONDOM <input type="checkbox"/>	HAS NOT HEARD OF MALE CONDOM <input type="checkbox"/>	→ 645
642	Do you know of a place where a person can get male condoms?	YES ..... 1 NO ..... 2	→ 645
643	Where is that?  Any other place?  PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).  WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... A GOVT. HEALTH CENTER ..... B PHU/CLINIC ..... C MOBILE CLINIC ..... D RHM/CBD ..... E OTHER PUBLIC _____ F (SPECIFY)  <b>PRIVATE SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... G PHARMACY ..... H PRIVATE DOCTOR ..... I MOBILE CLINIC ..... J CBD ..... K OTHER PRIVATE _____ L (SPECIFY)  <b>MISSION</b> HOSPITAL ..... M CLINIC ..... N OTHER MISSION _____ O (SPECIFY)  <b>NGO</b> FLAS ..... P OTHER NGO _____ Q (SPECIFY)  <b>OTHER SOURCE</b> SHOP ..... R CHURCH ..... S FRIENDS/RELATIVES ..... T OTHER _____ X (SPECIFY)	
644	If you wanted to, could you yourself get a male condom?	YES ..... 1 NO ..... 2 DON'T KNOW/UNSURE ..... 8	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
645	CHECK 301 (08): HAS HEARD OF FEMALE CONDOM <input type="checkbox"/> HAS NOT HEARD OF FEMALE CONDOM <input type="checkbox"/>		→ 701
645A	Do you know of a place where a person can get female condoms?	YES ..... 1 NO ..... 2	→ 701
646	Where is that?  Any other place?  PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... A GOVT. HEALTH CENTER ..... B PHU/CLINIC ..... C MOBILE CLINIC ..... D RHM/CBD ..... E OTHER PUBLIC _____ F (SPECIFY)  <b>PRIVATE SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... G PHARMACY ..... H PRIVATE DOCTOR ..... I MOBILE CLINIC ..... J CBD ..... K OTHER PRIVATE _____ L (SPECIFY)  <b>MISSION</b> HOSPITAL ..... M CLINIC ..... N OTHER MISSION _____ O (SPECIFY)  <b>NGO</b> FLAS ..... P OTHER NGO _____ Q (SPECIFY)  <b>OTHER SOURCE</b> SHOP ..... R CHURCH ..... S FRIENDS/RELATIVES ..... T  OTHER _____ X (SPECIFY)	
647	If you wanted to, could you yourself get a female condom?	YES ..... 1 NO ..... 2 DON'T KNOW/UNSURE ..... 8	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 311/311A: NEITHER <input type="checkbox"/> HE OR SHE <input type="checkbox"/> STERILIZED STERILIZED		→ 713
702	CHECK 226: NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/> OR UNSURE 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? Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 SAYS SHE CAN'T GET PREGNANT . 3 UNDECIDED/DON'T KNOW: AND PREGNANT ..... 4 AND NOT PREGNANT OR UNSURE ..... 5	→ 704 → 713 → 709 → 708
703	CHECK 226: NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/> OR UNSURE How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS ..... 1 <input type="text"/> <input type="text"/> YEARS ..... 2 <input type="text"/> <input type="text"/> SOON/NOW ..... 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE ..... 995 OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998	→ 708 → 713 → 708
704	CHECK 226: NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/> OR UNSURE		→ 709
705	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT <input type="checkbox"/> NOT <input type="checkbox"/> ASKED CURRENTLY USING CURRENTLY USING <input type="checkbox"/>		→ 713
706	CHECK 703: NOT <input type="checkbox"/> 24 OR MORE MONTHS <input type="checkbox"/> ASKED OR 02 OR MORE YEARS 00-23 MONTHS <input type="checkbox"/> OR 00-01 YEAR		→ 709

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	<p>CHECK 702:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy.</p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED ..... A</p> <p><b>FERTILITY-RELATED REASONS</b></p> <p>NOT HAVING SEX</p> <p>HIV POSITIVE ..... B</p> <p>OTHER REASONS ..... C</p> <p>INFREQUENT SEX ..... D</p> <p>MENOPAUSAL/HYSTERECTOMY . E</p> <p>SUBFECUND/INFECUND ..... F</p> <p>POSTPARTUM AMENORRHEIC ... G</p> <p>BREASTFEEDING ..... H</p> <p>FATALISTIC ..... I</p> <p><b>OPPOSITION TO USE</b></p> <p>RESPONDENT OPPOSED ..... J</p> <p>HUSBAND/PARTNER OPPOSED . K</p> <p>OTHERS OPPOSED ..... L</p> <p>RELIGIOUS PROHIBITION ..... M</p> <p><b>LACK OF KNOWLEDGE</b></p> <p>KNOWS NO METHOD ..... N</p> <p>KNOWS NO SOURCE ..... O</p> <p><b>METHOD-RELATED REASONS</b></p> <p>HEALTH CONCERNS ..... P</p> <p>FEAR OF SIDE EFFECTS ..... Q</p> <p>LACK OF ACCESS/TOO FAR ..... R</p> <p>COSTS TOO MUCH ..... S</p> <p>INCONVENIENT TO USE ..... T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES ..... U</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
708	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>YES, CURRENTLY USING <input type="checkbox"/></p>		<p>→ 713</p>
709	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>→ 711</p>
710	<p>Which contraceptive method would you prefer to use?</p>	<p>FEMALE STERILIZATION ..... 01</p> <p>MALE STERILIZATION ..... 02</p> <p>PILL ..... 03</p> <p>IUD ..... 04</p> <p>INJECTABLES ..... 05</p> <p>IMPLANTS ..... 06</p> <p>CONDOM ..... 07</p> <p>FEMALE CONDOM ..... 08</p> <p>DIAPHRAGM ..... 09</p> <p>FOAM/JELLY ..... 10</p> <p>LACTATIONAL AMEN. METHOD ..... 11</p> <p>RHYTHM METHOD ..... 12</p> <p>WITHDRAWAL ..... 13</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>UNSURE ..... 98</p>	<p>→ 713</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	<p>What is the main reason that you think you will not use a contraceptive method at any time in the future?</p> <p>CIRCLE ONLY ONE CODE.</p>	<p>NOT MARRIED ..... 11</p> <p><b>FERTILITY-RELATED REASONS</b></p> <p>INFREQUENT SEX/NO SEX ... 22</p> <p>MENOPAUSAL/HYSTERECTOMY 23</p> <p>SUBFECUND/INFECUND ..... 24</p> <p>WANTS AS MANY CHILDREN AS POSSIBLE ..... 26</p> <p><b>OPPOSITION TO USE</b></p> <p>RESPONDENT OPPOSED ..... 31</p> <p>HUSBAND/PARTNER OPPOSED 32</p> <p>OTHERS OPPOSED ..... 33</p> <p>RELIGIOUS PROHIBITION ..... 34</p> <p><b>LACK OF KNOWLEDGE</b></p> <p>KNOWS NO METHOD ..... 41</p> <p>KNOWS NO SOURCE ..... 42</p> <p><b>METHOD-RELATED REASONS</b></p> <p>HEALTH CONCERNS ..... 51</p> <p>FEAR OF SIDE EFFECTS ..... 52</p> <p>LACK OF ACCESS/TOO FAR ... 53</p> <p>COSTS TOO MUCH ..... 54</p> <p>INCONVENIENT TO USE ..... 55</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES ..... 56</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	<p>→ 713</p>
712	<p>Would you ever use a contraceptive method if you were married?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
713	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE ..... 00</p> <p>NUMBER ..... <input type="text"/><input type="text"/></p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	<p>→ 715</p> <p>→ 715</p>
714	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?</p>	<p>BOYS    GIRLS    EITHER</p> <p>NUMBER <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/></p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	
715	<p>In the last six months have you heard or seen about family planning:</p> <p>On the radio?</p> <p>On the television?</p> <p>In a newspaper or magazine?</p>	<p>YES NO</p> <p>RADIO ..... 1 2</p> <p>TELEVISION ..... 1 2</p> <p>NEWSPAPER OR MAGAZINE ... 1 2</p>	
716	<p>In the last six months have you heard or seen any writing about family planning in:</p> <p>Billboards?</p> <p>Posters?</p> <p>Pamphlets?</p> <p>T-shirts?</p> <p>Other?</p>	<p>YES NO</p> <p>BILLBOARDS ..... 1 2</p> <p>POSTERS ..... 1 2</p> <p>PAMPHLETS ..... 1 2</p> <p>T-SHIRTS ..... 1 2</p> <p>OTHER ..... 1 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
716A	In the last six months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES ..... 1 NO ..... 2	→ 717
716B	With whom?  Anyone else?  RECORD ALL PERSONS MENTIONED.	HUSBAND/PARTNER ..... A MOTHER ..... B FATHER ..... C SISTER(S) ..... D BROTHER(S) ..... E DAUGHTER(S) ..... F SON(S) ..... G MOTHER(S)-IN-LAW ..... H FRIENDS/NEIGHBOURS ..... I OTHER _____ X (SPECIFY)	
717	CHECK 601, 601B, 604:  YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→ 801
718	CHECK 311/311A:  NEITHER CODE B, G, NOR M CIRCLED, BUT SOME OTHER CODE(S) CIRCLED <input type="checkbox"/> CODE B, G, OR M CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/>		→ 720 → 722
719	Does your husband/partner know that you are using a method of family planning?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 721
720	Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together?	MAINLY RESPONDENT ..... 1 MAINLY HUSBAND/PARTNER ..... 2 JOINT DECISION ..... 3 OTHER _____ 6 (SPECIFY)	
721	CHECK 311/311A:  NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 801
722	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER ..... 1 MORE CHILDREN ..... 2 FEWER CHILDREN ..... 3 DON'T KNOW ..... 8	

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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
811	What is your occupation, that is, what kind of work do you mainly do?	<div style="border: 1px solid black; width: 60px; height: 20px; margin-left: auto; margin-right: 20px;"></div> <hr style="width: 150px; margin-left: 0;"/> <hr style="width: 150px; margin-left: 0;"/> <hr style="width: 150px; margin-left: 0;"/>	
812	CHECK 811: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 814
813	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND ..... 1 FAMILY LAND ..... 2 RENTED LAND ..... 3 SOMEONE ELSE'S LAND ..... 4	
814	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER ..... 1 FOR SOMEONE ELSE ..... 2 SELF-EMPLOYED ..... 3	
815	Do you usually work at home or away from home?	HOME ..... 1 AWAY ..... 2	
816	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR ..... 1 SEASONALLY/PART OF THE YEAR ..... 2 ONCE IN A WHILE ..... 3	
817	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY ..... 1 CASH AND KIND ..... 2 IN KIND ONLY ..... 3 NOT PAID ..... 4	
818	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 824
819	CHECK 817: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 822
820	Who decides how the money you earn will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ..... 3 OTHER ..... 6	
821	Would you say that the money that you earn is more than what your husband/partner earns, less than what he earns, or about the same?	MORE THAN HIM ..... 1 LESS THAN HIM ..... 2 ABOUT THE SAME ..... 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY ..... 4 DON'T KNOW ..... 8	→ 823

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
822	Who decides how your husband's/partner's earnings 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 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY ..... 4 OTHER ..... 6 (SPECIFY)	
823	Who usually makes decisions about health care for yourself: mainly you, mainly your husband/partner, you and your husband/partner jointly, or someone else?  Who usually makes decisions about making major household purchases?  Who usually makes decisions about making purchases for daily household needs?  Who usually makes decisions about visits to your family or relatives?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 6  1      2      3      4      6  1      2      3      4      6  1      2      3      4      6  1      2      3      4      6	
824	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES./ PRES./ NOT LISTEN. NOT PRES. LISTEN.  CHILDREN < 10 ... 1 2 3 HUSBAND ..... 1 2 3 OTHER MALES ..... 1 2 3 OTHER FEMALES ... 1 2 3	
825	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:  If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food? If she has sex with other men?	YES NO DK  GOES OUT ..... 1 2 8 NEGL. CHILDREN ... 1 2 8 ARGUES ..... 1 2 8 REFUSES SEX ..... 1 2 8 BURNS FOOD ..... 1 2 8 SEX WITH OTHER MEN 1 2 8	



SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2	→ 942
902	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
903	Can people get the AIDS virus from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
904	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
906	Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
907	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
907A	Can people get the AIDS virus from having anal sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
907B	Can people get the AIDS virus from having oral sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
907C	Can people get the AIDS virus from open wounds or sores of an infected person?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
908	Is there anything else a person can do to avoid or reduce the chances of getting the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	└→ 910



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
917	<p>During any of the antenatal visits for (NAME OF LAST BIRTH), did anyone talk to you about:</p> <p>Babies getting the AIDS virus from their mother?  Things that you can do to prevent getting the AIDS virus?  Getting tested for the AIDS virus?</p>	<p>YES NO DK</p> <p>AIDS FROM MOTHER 1 2 8  THINGS TO DO . 1 2 8  TESTED FOR AIDS . 1 2 8</p>	
918	Were you advised to have a test for the AIDS virus as part of your antenatal care?	<p>YES ..... 1  NO ..... 2</p>	
919	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	<p>YES ..... 1  NO ..... 2</p>	→ 924
920	I don't want to know the results, but did you get the results of the test?	<p>YES ..... 1  NO ..... 2</p>	
921	<p>Where did you go to take the test?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 11  GOVT. HEALTH CENTER ..... 12  STAND-ALONE VCT CENTER .... 13  PHU/CLINIC ..... 14  MOBILE CLINIC ..... 15  OTHER PUBLIC  _____ 16  (SPECIFY)</p> <p><b>PRIVATE SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC/  PRIVATE DOCTOR ..... 21  STAND-ALONE VCT CENTER .. 22  MOBILE CLINIC ..... 23  OTHER PRIVATE  _____ 26  (SPECIFY)</p> <p><b>MISSION</b></p> <p>HOSPITAL ..... 31  CLINIC ..... 32  OTHER ..... 36  (SPECIFY)</p> <p><b>NGO</b></p> <p>FLAS ..... 41  TASC ..... 42  OTHER NGO  _____ 46  (SPECIFY)</p> <p><b>OTHER</b> ..... 96  (SPECIFY)</p>	
922	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	<p>YES ..... 1  NO ..... 2</p>	→ 925
923	When was the last time you were tested for the AIDS virus?	<p>LESS THAN 12 MONTHS AGO ..... 1  12 - 23 MONTHS AGO ..... 2  2 OR MORE YEARS AGO ..... 3</p>	→ 931
924	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	<p>YES ..... 1  NO ..... 2</p>	→ 929
925	When was the last time you were tested?	<p>LESS THAN 12 MONTHS AGO ..... 1  12 - 23 MONTHS AGO ..... 2  2 OR MORE YEARS AGO ..... 3</p>	
926	The last time you had the test, did you yourself ask for the test or were you advised to have the test, or was it required?	<p>ASKED FOR THE TEST ..... 1  ADVISED ..... 2  REQUIRED ..... 3</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
927	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	→ 928
927A	How long after the test did you get the result?	SAME DAY ..... 1 WITHIN A WEEK ..... 2 WITHIN A MONTH ..... 3 MORE THAN ONE MONTH ..... 4	
928	<p>Where did you go to take the test?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12 STAND-ALONE VCT CENTER ... 13 PHU/CLINIC ..... 14 MOBILE CLINIC ..... 15 OTHER PUBLIC ..... 16</p> <p>_____</p> <p>(SPECIFY)</p> <p><b>PRIVATE SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... 21 STAND-ALONE VCT CENTER ... 22 MOBILE CLINIC ..... 24 OTHER PRIVATE ..... 26</p> <p>_____</p> <p>(SPECIFY)</p> <p><b>MISSION</b></p> <p>HOSPITAL ..... 31 CLINIC ..... 32 OTHER ..... 36</p> <p>_____</p> <p>(SPECIFY)</p> <p><b>NGO</b></p> <p>FLAS ..... 41 TASC ..... 42 OTHER NGO ..... 46 _____ 46</p> <p>(SPECIFY)</p> <p>OTHER ..... 96</p> <p>_____</p> <p>(SPECIFY)</p>	→ 931
929	Do you know of a place where people can go to get tested for the AIDS virus?	YES ..... 1 NO ..... 2	→ 931
930	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... A GOVT. HEALTH CENTER ..... B STAND-ALONE VCT CENTER ... C PHU/CLINIC ..... D MOBILE CLINIC ..... E OTHER PUBLIC ..... F</p> <p>_____</p> <p>(SPECIFY)</p> <p><b>PRIVATE SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... G STAND-ALONE VCT CENTER ... H MOBILE CLINIC ..... I OTHER PRIVATE ..... J</p> <p>_____</p> <p>(SPECIFY)</p> <p><b>MISSION</b></p> <p>HOSPITAL ..... K CLINIC ..... L OTHER ..... M</p> <p>_____</p> <p>(SPECIFY)</p> <p><b>NGO</b></p> <p>FLAS ..... N TASC ..... O OTHER NGO ..... P</p> <p>_____</p> <p>(SPECIFY)</p> <p>X</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
931	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
932	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
933	If a member of your family became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
934	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?	SHOULD BE ALLOWED ..... 1 SHOULD NOT BE ALLOWED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
935	Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES ..... 1 NO ..... 2 DK ANYONE WITH AIDS ..... 8	→ 940
935A	Do you personally know someone who has been fired or sacked from work because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES ..... 1 NO ..... 2	
936	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES ..... 1 NO ..... 2	
937	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES ..... 1 NO ..... 2	
938	CHECK 935, 936, AND 937: OTHER <input type="checkbox"/>	AT LEAST ONE 'YES' <input type="checkbox"/>	→ 940
939	Do you personally know someone who is suspected to have the AIDS virus or who has the AIDS virus?	YES ..... 1 NO ..... 2	
940	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/NO OPINION ..... 8	
941	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/NO OPINION ..... 8	
942	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when she knows he has a disease that can be transmitted through sexual contact?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
943	When a wife knows her husband has a disease that can be transmitted through sexual contact, is she justified in asking that they use a condom when they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
944	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
945	Is a wife justified in refusing to have sex with her husband when she is feeling unwell?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
946	Is a wife justified in refusing to have sex with her husband when she has recently given birth?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
947	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with women other than his wives?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
948	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
949	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
950	Should condoms be available in secondary school?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
951	CHECK 601: CURRENTLY MARRIED/ <input type="checkbox"/> LIVING WITH A PARTNER <input type="checkbox"/> NOT IN UNION <input type="checkbox"/> → 954		
952	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	
953	Could you ask your husband/partner to use a condom if you wanted him to?	YES ..... 1 NO ..... 2 DEPENDS/NOT SURE ..... 8	
954	Do you believe that young men should wait until they are married to have sexual intercourse?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
955	Do you think that most young men you know wait until they are married to have sexual intercourse?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
956	Do you believe that men who are not married and are having sex should only have sex with one partner?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
957	Do you think that most men you know who are not married and are having sex, have sex with only one partner?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
958	Do you believe that married men should only have sex with their wives?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
959	Do you think that most married men you know have sex only with their wives?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
960	Do you believe that young women should wait until they are married to have sexual intercourse?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
961	Do you think that most young women you know wait until they are married to have sexual intercourse?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
962	Do you believe that women who are not married and are having sex should only have sex with one partner?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
963	Do you think that most women you know who are not married and are having sex, have sex with only one partner?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
964	Do you believe that married women should only have sex with their husbands?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
965	Do you think that most married women you know have sex only with their husbands?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	







NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
1012	What was the main reason for not seeking advice or treatment?	NOT NECESSARY ..... 1 EXPENSIVE ..... 2 RELIGIOUS PROHIBITION ..... 3  OTHER _____ 6 (SPECIFY)													
1013	When you had (PROBLEM(S) FROM 1006/1007/1008), did you inform the person(s) with whom you were having sex?	YES ..... 1 NO ..... 2 SOME/ NOT ALL ..... 3 DID NOT HAVE A PARTNER ..... 4	→ 1101												
1014	When you had (PROBLEM(S) FROM 1006/1007/1008), did you do anything to avoid infecting your sexual partner(s)?	YES ..... 1 NO ..... 2 PARTNER(S) ALREADY INFECTED .. 8	→ 1101												
1015	What did you do to avoid infecting your partner(s)? Did you....  Use medicine? Stop having sex? Use a condom when having sex?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>USE MEDICINE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>STOP SEX .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>USE CONDOM .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	USE MEDICINE .....	1	2	STOP SEX .....	1	2	USE CONDOM .....	1	2	
	YES	NO													
USE MEDICINE .....	1	2													
STOP SEX .....	1	2													
USE CONDOM .....	1	2													



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1108	Do you currently smoke or use any other type of tobacco?	YES ..... 1 NO ..... 2	→ 1110
1109	What (other) type of tobacco do you currently smoke or use?  RECORD ALL MENTIONED.	PIPE ..... A CHEWING TOBACCO ..... B SNUFF ..... C OTHER _____ X (SPECIFY)	
1110	Do you drink alcohol?	YES ..... 1 NO ..... 2	→ 1112
1111	How often do you drink alcohol?	LESS THAN ONCE A MONTH ..... 1 ONCE A MONTH ..... 2 ONCE A WEEK ..... 3 2-3 TIMES PER WEEK ..... 4 EVERYDAY ..... 5 OTHER _____ 6 (SPECIFY)	
1112	Have you ever heard of an illness called tuberculosis or TB?	YES ..... 1 NO ..... 2	→ 1116
1113	How does tuberculosis spread from one person to another?  PROBE: Any other ways?  RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING ..... A THROUGH SHARING UTENSILS ..... B THROUGH TOUCHING A PERSON WITH TB ..... C THROUGH FOOD ..... D THROUGH SEXUAL CONTACT ..... E THROUGH MOSQUITO BITES ..... F  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
1114	Can tuberculosis be cured?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1115	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET ..... 1 NO ..... 2 DON'T KNOW/NOT SURE/ DEPENDS ..... 8	
1116	Now I would like to ask you some questions about medical care for you yourself.  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?		
	Getting permission to go?	PERMISSION TO GO ... 1	2
	Getting money needed for treatment?	GETTING MONEY ..... 1	2
	The distance to the health facility?	DISTANCE ..... 1	2
	Having to take transport?	TAKING TRANSPORT... 1	2
	Not wanting to go alone?	GO ALONE ..... 1	2
	Concern that there may not be a female health provider?	NO FEMALE PROV ... 1	2
	Concern that there may not be any health provider?	NO PROVIDER ... 1	2
	Concern that there may be no drugs available?	NO DRUGS ... 1	2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1117	Did you use any soap for any purpose yesterday or today?	YES ..... 1 NO ..... 2	→ 1119
1118	For what purpose did you use the soap?  Any other purpose?  RECORD ALL MENTIONED.	<b>HANDWASHING</b> BEFORE EATING ..... A AFTER EATING ..... B AFTER USING TOILET ..... C AFTER CLEANING CHILD'S BOTTOM ..... D BEFORE PREPARING FOOD ... E BEFORE FEEDING CHILD ..... F OTHER ..... G (SPECIFY)  WASHING OWN BODY ..... H WASHING CHILD'S HANDS ..... I WASHING CHILD'S BODY ..... J WASHING CLOTHES/ DISHES ..... K OTHER ..... X (SPECIFY)	
1119	Are you covered by any medical aid?	YES ..... 1 NO ..... 2	→ 1121
1120	What type of medical aid?  RECORD ALL MENTIONED.	EMPLOYER ..... A SELF ..... B EMPLOYER AND SELF ..... C OTHER ..... X (SPECIFY)	
1121	Are you the primary care giver for any children?	YES ..... 1 NO ..... 2	→ 1201
1122	Are any of these children for whom you are the primary caregiver under the age of 18?	YES ..... 1 NO ..... 2	→ 1201
1123	Now I would like to ask you about the child(ren) who (is/are) under the age of 18 and for whom you are the primary caregiver.  Have you made arrangements for someone to care for (this child/these children) in the event that you fall sick or are unable to care for (him/her/them)?	YES ..... 1  NO ..... 2  UNSURE ..... 8	
1124	Are you comfortable talking to the children in your care about sex and HIV/AIDS?	YES ..... 1 NO ..... 2 CHILDREN NOT OLD ENOUGH ..... 3 DK/UNSURE/DEPENDS ..... 4	

SECTION 12. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1201	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died.  How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER ..... <input type="text"/> <input type="text"/>						
1202	CHECK 1201: <input type="checkbox"/> TWO OR MORE BIRTHS ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/> → ###							
1203	How many of these births did your mother have before you were born? DRAW AN ARROW AFTER THE RESPONDENT'S NEXT OLDER SIBLING. EXCLUDE THE RESPONDENT FROM 1204.	NUMBER OF PRECEDING BIRTHS ..... <input type="text"/> <input type="text"/>						
1204	What was the name given to your oldest (next oldest) brother or sister?	(1)	(2)	(3)	(4)	(5)	(6)	
1205	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1206	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 1208 DK ... 8 GO TO (2)	YES ... 1 NO ... 2 GO TO 1208 DK ... 8 GO TO (3)	YES ... 1 NO ... 2 GO TO 1208 DK ... 8 GO TO (4)	YES ... 1 NO ... 2 GO TO 1208 DK ... 8 GO TO (5)	YES ... 1 NO ... 2 GO TO 1208 DK ... 8 GO TO (6)	YES ... 1 NO ... 2 GO TO 1208 DK ... 8 GO TO (7)	
1207	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (2)	<input type="text"/> <input type="text"/> GO TO (3)	<input type="text"/> <input type="text"/> GO TO (4)	<input type="text"/> <input type="text"/> GO TO (5)	<input type="text"/> <input type="text"/> GO TO (6)	<input type="text"/> <input type="text"/> GO TO (7)	
1208	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
1209	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)	
1210	Was (NAME) pregnant when she died?	YES ... 1 GO TO 1213 NO ... 2	YES ... 1 GO TO 1213 NO ... 2	YES ... 1 GO TO 1213 NO ... 2	YES ... 1 GO TO 1213 NO ... 2	YES ... 1 GO TO 1213 NO ... 2	YES ... 1 GO TO 1213 NO ... 2	
1211	Did (NAME) die during childbirth?	YES ... 1 GO TO 1213 NO ... 2	YES ... 1 GO TO 1213 NO ... 2	YES ... 1 GO TO 1213 NO ... 2	YES ... 1 GO TO 1213 NO ... 2	YES ... 1 GO TO 1213 NO ... 2	YES ... 1 GO TO 1213 NO ... 2	
1212	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
1213	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	

IF NO MORE BROTHERS OR SISTERS, GO TO 1214.



INSTRUCTIONS:  
 ONLY ONE CODE SHOULD APPEAR IN ANY BOX.

BIRTHS AND PREGNANCIES

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS
- O NON-EVENT

	12	DEC	01	
	11	NOV	02	
	10	OCT	03	
	09	SEP	04	
2	08	AUG	05	
0	07	JUL	06	
0	06	JUN	07	
6	05	MAY	08	
	04	APR	09	
	03	MAR	10	
	02	FEB	11	
	01	JAN	12	

	12	DEC	13	
	11	NOV	14	
	10	OCT	15	
	09	SEP	16	
2	08	AUG	17	
0	07	JUL	18	
0	06	JUN	19	
5	05	MAY	20	
	04	APR	21	
	03	MAR	22	
	02	FEB	23	
	01	JAN	24	

	12	DEC	25	
	11	NOV	26	
	10	OCT	27	
	09	SEP	28	
2	08	AUG	29	
0	07	JUL	30	
0	06	JUN	31	
4	05	MAY	32	
	04	APR	33	
	03	MAR	34	
	02	FEB	35	
	01	JAN	36	

	12	DEC	37	
	11	NOV	38	
	10	OCT	39	
	09	SEP	40	
2	08	AUG	41	
0	07	JUL	42	
0	06	JUN	43	
3	05	MAY	44	
	04	APR	45	
	03	MAR	46	
	02	FEB	47	
	01	JAN	48	

	12	DEC	49	
	11	NOV	50	
	10	OCT	51	
	09	SEP	52	
2	08	AUG	53	
0	07	JUL	54	
0	06	JUN	55	
2	05	MAY	56	
	04	APR	57	
	03	MAR	58	
	02	FEB	59	
	01	JAN	60	

	12	DEC	61	
	11	NOV	62	
	10	OCT	63	
	09	SEP	64	
2	08	AUG	65	
0	07	JUL	66	
0	06	JUN	67	
1	05	MAY	68	
	04	APR	69	
	03	MAR	70	
	02	FEB	71	
	01	JAN	72	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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

EDITOR'S OBSERVATIONS

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_