

**UNITED REPUBLIC OF TANZANIA  
TANZANIA DEMOGRAPHIC AND HEALTH SURVEY 2009-10  
NATIONAL BUREAU OF STATISTICS  
WOMAN'S QUESTIONNAIRE**

**CONFIDENTIAL**

IDENTIFICATION	
REGION _____	[ ] [ ]
DISTRICT _____	[ ]
WARD .....	[ ] [ ] [ ]
ENUMERATION AREA .....	[ ] [ ] [ ]
NAME OF HEAD OF HOUSEHOLD _____	
TDHS NUMBER .....	[ ] [ ] [ ]
HOUSEHOLD NUMBER .....	[ ] [ ] [ ]
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE .....	[ ] [ ]
(LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)	
NAME AND LINE NUMBER OF WOMAN _____	[ ] [ ]

**LARGE CITIES ARE :** DAR ES SALAAM, MWANZA, MBEYA AND TANGA. **SMALL CITIES ARE:** MOROGORO, DODOMA, MOSHI, IRINGA, SHINYANGA, SINGIDA, SONGEA ,MTWARA, TABORA, MUSOMA, SUMBAWANGA, BUKOBA, KIGOMA NA MJINI MAGHARIBI . MIJI MINGINE NI MIJI MIDOGO

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY [ ] [ ] MONTH [ ] [ ] YEAR 2 0 [ ] [ ]
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER [ ] [ ] [ ] [ ]
RESULT*	_____	_____	_____	RESULT [ ] [ ]
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS [ ]
TIME	_____	_____		

\*RESULT CODES:  
 1 COMPLETED      4 REFUSED  
 2 NOT AT HOME      5 PARTLY COMPLETED      7 OTHER \_\_\_\_\_  
 3 POSTPONED      6 INCAPACITATED      (SPECIFY)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ [ ] [ ] [ ]	NAME _____ [ ] [ ] [ ]	[ ] [ ]	[ ] [ ]

**INFORMED CONSENT**

Hello. My name is \_\_\_\_\_. I am working with National Bureau of Statistics. We are conducting a survey about health all over Tanzania. The information we collect will help the government to plan health services.

Your household was selected for the survey. The survey usually takes about 30 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

Do you have any questions?

May I begin the interview now?

Signature of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

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

**SECTION 1. RESPONDENT'S BACKGROUND**

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"/> MORNING ..... 1 AFTERNOON ..... 2 EVENING, NIGHT ..... 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?	PREPRIMARY ..... 0 PRIMARY ..... 1 POST-PRIMARY TRAINING ..... 2 SECONDARY ..... 3 POST-SECONDARY TRAINING ..... 4 UNIVERSITY ..... 5	
110	What is the highest grade you completed at that level?  IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE ..... <input type="text"/> <input type="text"/>	
111	CHECK 109:  PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <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	
114	CHECK 112:  CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→ 116

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	

PARENTS LOVE THEIR CHILDREN.  
FARMING IS HARD WORK.  
THE CHILD IS READING A BOOK.  
CHILDREN WORK HARD AT SCHOOL.

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" 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> DAUGHTERS AT HOME ..... <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>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES ..... 1 NO ..... 2	206								
205	How many sons are alive but do not live with you?  And how many daughters are alive but do not live with you?  IF NONE, RECORD '00'.	SONS ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td 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> DAUGHTERS ELSEWHERE . . . <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>									
206	Have you ever given birth to a boy or girl who was born alive but later died?  IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES ..... 1 NO ..... 2	208								
207	How many boys have died?  And how many girls have died?  IF NONE, RECORD '00'.	BOYS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td 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> GIRLS DEAD ..... <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>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></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                      NO                      PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208:  ONE OR MORE BIRTHS                      NO BIRTHS	226									

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

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

212	213	214	215	216	217	218	219	220	221
What name was given to your next baby?  (NAME)	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born?  PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD 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	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO .... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES .... 1 ADD BIRTH NO ..... 2 NEXT BIRTH
09	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO .... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES .... 1 ADD BIRTH NO ..... 2 NEXT BIRTH
10	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO .... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES .... 1 ADD BIRTH NO ..... 2 NEXT BIRTH
11	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO .... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES .... 1 ADD BIRTH NO ..... 2 NEXT BIRTH
12	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO .... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES .... 1 ADD BIRTH NO ..... 2 NEXT BIRTH
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					YES .....	1	NO .....	2
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE)								
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2005 OR LATER. IF NONE, RECORD '0' AND SKIP TO 226.								<input type="text"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 2005 , 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	When you got pregnant, did you want to get pregnant at that time?	YES ..... 1 NO ..... 2	→ 229
228A	Did you want to have a baby <u>later</u> on or did you not want any (more) children?	LATER ..... 1 NO MORE ..... 2	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES ..... 1 NO ..... 2	→ 237
230	When did the last such pregnancy end?	MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
231	CHECK 230:  LAST PREGNANCY ENDED IN <input type="checkbox"/> JAN. 2005 OR LATER LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JAN. 2005		→ 237
232	How many months pregnant were you when the last such pregnancy ended?  RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS ..... <input type="text"/> <input type="text"/>	
233	Since January 2005 have you had any other pregnancies that did not result in a live birth?	YES ..... 1 NO ..... 2	→ 235
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2005.  ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any miscarriages, abortions or stillbirths that ended before 2005?	YES ..... 1 NO ..... 2	→ 237
236	When did the last such pregnancy that terminated before 2005 end?	MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
237	When did your last menstrual period start?  <hr/> (DATE, IF GIVEN)	DAYS AGO ..... 1 <table border="1" data-bbox="1238 152 1342 215"><tr><td></td><td></td></tr></table> WEEKS AGO ..... 2 <table border="1" data-bbox="1238 215 1342 277"><tr><td></td><td></td></tr></table> MONTHS AGO ..... 3 <table border="1" data-bbox="1238 277 1342 340"><tr><td></td><td></td></tr></table> YEARS AGO ..... 4 <table border="1" data-bbox="1238 340 1342 403"><tr><td></td><td></td></tr></table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH ..... 995 NEVER MENSTRUATED ..... 996									
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	 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.          Have you ever heard of (METHOD)?          PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD.          CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED.</p>	
01	<p><b>Female Sterilization</b>          PROBE: Women can have an operation to avoid having any more children.</p>	<p>YES ..... 1          NO ..... 2</p>
02	<p><b>Male Sterilization</b>          PROBE : Men can have an operation to avoid having any more children.</p>	<p>YES ..... 1          NO ..... 2</p>
03	<p><b>Injectables</b>          PROBE: 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>
04	<p><b>Implants</b>          PROBE: 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>
05	<p><b>IUD</b>          PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.</p>	<p>YES ..... 1          NO ..... 2</p>
06	<p><b>PILL</b>          PROBE : Women can take a pill every day to avoid becoming pregnant.</p>	<p>YES ..... 1          NO ..... 2</p>
07	<p><b>Condom</b>          PROBE: Men can put a rubber sheath on their penis before sexual Intercourse.</p>	<p>YES ..... 1          NO ..... 2</p>
08	<p><b>Female Condom</b>          PROBE: Women can place a sheath in their vagina before sexual intercourse.</p>	<p>YES ..... 1          NO ..... 2</p>
09	<p><b>Diaphragm</b>          PROBE: Women can place a sheath in their vagina before sexual intercourse.</p>	<p>YES ..... 1          NO ..... 2</p>
10	<p><b>Foam or Jelly</b>          PROBE : Women can place a suppository, jelly or cream in their vagina before sexual intercourse.</p>	<p>YES ..... 1          NO ..... 2</p>
11	<p><b>Lactational Amenorrhea Method (LAM)</b></p>	<p>YES ..... 1          NO ..... 2</p>
12	<p><b>Rhythm Method</b>          PROBE: Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.</p>	<p>YES ..... 1          NO ..... 2</p>
13	<p><b>Withdrawal</b>          PROBE: Men can be careful and pull out before climax.</p>	<p>YES ..... 1          NO ..... 2</p>
14	<p><b>Emergency Contraception</b>          PROBE: As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.</p>	<p>YES ..... 1          NO ..... 2</p>
15	<p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p>YES ..... 1          _____          (SPECIFY)          NO ..... 2</p>
302	<p>CHECK 226:</p> <p align="center">             NOT PREGNANT OR UNSURE <input type="checkbox"/>      PREGNANT <input type="checkbox"/> </p> <p align="right">→ 309</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 309						
304	Which method are you using?  CIRCLE ALL MENTIONED.  IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION ..... A MALE STERILIZATION ..... B IUD ..... C INJECTABLES ..... D IMPLANTS ..... E PILL ..... F CONDOM ..... G FEMALE CONDOM ..... H DIAPHRAGM ..... I FOAM/JELLY ..... J LACTATIONAL AMEN. METHOD ..... K RHYTHM METHOD ..... L WITHDRAWAL ..... M OTHER MODERN METHOD ..... X _____ (SPECIFY) OTHER TRADITIONAL METHOD ..... Y _____ (SPECIFY)	→ 305 → 306A → 304B → 306A						
304A	What is the brand name of the pills you are using?  IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	MICROGYNON ..... 01 LO FEMANAL ..... 02 SAFE PLAN ..... 03 MACROVAL ..... 04  OTHER ..... 96 _____ (SPECIFY) DON'T KNOW ..... 98	→ 306A						
304B	What is the brand name of the condoms you are using?  IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	SALAMA ..... 01 MSD ..... 02 DUME ..... 03 ROUGH RIDEF ..... 04 FAMILIA ..... 05  OTHER ..... 96 _____ (SPECIFY) DON'T KNOW ..... 98	→ 306A						
305	In what facility did the sterilization take place?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	<b>GOVERNMENT/PARASTATAL</b> REFERRAL/SPEC.HOSPITAL ..... 11 REGIONAL HOSPITAL ..... 12 DISTRICT HOSPITAL ..... 13 HEALTH CENTRE ..... 14  <b>RELIGIOUS/VOLUNTARY</b> REFERAL/SPEC.HOSPITAL ..... 21 DISTRICT HOSPITAL ..... 22 HEALTH CENTRE ..... 23  <b>PRIVATE</b> HOSPITAL ..... 31 HEALTH CENTRE ..... 32  OTHER ..... 96 _____ (SPECIFY) DON'T KNOW ..... 98							
306	In what month and year was the sterilization performed?	MONTH ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							→ 307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
306A	Since what month and year have you been using (CURRENT METHOD) without stopping?  PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
307	CHECK 306/306A, 215 AND 230 :  ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 306/306A  GO BACK TO 306/306A, 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"/>							
308	CHECK 306/306A:  YEAR IS 2005 OR LATER <input type="checkbox"/>  ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.	YEAR IS 2004 OR EARLIER <input type="checkbox"/>  ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2005.  THEN SKIP TO _____ → 322							
309	I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.  USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2005. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS. ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.  ILLUSTRATIVE QUESTIONS: * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then?								
309A	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH  NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/> → 310								
309B	Have you ever used anything or tried in any way to delay or avoid getting pregnant	YES ..... 1 NO ..... 2	<input type="checkbox"/> → 324						
310	CHECK 304:  CIRCLE METHOD CODE:  IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED ..... 00 → 324 FEMALE STERILIZATION ..... 01 → 313 MALE STERILIZATION ..... 02 → 326 IUD ..... 03 INJECTABLES ..... 04 IMPLANTS ..... 05 PILL ..... 06 CONDOM ..... 07 FEMALE CONDOM ..... 08 DIAPHRAGM ..... 09 FOAM/JELLY ..... 10 LACTATIONAL AMEN. METHOD ..... 11 → 311A RHYTHM METHOD ..... 12 → 311A WITHDRAWAL ..... 13 → 326  OTHER MODERN METHOD ..... 95 → 326 OTHER TRADITIONAL METHOD ..... 96 → 326							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
<p>311</p> <p>311A</p>	<p>You first started using (CURRENT METHOD) in (DATE FROM 306/306A) . Where did you get it at the time?</p> <p>Where did you learn how to use the rhythm/lactational amenorhea method?</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><b>GOVERNMENT/PARASTATAL</b></p> <p>REFERRAL/SPEC.HOSPITAL ..... 11</p> <p>REGIONAL HOSPITAL ..... 12</p> <p>DISTRICT HOSPITAL ..... 13</p> <p>HEALTH CENTRE ..... 14</p> <p>DISPENSARY ..... 15</p> <p>VILLAGE HEALTH POST ..... 16</p> <p>CBD WORKER ..... 17</p> <p><b>RELIGIOUS/VOLUNTARY</b></p> <p>REFERAL/SPEC.HOSPITAL ..... 21</p> <p>DISTRICT HOSPITAL ..... 22</p> <p>HEALTH CENTRE ..... 23</p> <p>DISPENSARY ..... 24</p> <p><b>PRIVATE</b></p> <p>HOSPITAL ..... 31</p> <p>HEALTH CENTRE ..... 32</p> <p>DISPENSARY ..... 33</p> <p><b>OTHER</b></p> <p>PHARMACY ..... 41</p> <p>NGO ..... 42</p> <p>VCT CENTRE ..... 43</p> <p>SHOP/KIOSK ..... 44</p> <p>BAR ..... 45</p> <p>GUEST HOUSE/HOTEL ..... 46</p> <p>FRIEND/RELATIVE/NEIGHBOUF... 47</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
<p>312</p>	<p>CHECK 304:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>IUD ..... 03</p> <p>INJECTABLES ..... 04</p> <p>IMPLANTS ..... 05</p> <p>PILL ..... 06</p> <p>CONDOM ..... 07 → 323</p> <p>FEMALE CONDOM ..... 08 → 316</p> <p>DIAPHRAGM ..... 09 → 316</p> <p>FOAM/JELLY ..... 10 → 316</p> <p>LACTATIONAL AMEN. METHOD ..... 11 → 326</p> <p>RHYTHM METHOD ..... 12 → 326</p>	
<p>313</p>	<p>You obtained (CURRENT METHOD FROM 310) from (SOURCE OF METHOD FROM 305 OR 311) in (DATE FROM 306/306A). At that time, were you told about side effects or problems you might have with the method?</p>	<p>YES ..... 1 → 315</p> <p>NO ..... 2</p>	
<p>314</p>	<p>Were you ever told by a health or family planning worker about side effects or problems you might have with the method?</p>	<p>YES ..... 1 → 316</p> <p>NO ..... 2</p>	
<p>315</p>	<p>Were you told what to do if you experienced side effects or problems?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
<p>316</p>	<p>CHECK 310:</p> <p>CODE '01' CIRCLED <input type="checkbox"/></p> <p>CODE '01' NOT CIRCLED <input type="checkbox"/></p> <p>At that time, were you told about other methods of family planning that you could use?   When you obtained (CURRENT METHOD FROM 310) from (SOURCE OF METHOD FROM 305 OR 311) were you told about other methods of family planning that you could use?</p>	<p>YES ..... 1 → 322</p> <p>NO ..... 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
321	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	
322	CHECK 304:  CIRCLE METHOD CODE:  IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 IUD ..... 03 INJECTABLES ..... 04 IMPLANTS ..... 05 PILL ..... 06 CONDOM ..... 07 FEMALE CONDOM ..... 08 DIAPHRAGM ..... 09 FOAM/JELLY ..... 10 LACTATIONAL AMEN. METHOD ..... 11 RHYTHM METHOD ..... 12 WITHDRAWAL ..... 13 OTHER MODERN METHOD ..... 95 OTHER TRADITIONAL METHOD ... 96	→ 326 → 326 → 326
323	Where did you obtain (CURRENT METHOD) the last time?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF IS PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	<b>GOVERNMENT/PARASTATAL</b> REFERRAL/SPEC.HOSPITAL ..... 11 REGIONAL HOSPITAL ..... 12 DISTRICT HOSPITAL ..... 13 HEALTH CENTRE ..... 14 DISPENSARY ..... 15 VILLAGE HEALTH POST ..... 16 CBD WORKER ..... 17  <b>RELIGIOUS/VOLUNTARY</b> REFERAL/SPEC.HOSPITAL ..... 21 DISTRICT HOSPITAL ..... 22 GOVT.HEALTH CENTRE ..... 23 DISPENSARY ..... 24  <b>PRIVATE</b> DISTRICT HOSPITAL ..... 31 HEALTH CENTRE ..... 32 DISPENSARY ..... 33  <b>OTHER</b> PHARMACY ..... 41 NGO ..... 42 VCT CENTRE ..... 43 SHOP/KIOSK ..... 44 BAR ..... 45 GUEST HOUSE/HOTEL ..... 46 FRIEND/RELATIVE/NEIGHBOUF... 47  OTHER _____ 96 (SPECIFY)	→ 326
324	Do you know of a place where you can obtain a method of family planning?	YES ..... 1 NO ..... 2	→ 326

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <hr/> <p>(NAME OF PLACE(S))</p>	<p><b>GOVERNMENT/PARASTATAL</b></p> <p>REFERRAL/SPEC.HOSPITAL ..... A</p> <p>REGIONAL HOSPITAL ..... B</p> <p>DISTRICT HOSPITAL ..... C</p> <p>HEALTH CENTRE ..... D</p> <p>DISPENSARY ..... E</p> <p>VILLAGE HEALTH POST ..... F</p> <p>CBD WORKER ..... G</p> <p><b>RELIGIOUS/VOLUNTARY</b></p> <p>REFERAL/SPEC.HOSPITAL ..... H</p> <p>DISTRICT HOSPITAL ..... I</p> <p>GOVT.HEALTH CENTRE ..... J</p> <p>DISPENSARY ..... K</p> <p><b>PRIVATE</b></p> <p>DISTRICT HOSPITAL ..... L</p> <p>HEALTH CENTRE ..... M</p> <p>DISPENSARY ..... N</p> <p><b>OTHER</b></p> <p>PHARMACY ..... O</p> <p>NGO ..... P</p> <p>VCT CENTRE ..... Q</p> <p>SHOP/KIOSK ..... R</p> <p>BAR ..... S</p> <p>GUEST HOUSE/HOTEL ..... T</p> <p>FRIEND/RELATIVE/NEIGHBOUF... U</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
326	<p>In the last 12 months, were you visited by a fieldworker who talked to you about family planning?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
327	<p>In the last 12 months, have you visited a health facility for care for yourself (or your children)?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 401
328	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: ONE OR MORE BIRTHS IN 2005 OR LATER <input type="checkbox"/> NO BIRTHS IN 2005 OR LATER <input type="checkbox"/>	576		
402	CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2005 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).  Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)			
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NO. <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NO. <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NO. <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	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES ..... 1 (SKIP TO 407) ← NO ..... 2	YES ..... 1 (SKIP TO 432) ← NO ..... 2	YES ..... 1 (SKIP TO 432) ← NO ..... 2
405A	Did you want to have a baby later on, or did you not want any (more) children?	LATER ..... 1 NO MORE ..... 2 (SKIP TO 407) ←	LATER ..... 1 NO MORE ..... 2 (SKIP TO 432) ←	LATER ..... 1 NO MORE ..... 2 (SKIP TO 432) ←
406	How much longer did you want to wait?	MONTHS . 1 <input type="text"/> YEARS . 2 <input type="text"/> DON'T KNOW ... 998	MONTHS . 1 <input type="text"/> YEARS . 2 <input type="text"/> DON'T KNOW ... 998	MONTHS . 1 <input type="text"/> YEARS . 2 <input type="text"/> DON'T KNOW ... 998
407	Did you see anyone for antenatal care for this pregnancy?	YES ..... 1 NO ..... 2 (SKIP TO 414) ←	(This area is shaded and contains the detailed response options for questions 407A and 408.)	
407A	Whom did you see?  Anyone else?  PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	<b>HEALTH PROFESSIONAL</b> DOCTOR/AMO ... A CLINICAL OFFICER ... B ASST. CLINICAL OFFICER ... C NURSE/MIDWIFE . D MCH AIDE ..... E <b>OTHER PERSON</b> VILLAGE HEALTH WORKER ... F TRAINED TBA/TBA G  OTHER _____ X (SPECIFY) NO ONE ..... Y (SKIP TO 414) ←		
408	Where did you receive antenatal care for this pregnancy?  Anywhere else?  PROBE TO IDENTIFY TYPE(S) OF SOURCE(S). IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))	HOME ..... A  <b>GOV. PARASTATAL</b> REFERRAL/SPEC. HOSPITAL ... B REGIONAL HOSP. C DISTRICT HOSP. . D HEALTH CENT. . E DISPENSARY ... F VILLAGE HEALTH POST ..... G CBD WORKER.. H  <b>RELIGIOUS/VOLUNTARY</b> REFERRAL/SPEC. HOSPITAL ... I DISTRICT HOSP. . J HEALTH CENT. . K DISPENSARY ... L  <b>PRIVATE</b> SPECIALISED HOSPITAL ... M HEALTH CENT. . N DISPENSARY ... O OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____												
409	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98														
410	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES . <input type="text"/> <input type="text"/> DON'T KNOW ..... 98														
411	As part of your antenatal care during this pregnancy, were any of the following done at least once:  Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>BP .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>URINE .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLOOD ...</td> <td>1</td> <td>2</td> </tr> </table>				YES	NO	BP .....	1	2	URINE .....	1	2	BLOOD ...	1	2
	YES	NO														
BP .....	1	2														
URINE .....	1	2														
BLOOD ...	1	2														
412	During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8														
414	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES ..... 1 NO ..... 2 (SKIP TO 417) ← DON'T KNOW ..... 8														
415	During this pregnancy, how many times did you get this tetanus injection?	TIMES ..... <input type="text"/> DON'T KNOW ..... 8														
416	CHECK 415:	2 OR MORE OTHER TIMES <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 421) ↓ ↓														
417	At any time before this pregnancy, did you receive any tetanus injections, either to protect yourself or another baby?	YES ..... 1 NO ..... 2 (SKIP TO 421) ← DON'T KNOW ..... 8														
418	Before this pregnancy, how many other times did you receive a tetanus injection?  IF 7 OR MORE TIMES, RECORD '7'.	TIMES ..... <input type="text"/> DON'T KNOW ... 8														
419	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO ..... <input type="text"/> <input type="text"/> DON'T KNOW ... 98														



NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
421	During this pregnancy, were you given or did you buy any iron syrup/iron or iron/folate tablets? SHOW TABLETS/SYRUP.	YES ..... 1 NO ..... 2 (SKIP TO 423) ← DON'T KNOW ..... 8		
422	During the whole pregnancy, for how many days did you take the tablets or syrup?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ... 998		
423	During this pregnancy, did you have difficulty with your vision during the daylight?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
424	During this pregnancy, did you suffer from night blindness [USE LOCAL TERM]?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
426	During this pregnancy, did you take any drugs to keep you from getting malaria?	YES ..... 1 NO ..... 2 (SKIP TO 432) ← DON'T KNOW ..... 8		
427	What drugs did you take?  RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR ..... A CHLOROQUINE ... B  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z		
428	CHECK 427:  DRUGS TAKEN FOR MALARIA PREVENTION.	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 432) ←		
429	How many times did you take (SP/Fansidar) during this pregnancy?	TIMES ..... <input type="text"/> <input type="text"/>		
430	CHECK 407A:  ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE 'A-E', OTHER CIRCLED <input type="checkbox"/> (SKIP TO 432) ←		
431	Did you get the (SP/Fansidar) during any antenatal care visit, during another visit to a health facility or from another source?	ANTENATAL VISIT ... 1 ANOTHER FACILITY VISIT ..... 2 OTHER SOURCE .... 6		
432	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8	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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
433	Was (NAME) weighed at birth?	YES ..... 1 NO ..... 2 (SKIP TO 435) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 435) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 435) ← DON'T KNOW ..... 8
434	How much did (NAME) weigh?  RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW . 99.998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW . 99.998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW . 99.998
435	Who assisted with the delivery of (NAME)?  Anyone else?  PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.  IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	<b>HEALTH PROFESSIONAL</b> DOCTOR/AMO . A CLINICAL OFFICER ..... B ASST. CLINICAL OFFICER ..... C NURSE/MIDWIFE . D MCH AIDE ..... E <b>OTHER PERSON</b> VILLAGE HEALTH WORKER ..... F TRAINED TBA/TBA G RELATIVE/FRIEND H OTHER ..... X (SPECIFY) NO ONE ..... Y	<b>HEALTH PROFESSIONAL</b> DOCTOR/AMO . A CLINICAL OFFICER ..... B ASST. CLINICAL OFFICER ..... C NURSE/MIDWIFE . D MCH AIDE ..... E <b>OTHER PERSON</b> VILLAGE HEALTH WORKER ..... F TRAINED TBA/TBA G RELATIVE/FRIEND H OTHER ..... X (SPECIFY) NO ONE ..... Y	<b>HEALTH PROFESSIONAL</b> DOCTOR/AMO . A CLINICAL OFFICER ..... B ASST. CLINICAL OFFICER ..... C NURSE/MIDWIFE . D MCH AIDE ..... E <b>OTHER PERSON</b> VILLAGE HEALTH WORKER ..... F TRAINED TBA/TBA G RELATIVE/FRIEND H OTHER ..... X (SPECIFY) NO ONE ..... Y
436	Where did you give birth to (NAME)?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	<b>HOME</b> YOUR HOME ... 11 (SKIP TO 443) ← OTHER HOME ... 12  <b>GOV.PARASTATAL</b> REFERRAL/SPEC. HOSPITAL ... 21 REGIONAL HOSP. 22 DISTRICT HOSP. 23 HEALTH CENT. . 24 DISPENSARY ... 25 VILLAGE HEALTH POST ..... 26 CBD WORKER . 27  <b>RELIGIOUS/VOLUNTARY</b> REFERRAL/SPEC. HOSPITAL ... 31 DISTRICT HOSP. . 32 HEALTH CENT. . 33 DISPENSARY ... 34  <b>PRIVATE</b> SPECIALISED HOSPITAL ... 41 HEALTH CENT. . 42 DISPENSARY ... 43 OTHER ..... 96 (SPECIFY) (SKIP TO 443) ←	<b>HOME</b> YOUR HOME ... 11 (SKIP TO 452A) ← OTHER HOME ... 12  <b>GOV.PARASTATAL</b> REFERRAL/SPEC. HOSPITAL ... 21 REGIONAL HOSP. 22 DISTRICT HOSP. 23 HEALTH CENT. . 24 DISPENSARY ... 25 VILLAGE HEALTH POST ..... 26 CBD WORKER . 27  <b>RELIGIOUS/VOLUNTARY</b> REFERRAL/SPEC. HOSPITAL ... 31 DISTRICT HOSP. . 32 HEALTH CENT. . 33 DISPENSARY ... 34  <b>PRIVATE</b> SPECIALISED HOSPITAL ... 41 HEALTH CENT. . 42 DISPENSARY ... 43 OTHER ..... 96 (SPECIFY) (SKIP TO 452A) ←	<b>HOME</b> YOUR HOME ... 11 (SKIP TO 452A) ← OTHER HOME ... 12  <b>GOV.PARASTATAL</b> REFERRAL/SPEC. HOSPITAL ... 21 REGIONAL HOSP. 22 DISTRICT HOSP. 23 HEALTH CENT. . 24 DISPENSARY ... 25 VILLAGE HEALTH POST ..... 26 CBD WORKER . 27  <b>RELIGIOUS/VOLUNTARY</b> REFERRAL/SPEC. HOSPITAL ... 31 DISTRICT HOSP. . 32 HEALTH CENT. . 33 DISPENSARY ... 34  <b>PRIVATE</b> SPECIALISED HOSPITAL ... 41 HEALTH CENT. . 42 DISPENSARY ... 43 OTHER ..... 96 (SPECIFY) (SKIP TO 452A) ←
438	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____												
438A	After you delivered, did the health facility give you a birth notification form for the baby?	YES ..... 1 (SKIP TO 439) ←	YES ..... 1 (SKIP TO 452A) ←	YES ..... 1 (SKIP TO 452A) ←												
		NO ..... 2	NO ..... 2	NO ..... 2												
		DON'T KNOW ..... 3	DON'T KNOW ..... 3	DON'T KNOW ..... 3												
438B	Did you get a birth notification form from any other place?	YES ..... 1	YES ..... 1	YES ..... 1												
		NO ..... 2	NO ..... 2	NO ..... 2												
		DON'T KNOW ..... 3	DON'T KNOW ..... 3	DON'T KNOW ..... 3												
439	Before you were discharged after (NAME) was born, did any health care provider check on your health?	YES ..... 1 NO ..... 2 (SKIP TO 442) ←														
440	How long after delivery did the first check take place?  IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS ... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS . 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW ... 998														
441	Who checked on your health at that time?  PROBE FOR MOST QUALIFIED PERSON.	HEALTH PROFESSIONAL DOCTOR/AMO ... 11 CLINICAL OFFICER ..... 12 ASST. CLINICAL OFFICER ..... 13 NURSE/MIDWIFE . 14 MCH AIDE ..... 15 OTHER PERSON VILLAGE HEALTH WORKER ..... 21 TRAINED TBA/TBA . 22 RELATIVE/FRIEND . 23 OTHER ..... 96 (SPECIFY) (SKIP TO 452A) ←														
442	After you were discharged, did any health care provider or a traditional birth attendant check on your health?	YES ..... 1 (SKIP TO 445) ←														
		NO ..... 2 (SKIP TO 449) ←														
443	Why didn't you deliver in a health facility?  PROBE: Any other reason?  RECORD ALL MENTIONED.	COST TOO MUCH . A FACILITY NOT OPEN . B TOO FAR/ NO TRANSPORTATION ... C DON'T TRUST FACILITY/POOR QUALITY SERVICE D NO FEMALE PROVIDER AT FACILITY .. E HUSBAND/FAMILY DID NOT ALLOW .. F NOT NECESSARY .. G NOT CUSTOMARY .. H OTHER ..... X (SPECIFY)														
444	After (NAME) was born, did any health care provider or a traditional birth attendant check on your health?	YES ..... 1 NO ..... 2 (SKIP TO 449) ←														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
445	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></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></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></table></p> <p>DON'T KNOW ... 998</p>								
446	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PROFESSIONAL DOCTOR/AMO . 11 CLINICAL OFFICER ..... 12 ASST. CLINICAL OFFICER ..... 13 NURSE/MIDWIFE 14 MCH AIDE ..... 15 OTHER PERSON VILLAGE HEALTH WORKER ... 21 TRAINED TBA/TBA 22 RELATIVE/FRIEND 23 OTHER _____ 96 (SPECIFY)</p>								
447	<p>Where did this first check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p><b>HOME</b> YOUR HOME ... 11 OTHER HOME ... 12</p> <p><b>GOV.PARASTATAL</b> REFERAL/SPEC. 21 HOSPITAL REGIONAL HOSP. 22 DISTRICT HOSP. 23 HEALTH CENT. 24 DISPENSARY 25 VILLAGE HEALTH POST ..... 26 CBD WORKER . 27</p> <p><b>RELIGIOUS/VOLUNTARY</b> REFERRAL/SPEC. HOSPITAL ... 31 DISTRICT HOSP. . 32 HEALTH CENT. . 33 DISPENSARY ... 34</p> <p><b>PRIVATE</b> SPECIALISED HOSPITAL ... 41 HEALTH CENT. . 42 DISPENSARY ... 43</p> <p>OTHER _____ 96 (SPECIFY)</p>								
448	<p>CHECK 442:</p> <p style="text-align: center;">           YES      NOT ASKED  <input type="checkbox"/>      <input type="checkbox"/>            (SKIP TO 452A)      ↓         </p>									
449	<p>In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 452A) ← DON'T KNOW ..... 8</p>								
450	<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>HRS AFTER BIRTH ... 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></table></p> <p>DAYS AFTER BIRTH ... 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></table></p> <p>WKS AFTER BIRTH ... 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></table></p> <p>DON'T KNOW ... 998</p>								

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
451	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PROFESSIONAL DOCTOR/AMO . . . 11 CLINICAL OFFICER . . . . . 12 ASST. CLINICAL OFFICER . . . . . 13 NURSE/MIDWIFE 14 MCH AIDE . . . . . 15 OTHER PERSON VILLAGE HEALTH WORKER . . . . . 21 TRAINED TBA/TBA 22 RELATIVE/FRIEND 23 OTHER _____ 96 (SPECIFY)</p>		
452	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p><b>HOME</b> YOUR HOME . . . 11 OTHER HOME . . . 12</p> <p><b>GOV.PARASTATAL</b> REFERAL/SPEC. HOSPITAL . . . 21 REGIONAL HOSP. 22 DISTRICT HOSP. . 23 HEALTH CENT. . . 24 DISPENSARY . . . 25 VILLAGE HEALTH POST . . . . . 26 CBD WORKER . . 27</p> <p><b>RELIGIOUS/VOLUNTARY</b> REFERRAL/SPEC. HOSPITAL . . . 31 DISTRICT HOSP. 32 HEALTH CENT. 33 DISPENSARY . . 34</p> <p><b>PRIVATE</b> SPECIALISED HOSPITAL . . . 41 HEALTH CENT. . . 42 DISPENSARY . . . 43</p> <p>OTHER _____ 96 (SPECIFY)</p>		
452A	<p>Do you have a birth certificate for (NAME)?</p> <p>ASK TO SEE CERTIFICATE.</p>	<p>YES, SEEN . . . . . 1 YES, NOT SEEN . . . 2 NO . . . . . 3 DON'T KNOW . . . . 8</p>	<p>YES, SEEN . . . . . 1 YES, NOT SEEN . . . 2 NO . . . . . 3 DON'T KNOW . . . . 8</p>	<p>YES, SEEN . . . . . 1 YES, NOT SEEN . . . 2 NO . . . . . 3 DON'T KNOW . . . . 8</p>
453	<p>In the first two months after delivery, did you receive a vitamin A dose (like this/any of these)?</p> <p>SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.</p>	<p>YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . . 8</p>		
454	<p>Has your menstrual period returned since the birth of (NAME)?</p>	<p>YES . . . . . 1 (SKIP TO 456) ←</p> <p>NO . . . . . 2 (SKIP TO 457) ←</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
455	Did your period return between the birth of (NAME) and your next pregnancy?		YES ..... 1 NO ..... 2 (SKIP TO 459) ←	YES ..... 1 NO ..... 2 (SKIP TO 459) ←
456	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98
457	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 459) ←		
458	Have you begun to have sexual intercourse again since the birth of (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 460) ←		
459	For how many months after the birth of (NAME) did you <u>not</u> have sexual intercourse?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98
460	Did you ever breastfeed (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 467) ←	YES ..... 1 NO ..... 2 (SKIP TO 467) ←	YES ..... 1 NO ..... 2 (SKIP TO 467) ←
461	How long after birth did you first put (NAME) to the breast?  IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ... 000  HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>		
462	In the first three days after delivery, before your milk began flowing, was (NAME) given anything to drink other than breast milk?	YES ..... 1 NO ..... 2 (SKIP TO 464) ←		
463	What was (NAME) given to drink?  Anything else?  RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . . . A PLAIN WATER . . . . . B SUGAR OR GLUCOSE WATER . . . C GRUPE WATER . . . . . D SUGAR-SALT-WATER SOLUTION . . . . . E FRUIT JUICE . . . . . F INFANT FORMULA . . . . . G TEA/INFUSIONS . . . . . H HONEY . . . . . I  OTHER _____ X (SPECIFY)		
464	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 466) ←		
465	Are you still breastfeeding (NAME)?	YES ..... 1 (SKIP TO 468) ← NO ..... 2		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
466	For how many months did you breastfeed (NAME)?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98	MONTHS ... <input type="text"/> <input type="text"/> STILL BF ..... 95 DON'T KNOW ... 98	MONTHS ... <input type="text"/> <input type="text"/> STILL BF ..... 95 DON'T KNOW ... 98
467	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO (SKIP TO 469A) TO 501)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO (SKIP TO 470) TO 501)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501)
468	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/>		
469	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . <input type="text"/> <input type="text"/>		
469A	How old was (NAME) when s/he was first fed something other than breast milk? INCLUDES : JUICE, COW'S MILK WATER, SUGAR WATER, SOLID FOODS OR ANYTHING ELSE	MONTHS ... <input type="text"/> <input type="text"/> NOT STARTED GIVING ANYTHING ... 01 DON'T KNOW ... 98		
470	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
471		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS,

**SECTION 5. CHILD IMMUNIZATION AND HEALTH AND CHILD'S AND WOMAN'S NUTRITION**

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2005 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).											
502		LAST BIRTH BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/>								
503	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573)	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 573)								
503A	Did (NAME) receive vitamin A like this during the last 6 months? (SHOW CAPSULES)	YES ..... 1 NO ..... 2 (SKIP TO 504) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 504) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 504) ← DON'T KNOW ..... 8								
503B	Where did (NAME) the get the drops? During the campagin with other children, during a sick visit or during a routine/healthy visit?	VAC. CAMPAGIN ..... 1 SICK VISIT ..... 2 HEALTHY VISIT ..... 3	VAC. CAMPAGIN ..... 1 SICK VISIT ..... 2 HEALTHY VISIT ..... 3	VAC. CAMPAGIN ..... 1 SICK VISIT ..... 2 HEALTHY VISIT ..... 3								
504	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN ..... 1 YES, NOT SEEN ..... 2 (SKIP TO 508) ← NO CARD ..... 3	YES, SEEN ..... 1 YES, NOT SEEN ..... 2 (SKIP TO 508) ← NO CARD ..... 3	YES, SEEN ..... 1 YES, NOT SEEN ..... 2 (SKIP TO 508) ← NO CARD ..... 3								
506	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. (3) IF MORE THAN TWO VITAMIN 'A' DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES.											
		LAST BIRTH DAY MONTH YEAR	NEXT-TO-LAST BIRTH DAY MONTH YEAR	SECOND-FROM-LAST BIRTH DAY MONTH YEAR								
	BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>	BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>	BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>
	POLIO 0 (POLIO GIVEN AT BIRTH)	<input type="text"/>	<input type="text"/>	<input type="text"/>	P0	<input type="text"/>	<input type="text"/>	<input type="text"/>	P0	<input type="text"/>	<input type="text"/>	<input type="text"/>
	POLIO 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	P1	<input type="text"/>	<input type="text"/>	<input type="text"/>	P1	<input type="text"/>	<input type="text"/>	<input type="text"/>
	POLIO 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	P2	<input type="text"/>	<input type="text"/>	<input type="text"/>	P2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	POLIO 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	P3	<input type="text"/>	<input type="text"/>	<input type="text"/>	P3	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DPT-HBIB 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	DH1	<input type="text"/>	<input type="text"/>	<input type="text"/>	DH1	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DPT-HBIB 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	DH2	<input type="text"/>	<input type="text"/>	<input type="text"/>	DH2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DPT-HBIB 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	DH3	<input type="text"/>	<input type="text"/>	<input type="text"/>	DH3	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DPT-HB1	<input type="text"/>	<input type="text"/>	<input type="text"/>	D1	<input type="text"/>	<input type="text"/>	<input type="text"/>	D1	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DPT-HB2	<input type="text"/>	<input type="text"/>	<input type="text"/>	D2	<input type="text"/>	<input type="text"/>	<input type="text"/>	D2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DPT-HB3	<input type="text"/>	<input type="text"/>	<input type="text"/>	D3	<input type="text"/>	<input type="text"/>	<input type="text"/>	D3	<input type="text"/>	<input type="text"/>	<input type="text"/>
	MEASLES	<input type="text"/>	<input type="text"/>	<input type="text"/>	MEA	<input type="text"/>	<input type="text"/>	<input type="text"/>	MEA	<input type="text"/>	<input type="text"/>	<input type="text"/>
	VITAMIN A (MOST RECENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>	VIT A	<input type="text"/>	<input type="text"/>	<input type="text"/>	VIT A	<input type="text"/>	<input type="text"/>	<input type="text"/>
	VITAMIN A (MOST RECENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>	VIT A	<input type="text"/>	<input type="text"/>	<input type="text"/>	VIT A	<input type="text"/>	<input type="text"/>	<input type="text"/>
506A	CHECK 506:  <input type="checkbox"/> (GO TO 516)	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 516)	OTHER <input type="checkbox"/>	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 516)	OTHER <input type="checkbox"/>	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 516)	OTHER <input type="checkbox"/>					



NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
507	<p>Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign?</p> <p>RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT-HBIB 1-3, DPT-HB 1-3 AND/OR MEASLES VACCINES.</p>	<p>YES ..... 1 (PROBE FOR ←)</p> <p>VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506)</p> <p>(SKIP TO 516) ←</p> <p>NO ..... 2 (SKIP TO 516) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1 (PROBE FOR ←)</p> <p>VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506)</p> <p>(SKIP TO 516) ←</p> <p>NO ..... 2 (SKIP TO 516) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1 (PROBE FOR ←)</p> <p>VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506)</p> <p>(SKIP TO 516) ←</p> <p>NO ..... 2 (SKIP TO 516) ←</p> <p>DON'T KNOW ..... 8</p>
508	<p>Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization campaign?</p>	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO 516) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO 516) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO 516) ←</p> <p>DON'T KNOW ..... 8</p>
509	<p>Please tell me if (NAME) received any of the following vaccinations:</p>			
509A	<p>A BCG vaccination against tuberculosis, that is, an injection on the right arm or shoulder that usually causes a scar?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>
509B	<p>Polio vaccine, that is, drops in the mouth?</p>	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO 509E) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO 509E) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO 509E) ←</p> <p>DON'T KNOW ..... 8</p>
509C	<p>Was the first polio vaccine received in the first two weeks after birth or later?</p>	<p>FIRST 2 WEEKS ..... 1</p> <p>LATER ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>FIRST 2 WEEKS ..... 1</p> <p>LATER ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>FIRST 2 WEEKS ..... 1</p> <p>LATER ..... 2</p> <p>DON'T KNOW ..... 8</p>
509D	<p>How many times was the polio vaccine received?</p>	<p>NUMBER OF TIMES ..... <input type="text"/></p> <p>DON'T KNOW ..... 8</p>	<p>NUMBER OF TIMES ..... <input type="text"/></p> <p>DON'T KNOW ..... 8</p>	<p>NUMBER OF TIMES ..... <input type="text"/></p> <p>DON'T KNOW ..... 8</p>
509E	<p>A DPT-HB vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio ?</p>	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO 509G) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO 509G) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO 509G) ←</p> <p>DON'T KNOW ..... 8</p>
509F	<p>How many times was a DPT-HB vaccination received?</p>	<p>NUMBER OF TIMES ..... <input type="text"/></p> <p>DON'T KNOW ..... 8</p>	<p>NUMBER OF TIMES ..... <input type="text"/></p> <p>DON'T KNOW ..... 8</p>	<p>NUMBER OF TIMES ..... <input type="text"/></p> <p>DON'T KNOW ..... 8</p>
509G	<p>A measles injection or MMR that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>
516	<p>In the last seven days, did (NAME) take iron pills, sprinkles with iron, or iron syrup (like this/any of these)? SHOW COMMON TYPES OF PILLS/SPRINKLES/ SYRUPS.</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
517	Has ( NAME) taken any pill for intestinal worms in the last six months?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
518	Has (NAME) had diarrhea in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 533) ←   DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 533) ←   DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 533) ←   DON'T KNOW ..... 8
519	Was there any blood in the stools?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
520	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk).  Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5 DON'T KNOW ..... 8
521	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?  IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 STOPPED FOOD ..... 5 NEVER GAVE FOOD ..... 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 STOPPED FOOD ..... 5 NEVER GAVE FOOD ..... 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 STOPPED FOOD ..... 5 NEVER GAVE FOOD ..... 6 DON'T KNOW ..... 8
522	Did you seek advice or treatment for the diarrhea from any source?	YES ..... 1 NO ..... 2 (SKIP TO 528) ←   DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 528) ←   DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 528) ←   DON'T KNOW ..... 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
523	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p><b>GOV.PARASTATAL</b> REFERRAL/SPEC. HOSPITAL ... A REGIONAL HOSP. B DISTRICT HOSP.. C HEALTH CENT. . D DISPENSARY ... E VILLAGE HEALTH POST ..... F CBD WORKER . G</p> <p><b>RELIGIOUS/VOLUNTARY</b> REFERRAL/SPEC. HOSPITAL ... H DISTRICT HOSP. I HEALTH CENT. . J DISPENSARY ... K</p> <p><b>PRIVATE</b> SPECIALISED HOSPITAL ... L HEALTH CENT. . M DISPENSARY ... N</p> <p><b>OTHER</b> PHARMACY ..... O NGO ..... P OTHER _____ X (SPECIFY)</p>	<p><b>GOV.PARASTATAL</b> REFERRAL/SPEC. HOSPITAL ... A REGIONAL HOSP. B DISTRICT HOSP.. C HEALTH CENT. . D DISPENSARY ... E VILLAGE HEALTH POST ..... F CBD WORKER . G</p> <p><b>RELIGIOUS/VOLUNTARY</b> REFERRAL/SPEC. HOSPITAL ... H DISTRICT HOSP. I HEALTH CENT. . J DISPENSARY ... K</p> <p><b>PRIVATE</b> SPECIALISED HOSPITAL ... L HEALTH CENT. . M DISPENSARY ... N</p> <p><b>OTHER</b> PHARMACY ..... O NGO ..... P OTHER _____ X (SPECIFY)</p>	<p><b>GOV.PARASTATAL</b> REFERRAL/SPEC. HOSPITAL ... A REGIONAL HOSP. B DISTRICT HOSP.. C HEALTH CENT. . D DISPENSARY ... E VILLAGE HEALTH POST ..... F CBD WORKER . G</p> <p><b>RELIGIOUS/VOLUNTARY</b> REFERRAL/SPEC. HOSPITAL ... H DISTRICT HOSP. I HEALTH CENT. . J DISPENSARY ... K</p> <p><b>PRIVATE</b> SPECIALISED HOSPITAL ... L HEALTH CENT. . M DISPENSARY ... N</p> <p><b>OTHER</b> PHARMACY ..... O NGO ..... P OTHER _____ X (SPECIFY)</p>
524	CHECK 523:	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 528) ←</p>	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 528) ←</p>	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 528) ←</p>
525	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 523.</p>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
528	<p>Was he/she given any of the following at any time since he/she started having the diarrhea:</p> <p>a) A fluid made from a special packet called ORS or ORS with zinc?</p> <p>b) Zinc?</p> <p>c) A government-recommended homemade fluid such as coconut water/tea/fruit juice?</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT .. 1 2 8</p> <p>ZINC ... 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT .. 1 2 8</p> <p>ZINC ... 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT .. 1 2 8</p> <p>ZINC ... 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p>
529	<p>Was anything (else) given to treat the diarrhea?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 533) ← DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 533) ← DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 533) ← DON'T KNOW ..... 8</p>

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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
539	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?  IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8
540	Did you seek advice or treatment for the illness from any source?	YES ..... 1 NO ..... 2 (SKIP TO 546) ←	YES ..... 1 NO ..... 2 (SKIP TO 546) ←	YES ..... 1 NO ..... 2 (SKIP TO 546) ←
541	Where did you seek advice or treatment?  Anywhere else?  PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))	<b>GOV. PARASTATAL</b> REFERRAL/SPEC. HOSPITAL ... A REGIONAL HOSF. B DISTRICT HOSP.. C HEALTH CENT... D DISPENSARY ... E VILLAGE HEALTH POST ..... F  <b>RELIGIOUS/VOLUNTARY</b> REFERRAL/SPEC. HOSPITA ..... G DISTRICT HOSP.. H HEALTH CENT... I DISPENSARY ... J  <b>PRIVATE</b> SPECIALISED HOSPITA ..... K HEALTH CENT... L DISPENSARY ... M  <b>OTHER</b> PHARMACY ..... N NGC ..... O OTHER ..... X	<b>GOV. PARASTATAL</b> REFERRAL/SPEC. HOSPITAL ... A REGIONAL HOSF. B DISTRICT HOSP.. C HEALTH CENT... D DISPENSARY ... E VILLAGE HEALTH POST ..... F  <b>RELIGIOUS/VOLUNTARY</b> REFERRAL/SPEC. HOSPITA ..... G DISTRICT HOSP.. H HEALTH CENT... I DISPENSARY ... J  <b>PRIVATE</b> SPECIALISED HOSPITA ..... K HEALTH CENT... L DISPENSARY ... M  <b>OTHER</b> PHARMACY ..... N NGC ..... O OTHEF ..... X	<b>GOV. PARASTATAL</b> REFERRAL/SPEC. HOSPITAL ... A REGIONAL HOSF. B DISTRICT HOSP.. C HEALTH CENT... D DISPENSARY ... E VILLAGE HEALTH POST ..... F  <b>RELIGIOUS/VOLUNTARY</b> REFERRAL/SPEC. HOSPITA ..... G DISTRICT HOSP.. H HEALTH CENT... I DISPENSARY ... J  <b>PRIVATE</b> SPECIALISED HOSPITA ..... K HEALTH CENT... L DISPENSARY ... M  <b>OTHER</b> PHARMACY ..... N NGC ..... O OTHEF ..... X
542	CHECK 541:	TWO OR ONLY MORE ONE [ ] CODES CODE [ ] CIRCLED CIRCLED ↓ (SKIP TO 546) ←	TWO OR ONLY MORE ONE [ ] CODES CODE [ ] CIRCLED CIRCLED ↓ (SKIP TO 546) ←	TWO OR ONLY MORE ONE [ ] CODES CODE [ ] CIRCLED CIRCLED ↓ (SKIP TO 546) ←
543	Where did you first seek advice or treatment?  USE LETTER CODE FROM 541.	FIRST PLACE ... [ ]	FIRST PLACE ... [ ]	FIRST PLACE ... [ ]
546	At any time during the illness, did (NAME) take any drugs for the illness?	YES ..... 1 NO ..... 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573) DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573) DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573) DON'T KNOW ..... 8



NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
555	How long after the fever started did (NAME) first take chloroquine?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . . 8
557	CHECK 547: AMODIAQUINE ('C') GIVEN	CODE 'C'      CODE 'C' CIRCLED      NOT CIRCLED  <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (SKIP TO 560) ←	CODE 'C'      CODE 'C' CIRCLED      NOT CIRCLED  <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (SKIP TO 560) ←	CODE 'C'      CODE 'C' CIRCLED      NOT CIRCLED  <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (SKIP TO 560) ←
558	How long after the fever started did (NAME) first take Amodiaquine?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . . 8
560	CHECK 547: QUININE ('D') GIVEN	CODE 'D'      CODE 'D' CIRCLED      NOT CIRCLED  <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (SKIP TO 566) ←	CODE 'D'      CODE 'D' CIRCLED      NOT CIRCLED  <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (SKIP TO 566) ←	CODE 'D'      CODE 'D' CIRCLED      NOT CIRCLED  <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (SKIP TO 566) ←
561	How long after the fever started did (NAME) first take quinine?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . . 8
566	CHECK 547: ARTESUNATE ('E') GIVEN	CODE 'E'      CODE 'E' CIRCLED      NOT CIRCLED  <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (SKIP TO 568) ←	CODE 'E'      CODE 'E' CIRCLED      NOT CIRCLED  <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (SKIP TO 568) ←	CODE 'E'      CODE 'E' CIRCLED      NOT CIRCLED  <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (SKIP TO 568) ←
566A	How long after the fever started did (NAME) first take ARTESUNATE?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . . 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____
568	CHECK 547:  ARTESUNATE AND AMODIAQUINE ('F') GIVEN	CODE 'F' CIRCLED	CODE 'F' NOT CIRCLED	CODE 'F' CIRCLED	CODE 'F' NOT CIRCLED	CODE 'F' CIRCLED	CODE 'F' NOT CIRCLED
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		(SKIP TO 570) ←		(SKIP TO 570) ←		(SKIP TO 570) ←	
569	How long after the fever started did (NAME) first take ARTESUNATE AND AMODIAQUINE?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . . . 8
570	CHECK 547:  CORATEM (ALU) ('G') GIVEN	CODE 'G' CIRCLED	CODE 'G' NOT CIRCLED	CODE 'G' CIRCLED	CODE 'G' NOT CIRCLED	CODE 'G' CIRCLED	CODE 'G' NOT CIRCLED
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		(SKIP TO 572) ←		(SKIP TO 572) ←		(SKIP TO 572) ←	
571	How long after the fever started did (NAME) first take CORATEM (Alu)	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . . . 8
572	CHECK 547:  OTHER ANTI-MALARIAL ('H') GIVEN	CODE 'H' CIRCLED	CODE 'H' NOT CIRCLED	CODE 'H' CIRCLED	CODE 'H' NOT CIRCLED	CODE 'H' CIRCLED	CODE 'H' NOT CIRCLED
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		(SKIP TO 572B) ←		(SKIP TO 572B) ←		(SKIP TO 572B) ←	
572A	How long after the fever started did (NAME) first take (OTHER ANTI-MALARIAL)	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . . . 8
572B		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573.



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
573	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2005 OR LATER LIVING WITH THE RESPONDENT  ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 574) _____ (NAME)		576																								
574	The last time (NAME FROM 573) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE ... 01 PUT/RINSED INTO TOILET OR LATRINE ..... 02 PUT/RINSED INTO DRAIN OR DITCH ..... 03 THROWN INTO GARBAGE ..... 04 BURIED ..... 05 LEFT IN THE OPEN ..... 06 USE DISPOSABLE DIAPERS ..... 07 USE WASHABLE DIAPERS ..... 08 NOT DISPOSED OF ..... 09 OTHER _____ 96 (SPECIFY)																									
575	CHECK 528(a) ALL COLUMNS:  NO CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/>		577																								
576	Have you ever heard of a special product called ORS you can get for the treatment of diarrhea?	YES ..... 1 NO ..... 2																									
577	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2008 OR LATER LIVING WITH THE RESPONDENT  ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 578) _____ (NAME)		601																								
578	Now I would like to ask you about liquids or foods (NAME FROM 577) had yesterday during the day or at night. Did (NAME FROM 577) (drink/eat): a. Plain water? b. Commercially produced infant formula? c. Any [BRAND NAME OF COMMERCIALY FORTIFIED BABY FOOD, E.G., Cerelac]? d. Any milk from animals e. Any (other) porridge like ugali?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a. PLAIN WATER .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b. FORMULA .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c. BABY CEREAL .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d. ANIMAL MILK .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e. OTHER PORRIDGE/ UGALI .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a. PLAIN WATER .....	1	2	8	b. FORMULA .....	1	2	8	c. BABY CEREAL .....	1	2	8	d. ANIMAL MILK .....	1	2	8	e. OTHER PORRIDGE/ UGALI .....	1	2	8	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																																							
579	<p>Now I would like to ask you about (other) liquids or foods that (NAME FROM 577)/you may have had yesterday during the day or at night. I am interested in whether your child/you had the item even if it was combined with other foods.</p> <p>Did (NAME FROM 577)/you drink (eat):</p> <p>a) Milk tinned, powdered, fresh animal milk, yogurt, cheese?</p> <p>b) Tea or coffee?</p> <p>c) Any other liquids?</p> <p>d) Food made from roots or tubers, for example cocoyams, irish potatoes, white sweet potatoes, white yams, cassava, or other local roots or tubers?</p> <p>e) Foods made from maize meal (ugali), porridges, millet, rice, sorghum, or any other food made from grains?</p> <p>f) Bread, maandazi, chapati, or other foods made from wheat flour?</p> <p>g) Yellow/orange colour fruits or vegetables such as pumpkin, carrots, yellow/orange sweet potato, ripe mangoes or papayas, passion fruit?</p> <p>h) Any dark green, leafy vegetables such as amaranth, cassava, pumpkin or sweet potato leaves, and spinach ?</p> <p>i) Any other fruits or vegetables?</p> <p>j) Meat such as beef, goat, poultry(chicken), fish, shellfish liver?</p> <p>k) Eggs?</p> <p>l) Any foods made from beans, peas, lentils, or nuts?</p> <p>m) Food or drink that you added brown or white sugar to?</p> <p>n) Any sweets, candies such as chocolates pastries, cakes, or biscuits?</p> <p>o) Any other solid or semi-solid food?</p>	<table border="1"> <thead> <tr> <th></th> <th colspan="3">CHILD</th> <th colspan="3">MOTHER</th> </tr> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td><b>a</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>b</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>c</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>d</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>e</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>f</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>g</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>h</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>i</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>j</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>k</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>l</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>m</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>n</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td><b>o</b></td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		CHILD			MOTHER				YES	NO	DK	YES	NO	DK	<b>a</b>	1	2	8	1	2	8	<b>b</b>	1	2	8	1	2	8	<b>c</b>	1	2	8	1	2	8	<b>d</b>	1	2	8	1	2	8	<b>e</b>	1	2	8	1	2	8	<b>f</b>	1	2	8	1	2	8	<b>g</b>	1	2	8	1	2	8	<b>h</b>	1	2	8	1	2	8	<b>i</b>	1	2	8	1	2	8	<b>j</b>	1	2	8	1	2	8	<b>k</b>	1	2	8	1	2	8	<b>l</b>	1	2	8	1	2	8	<b>m</b>	1	2	8	1	2	8	<b>n</b>	1	2	8	1	2	8	<b>o</b>	1	2	8	1	2	8	
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580	<p>CHECK 578 c AND e AND 579 (CATEGORIES d THROUGH o FOR CHILD):</p> <p>AT LEAST ONE "YES" <input type="checkbox"/></p>	<p>NOT A SINGLE "YES" <input type="checkbox"/></p>	<p>582</p>																																																																																																																							
581	<p>How many times did (NAME FROM 577) eat solid, semisolid, or soft foods yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES ..... <input type="checkbox"/></p> <p>DON'T KNOW ..... 8</p>	<p>601</p>																																																																																																																							
582	<p>CHECK Q578 AND 579 NOT A SINGLE 'YES', ASK:</p> <p>Aside from breastmilk, did (NAME) get anything at all to eat or drink yesterday or last night?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																																																																																																																								

**SECTION 6. MARRIAGE AND SEXUAL ACTIVITY**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED ..... 1 YES, LIVING WITH A MAN ..... 2 NO, NOT IN UNION ..... 3	→ 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED ..... 1 YES, LIVED WITH A MAN ..... 2 NO ..... 3	→ 617
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	→ 609
604	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER ..... 1 STAYING ELSEWHERE ..... 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	
606	Does your husband/partner have other wives or does he live with other women as if married?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 609
607	Including yourself, in total, how many wives or 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	
608	Are you the first, second, ... wife?	RANK ..... <input type="text"/> <input type="text"/>	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2	
615	CHECK 609:  MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/> ↓ In what month and year did you start living with your (husband/partner)?  MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/> ↓ Now I would like to ask about first (husband/partner) In what month and year did you start living with him?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98  YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	→ 617
616	How old were you when you first started living with him?	AGE ..... <input type="text"/> <input type="text"/>	
617 CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.			
618	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues.  How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE ..... 00  AGE IN YEARS ..... <input type="text"/> <input type="text"/>  FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER ..... 95	→ 641
618A 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.			
626	When was the <u>last</u> time you had sexual intercourse?  IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO ..... 1 WEEKS AGO ..... 2 MONTHS AGO ..... 3 YEARS AGO ..... 4	→ 640

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
627	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"/>
628	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES ..... 1 NO ..... 2 (SKIP TO 630) ←	YES ..... 1 NO ..... 2 (SKIP TO 630) ←	YES ..... 1 NO ..... 2 (SKIP TO 630) ←
629	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
630	What was your relationship to this person with whom you had sexual intercourse?  IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	HUSBAND ..... 1  LIVE-IN PARTNER .... 2 BOYFRIEND NOT LIVING WITH RESPONDENT .... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE ..... 5 OTHER ..... 6 (SPECIFY)  (SKIP TO 631A) ←	HUSBAND ..... 1  LIVE-IN PARTNER .... 2 BOYFRIEND NOT LIVING WITH RESPONDENT .... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE ..... 5 OTHER ..... 6 (SPECIFY)  (SKIP TO 631A) ←	HUSBAND ..... 1  LIVE-IN PARTNER .... 2 BOYFRIEND NOT LIVING WITH RESPONDENT .... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE ..... 5 OTHER ..... 6 (SPECIFY)  (SKIP TO 631A) ←
630A	CHECK 609:	MARRIED ONLY <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> (SKIP TO 631A) ←	MARRIED ONLY <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> (SKIP TO 631A) ←	MARRIED ONLY <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> (SKIP TO 631A) ←
630B	CHECK 618:	1st TIME WHEN STARTED LIVING WITH 1st HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 631B) →	1st TIME WHEN STARTED LIVING WITH 1st HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 631B) →	1st TIME WHEN STARTED LIVING WITH 1st HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 631B) →
631A	How long ago did you first have sexual intercourse with this person?	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"/>
631B	How many times during the last 12 months did you have sexual intercourse with this person:	NUMBER OF TIMES <input type="text"/> <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/> <input type="text"/>
638	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 627 ← IN NEXT COLUMN)  NO ..... 2 (SKIP TO 640) ←	YES ..... 1 (GO BACK TO 627 ← IN NEXT COLUMN)  NO ..... 2 (SKIP TO 640) ←	
639	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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
640	In total, with how many different people have you had sexual intercourse in your lifetime?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME . . . . . <input type="text"/> <input type="text"/>  DON'T KNOW . . . . . 98	
641	Do you know of a place where a person can get condoms?	YES . . . . . 1 NO . . . . . 2	644
642	Where is that?  Any other place?  PROBE TO IDENTIFY EACH TYPE OF SOURCE IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))	<b>GOVERNMENT/PARASTATAL</b> REFERAL/SPEC. HOSPITAL . . . . . A REGIONAL HOSPITAL . . . . . B DISTRICT HOSPITAL . . . . . C HEALTH CENTRE . . . . . D DISPENSARY . . . . . E VILLAGE HEALTH POST (WORKER) . . . F CBD WORKER . . . . . G  <b>RELIGIOUS/VOLUNTARY</b> REFERAL/SPEC. HOSPITAL . . . . . H DISTRICT HOSPITAL . . . . . I GOVT. HEALTH CENTRE . . . . . J DISPENSARY . . . . . K  <b>PRIVATE</b> DISTRICT HOSPITAL . . . . . L HEALTH CENTRE . . . . . M DISPENSARY . . . . . N  <b>OTHER</b> PHARMACY . . . . . O NGO . . . . . P VCT CENTRE . . . . . Q SHOP/KIOSK . . . . . R BAR . . . . . S GUEST HOUSE/HOTEL . . . . . T FRIEND/RELATIVE/NEIGHBOUR . . . U  OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
643	If you wanted to, could you yourself get a condom?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/UNSURE . . . . . 8	
644	Do you know of a place where a person can get female condoms?	YES . . . . . 1 NO . . . . . 2	701
645	Where is that?  Any other place?  PROBE TO IDENTIFY EACH TYPE OF SOURCE IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))	<b>GOVERNMENT/PARASTATAL</b> REFERAL/SPEC. HOSPITAL . . . . . A REGIONAL HOSPITAL . . . . . B DISTRICT HOSPITAL . . . . . C HEALTH CENTRE . . . . . D DISPENSARY . . . . . E VILLAGE HEALTH POST (WORKER) . . . F CBD WORKER . . . . . G  <b>RELIGIOUS/VOLUNTARY</b> REFERAL/SPEC. HOSPITAL . . . . . H DISTRICT HOSPITAL . . . . . I GOVT. HEALTH CENTRE . . . . . J DISPENSARY . . . . . K  <b>PRIVATE</b> DISTRICT HOSPITAL . . . . . L HEALTH CENTRE . . . . . M DISPENSARY . . . . . N  <b>OTHER</b> PHARMACY . . . . . O NGO . . . . . P VCT CENTRE . . . . . Q SHOP/KIOSK . . . . . R BAR . . . . . S GUEST HOUSE/HOTEL . . . . . T FRIEND/RELATIVE/NEIGHBOUR . . . U  OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
646	If you wanted to, could you yourself get a female condom?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/UNSURE . . . . . 8	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
701	CHECK 304: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		713								
702	CHECK 226: PREGNANT <input type="checkbox"/> NOT PREGNANT OR UNSURE <input type="checkbox"/>		702B								
702A	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 anymore children?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 UNDECIDED/DON'T KNOW ..... 3	→ 703 → 709 → 709								
702B	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 SAYS SHE CAN'T GET PREGNANT . 3 UNDECIDED/DON'T KNOW ..... 8	→ 705 → 713 → 708								
703	CHECK 702: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child?   After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW ..... 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE ..... 995 OTHER ..... 996 DON'T KNOW ..... 998									→ 708 → 713 → 708
704	CHECK 702: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		709								
705	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		713								
706	CHECK 703: NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		709								
707	CHECK 702A,702B AND 703: WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/> WANTS NO MORE/ NONE <input type="checkbox"/> You have said that you do not want (a/another) child soon,   You have said that you do not want any (more) children, Can you tell me why you are not using a method to prevent pregnancy?   Can you tell me why you are not using a method to prevent pregnancy? Any other reason?   Any other reason? RECORD ALL REASONS MENTIONED.	<b>NOT MARRIED</b> ..... A <b>FERTILITY-RELATED REASONS</b> NOT HAVING SEX ..... B INFREQUENT SEX ..... C MENOPAUSAL/HYSTERECTOMY . D SAYS SHE CANT GET PREGNANT E NOT MENSTRUATED SINCE LAST BIRTH ..... F BREASTFEEDING ..... G UP TO GOD/FATALISTIC ..... H <b>OPPOSITION TO USE</b> RESPONDENT OPPOSED ..... I HUSBAND/PARTNER OPPOSED . J OTHERS OPPOSED ..... K RELIGIOUS PROHIBITION ..... L <b>LACK OF KNOWLEDGE</b> KNOWS NO METHOD ..... M KNOWS NO SOURCE ..... N <b>METHOD-RELATED REASONS</b> HEALTH CONCERNS ..... O CONCERN ABOUT SIDE EFFECTS P LACK OF ACCESS/TOO FAR ... Q COSTS TOO MUCH ..... R INCONVENIENT TO USE ..... S INTERFERES WITH BODY'S NORMAL PROCESSES ..... T OTHER _____ X (SPECIFY) DON'T KNOW ..... Z									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
708	CHECK 310: USING A CONTRACEPTIVE METHOD?  NOT ASKED <input type="checkbox"/> NO, NOT CURRENTLY USING <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/>		713
709	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
713	CHECK 216: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/>  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?  If you could choose exactly the number of children to have in your whole life, how many would that be?  PROBE FOR A NUMERIC RESPONSE.	NONE ..... 00 NUMBER ..... <input type="text"/> <input type="text"/> OTHER ..... 96 (SPECIFY)	715A  715A
714	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?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER ..... 96 (SPECIFY)	
715A	If you wanted to get information on family planning, who would you like to talk to most:	CBD WORKER ..... 01 CLINIC STAFF ..... 02 TBA ..... 03 HUSBAND/PARTNER ..... 04 FRIEND ..... 05 RELATIVE ..... 06 RELIGIOUS LEADERS ..... 07 OTHER ..... 96 (SPECIFY)	
715B	Is it acceptable to you for information on family planning to be provided:  On the radio? On the television? In a newspaper or magazine?	YES NO RADIO ..... 1 2 TELEVISION ..... 1 2 NEWSPAPER OR MAGAZINE ... 1 2	
715C	In the last six months have you heard about family planning:  a) On the radio? b) On the television? c) In a newspaper or magazine? d) From a poster? e) From billboards? f) At community events? g) From live drama? h) From a doctor or nurse? i) From a community health worker?	YES NO RADIO ..... 1 2 TELEVISION ..... 1 2 NEWSPAPER OR MAGAZINE ... 1 2 POSTER ..... 1 2 BILLBOARD ..... 1 2 COMMUNITY EVENT ..... 1 2 DRAMA ..... 1 2 DOCTOR/NURSE ..... 1 2 HEALTH WORKER ..... 1 2	
715D	In the past six months, what drama series have you listened to on the radio?  CIRCLE THE SERIES MENTIONED SPONTANEOUSLY. FOR SERIES NOT MENTIONED, ASK:  In the last 6 months, have you listened to:  a) Zinduka? b) Twende na Wakati? c) Other?	YES SPO- YES NTA- PRO- NEOUS BED NO ZINDUKA ..... 1 2 3 TWEENDE NA WAKATI ..... 1 2 3 OTHER ..... 1 2 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715E	CHECK 715D: LISTENED TO ZINDUKA (CODE '1' OR 2' CIRCLED) <input type="checkbox"/> HAS NOT LISTENED TO ZINDUKA (CODE '3' CIRCLED) <input type="checkbox"/>		715I
715F	How often do you listen to Zinduka?	TWICE A WEEK ..... 1 ONCE A WEEK ..... 2 ONCE OR TWICE A MONTH ..... 3 RARELY ..... 4 DON'T KNOW ..... 8	
715G	As a result of listening to Zinduka, did you do anything or take any action related to family planning?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	715I
715H	What did you do as a result of listening to Zinduka?  RECORD ALL MENTIONED.	TALKED TO PARTNER ..... A TALKED TO A HEALTH WORKER ... B TALKED TO SOMEONE ELSE ..... C VISITED A CLINIC FOR FAM. PLAN. . D BEGAN USING A MOD. METHOD ... E CONTINUED USING A MOD. METH... F OTHER _____ X (SPECIFY)	
715I	CHECK 715D: LISTENED TO TWENDA NA WAKATI (CODE '1' OR '2' CIRCLED) <input type="checkbox"/> HAS NOT LISTENED TO TWENDA NA WAKATI (CODE '3' CIRCLED) <input type="checkbox"/>		717
715J	How often do you listen to Twenda na Wakati?	TWICE A WEEK ..... 1 ONCE A WEEK ..... 2 ONCE OR TWICE A MONTH ..... 3 RARELY ..... 4 OTHER ..... 8	
717	CHECK 601: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		801
718	CHECK 304: CODE B, G, OR M CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/> OTHER <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	
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 304: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		801
722	Does your husband/partner want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER ..... 1 MORE CHILDREN ..... 2 FEWER CHILDREN ..... 3 DON'T KNOW ..... 8	



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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	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?	PREPRIMARY ..... 0 PRIMARY ..... 1 POST-PRIMARY TRAINING ..... 2 SECONDARY ..... 3 POST-SECONDARY TRAINING ..... 4 UNIVERSITY ..... 5 DON'T KNOW ..... 8	→ 806
805	What was the highest (grade/form/year) he completed at that level?	GRADE ..... <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	→ 818
811	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> <input type="text"/> <input type="text"/>	
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	
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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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"/>		→ 826A
819	CHECK 817:  CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 823
820	Who usually decides how the money you earn will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY .... 3 OTHER ..... 6 (SPECIFY)	
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	Who usually makes decisions about health care for yourself: you, your husband/partner, you and your husband/partner jointly, or someone else?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 6  1      2      3      4      6	
824	Who usually makes decisions about making major household purchases?	1      2      3      4      6	
826	Who usually makes decisions about visits to your family or relatives?	1      2      3      4      6	
826A	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY ..... 1 JOINTLY ONLY ..... 2 BOTH ALONE AND JOINTLY ..... 3 DOES NOT OWN ..... 4	
826B	Do you own any land either alone or jointly with someone else?	ALONE ONLY ..... 1 JOINTLY ONLY ..... 2 BOTH ALONE AND JOINTLY ..... 3 DOES NOT OWN ..... 4	
827	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES./ PRES./ NOT LISTEN. NOT PRES. LISTEN.  CHILDREN < 10 ..... 1    2    3 HUSBAND ..... 1    2    3 OTHER MALES ..... 1    2    3 OTHER FEMALES ... 1    2    3	
828	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?	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	

SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2	→ 942																
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
903	Can people get the AIDS virus from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
907	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
908	Is it possible for a healthy-looking person to have the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
909	Can the virus that causes AIDS be transmitted from a mother to her baby:  During pregnancy? During delivery? By breastfeeding?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>DURING PREG. ....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BREASTFEEDING ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	DURING PREG. ....	1	2	8	DURING DELIVERY .	1	2	8	BREASTFEEDING ...	1	2	8	
	YES	NO	DK																
DURING PREG. ....	1	2	8																
DURING DELIVERY .	1	2	8																
BREASTFEEDING ...	1	2	8																
910	CHECK 909: AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/>	→ 913																
911	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
913	CHECK 208 AND 215:  LAST BIRTH SINCE <input type="checkbox"/> JANUARY 2007 ↓	NO BIRTHS <input type="checkbox"/>  LAST BIRTH BEFORE <input type="checkbox"/> JANUARY 2007	→ 922 → 922																
914	CHECK 407 FOR LAST BIRTH: HAD <input type="checkbox"/> ANTENATAL CARE ↓	NO <input type="checkbox"/> ANTENATAL CARE	→ 922																
914A	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
915	During any of the antenatal visits for your last birth, did anyone talk to you about:  Babies getting the AIDS virus from their mother? Things that you can do to prevent getting the AIDS virus? Getting tested for the AIDS virus?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>AIDS FROM MOTHER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>THINGS TO DO .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TESTED FOR AIDS .</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	AIDS FROM MOTHER	1	2	8	THINGS TO DO .	1	2	8	TESTED FOR AIDS .	1	2	8	
	YES	NO	DK																
AIDS FROM MOTHER	1	2	8																
THINGS TO DO .	1	2	8																
TESTED FOR AIDS .	1	2	8																
916	Were you offered a test for the AIDS virus as part of your antenatal care?	YES ..... 1 NO ..... 2																	
917	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	YES ..... 1 NO ..... 2	→ 922																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
917A	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><b>GOVERNMENT/PARASTATAL</b></p> <p>REFERAL/SPEC. HOSPITAL ..... 11</p> <p>REGIONAL HOSPITAL ..... 12</p> <p>DISTRICT HOSPITAL ..... 13</p> <p>HEALTH CENTRE ..... 14</p> <p>DISPENSARY ..... 15</p> <p>VILLAGE HEALTH POST (WORKER) 16</p> <p>CBD WORKER ..... 17</p> <p><b>RELIGIOUS/VOLUNTARY</b></p> <p>REFERAL/SPEC. HOSPITAL ..... 21</p> <p>DISTRICT HOSPITAL ..... 22</p> <p>GOVT. HEALTH CENTRE ..... 23</p> <p>DISPENSARY ..... 24</p> <p><b>PRIVATE</b></p> <p>HOSPITAL ..... 31</p> <p>HEALTH CENTRE ..... 32</p> <p>DISPENSARY ..... 33</p> <p><b>OTHER</b></p> <p>PRIVATE PHARMACY ..... 41</p> <p>NGO ..... 42</p> <p>VCT CENTRE ..... 43</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
918	I don't want to know the results, but did you get the results of the test?	<p>YES ..... 1</p> <p>NO ..... 2</p>	
918A	Regardless of the result, all women who are tested are supposed to receive counselling after getting the result. Did you receive post-test counselling?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
920	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 923
921	When was the last time you were tested for the AIDS virus?	<p>LESS THAN 12 MONTHS AGO ..... 1</p> <p>12 - 23 MONTHS AGO ..... 2</p> <p>2 OR MORE YEARS AGO ..... 3</p>	→ 929
922	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</p> <p>NO ..... 2</p>	→ 927
923	When was the last time you were tested?	<p>LESS THAN 12 MONTHS AGO ..... 1</p> <p>12 - 23 MONTHS AGO ..... 2</p> <p>2 OR MORE YEARS AGO ..... 3</p>	
925	I don't want to know the results, but did you get the results of the test?	<p>YES ..... 1</p> <p>NO ..... 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
926	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><b>GOVERNMENT/PARASTATAL</b></p> <p>REFERAL/SPEC. HOSPITAL ..... 11</p> <p>REGIONAL HOSPITAL ..... 12</p> <p>DISTRICT HOSPITAL ..... 13</p> <p>HEALTH CENTRE ..... 14</p> <p>DISPENSARY ..... 15</p> <p>VILLAGE HEALTH POST (WORKER) 16</p> <p>CBD WORKER ..... 17</p> <p><b>RELIGIOUS/VOLUNTARY</b></p> <p>REFERAL/SPEC. HOSPITAL ..... 21</p> <p>DISTRICT HOSPITAL ..... 22</p> <p>GOVT. HEALTH CENTRE ..... 23</p> <p>DISPENSARY ..... 24</p> <p><b>PRIVATE</b></p> <p>HOSPITAL ..... 31</p> <p>HEALTH CENTRE ..... 32</p> <p>DISPENSARY ..... 33</p> <p><b>OTHER</b></p> <p>PRIVATE PHARMACY ..... 41</p> <p>NGO ..... 42</p> <p>VCT CENTRE ..... 43</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	<p>→ 929</p>
927	<p>Do you know of a place where people can go to get tested for the AIDS virus?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 929</p>
928	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><b>GOV.PARASTATAL</b></p> <p>REFERAL/SPEC.</p> <p>HOSPITAL ..... A</p> <p>REGIONAL HOSP. .... B</p> <p>DISTRICT HOSP. .... C</p> <p>HEALTH CENT. .... D</p> <p>DISPENSARY ..... E</p> <p>VILLAGE HEALTH POST ..... F</p> <p>VILLAGE HEALTH WORKER ..... G</p> <p><b>RELIGIOUS/VOLUNTARY</b></p> <p>REFERRAL/SPEC.</p> <p>HOSPITAL ..... H</p> <p>DISTRICT HOSP. .... I</p> <p>HEALTH CENT. .... J</p> <p>DISPENSARY ..... K</p> <p><b>PRIVATE</b></p> <p>SPECIALISED</p> <p>HOSPITAL ..... L</p> <p>HEALTH CENT. .... M</p> <p>DISPENSARY ..... N</p> <p><b>OTHER</b></p> <p>PRIVATE PHARMACY ..... O</p> <p>NGO ..... P</p> <p>VCT CENTRE ..... Q</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	
929	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
930	<p>If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET ..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	
931	<p>If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
932	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	
942	CHECK 901:  HEARD ABOUT AIDS <input type="checkbox"/> ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?  NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ Have you heard about infections that can be transmitted through sexual contact?	YES ..... 1 NO ..... 2	
943	CHECK 618: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> ↓ HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 951
944	CHECK 942: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?  YES <input type="checkbox"/> ↓ NO <input type="checkbox"/>		→ 946
945	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
946	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
947	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
948	CHECK 945, 946, AND 947: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 951
949	The last time you had (PROBLEM FROM 945/946/947), did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2	→ 951
950	Where did you go?  Any other place?  PROBE TO IDENTIFY THE TYPE OF SOURCE IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	<b>GOV. PARASTATAL</b> REFERRAL/SPEC. HOSPITAL ..... A REGIONAL HOSP. .... B DISTRICT HOSP. .... C HEALTH CENT. .... D DISPENSARY ..... E VILLAGE HEALTH POST ..... F VILLAGE HEALTH WORKER ..... G  <b>RELIGIOUS/VOLUNTARY</b> REFERRAL/SPEC. HOSPITAL ..... H DISTRICT HOSP. .... I HEALTH CENT. .... J DISPENSARY ..... K  <b>PRIVATE</b> SPECIALISED HOSPITAL ..... L HEALTH CENT. .... M DISPENSARY ..... N  <b>OTHER</b> PRIVATE PHARMACY ..... O NGO ..... P VCT CENTRE ..... Q OTHER ..... X _____ (SPECIFY)	
951	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
952	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
955	CHECK 601: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 1001
956	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	
957	Could you ask your husband/partner to use a condom if you wanted him to?	YES ..... 1 NO ..... 2 DEPENDS/NOT SURE ..... 8	

**SECTION 10. DOMESTIC VIOLENCE MODULE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																		
1001	CHECK HH Q.200 AND COVER PAGE OF WOMAN'S QUESTIONNAIRE:  WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/> WOMAN NOT SELECTED <input type="checkbox"/>		1101																																																		
1002	CHECK FOR PRESENCE OF OTHERS:  DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED.  PRIVACY OBTAINED ..... 1      PRIVACY NOT POSSIBLE ..... 2		1035																																																		
<p align="center">READ TO THE RESPONDENT</p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Tanzania. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.</p>																																																					
1003	CHECK 601 AND 602:  CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/LIVED WITH A MAN (READ IN PAST TENSE) <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/>		1015																																																		
1004	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband/partner?  a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times? f) He (does/did) not trust you with any money?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>JEALOUS .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>ACCUSES .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>NOT MEET FRIENDS ...</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>NO FAMILY .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>WHERE YOU ARE ...</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>MONEY .....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	JEALOUS .....	1	2	8	ACCUSES .....	1	2	8	NOT MEET FRIENDS ...	1	2	8	NO FAMILY .....	1	2	8	WHERE YOU ARE ...	1	2	8	MONEY .....	1	2	8																							
	YES	NO	DK																																																		
JEALOUS .....	1	2	8																																																		
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NOT MEET FRIENDS ...	1	2	8																																																		
NO FAMILY .....	1	2	8																																																		
WHERE YOU ARE ...	1	2	8																																																		
MONEY .....	1	2	8																																																		
1005	Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband/partner. If we should come to any question that you do not want to answer, just let me know and we will go on to the next question.  A      (Does/did) your (last) husband/partner ever:  a) say or do something to humiliate you in front of others?  b) threaten to hurt or harm you or someone close to you?  c) insult you or make you feel bad about yourself?	B      How often did this happen during the last 12 months: often, only sometimes, or not at all?  <table border="0"> <tr> <td></td> <td></td> <td align="center">OFTEN</td> <td align="center">SOME-TIMES</td> <td align="center">NOT AT ALL</td> </tr> <tr> <td>YES</td> <td>1 →</td> <td></td> <td></td> <td></td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td></td> <td></td> <td></td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td></td> <td></td> <td></td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			OFTEN	SOME-TIMES	NOT AT ALL	YES	1 →				NO	2 ↓	1	2	3						YES	1 →				NO	2 ↓	1	2	3						YES	1 →				NO	2 ↓	1	2	3						
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NO	2 ↓	1	2	3																																																	



1006	<p>A (Does/did) your (last) husband/partner ever do any of the following things to you:</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th> <th></th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT AT ALL</th> </tr> </thead> <tbody> <tr> <td>a) push you, shake you, or throw something at you?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) slap you?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) twist your arm or pull your hair?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>d) punch you with his fist or with something that could hurt you?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>e) kick you, drag you or beat you up?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>f) try to choke you or burn you on purpose?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>g) threaten or attack you with a knife, gun, or any other weapon?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>h) physically force you to have sexual intercourse with him even when you did not want to?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>i) force you to perform any sexual acts you did not want to?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>			OFTEN	SOME-TIMES	NOT AT ALL	a) push you, shake you, or throw something at you?	YES 1 → NO 2 ↓	1	2	3	b) slap you?	YES 1 → NO 2 ↓	1	2	3	c) twist your arm or pull your hair?	YES 1 → NO 2 ↓	1	2	3	d) punch you with his fist or with something that could hurt you?	YES 1 → NO 2 ↓	1	2	3	e) kick you, drag you or beat you up?	YES 1 → NO 2 ↓	1	2	3	f) try to choke you or burn you on purpose?	YES 1 → NO 2 ↓	1	2	3	g) threaten or attack you with a knife, gun, or any other weapon?	YES 1 → NO 2 ↓	1	2	3	h) physically force you to have sexual intercourse with him even when you did not want to?	YES 1 → NO 2 ↓	1	2	3	i) force you to perform any sexual acts you did not want to?	YES 1 → NO 2 ↓	1	2	3	
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1007	<p>CHECK1006 (a-i):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/></p>		→ 1010																																																		
1008	<p>How long after you first (got married to/started living with) your (last) husband/partner did (this/any of these things) first happen?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>NUMBER OF YEARS ..... <input type="text"/><input type="text"/></p> <p>BEFORE MARRIAGE/BEFORE LIVING TOGETHER ..... 95</p>																																																			
1009	<p>Did the following ever happen as a result of what your (last) husband/partner did to you:</p>	<table border="1"> <tbody> <tr> <td>a) You had cuts, bruises or aches?</td> <td>YES ..... 1 NO ..... 2</td> </tr> <tr> <td>b) You had eye injuries, sprains, dislocations, or burns?</td> <td>YES ..... 1 NO ..... 2</td> </tr> <tr> <td>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</td> <td>YES ..... 1 NO ..... 2</td> </tr> </tbody> </table>	a) You had cuts, bruises or aches?	YES ..... 1 NO ..... 2	b) You had eye injuries, sprains, dislocations, or burns?	YES ..... 1 NO ..... 2	c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES ..... 1 NO ..... 2																																													
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1010	<p>Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband/partner at times when he was not already beating or physically hurting you?</p>	<p>YES ..... 1 NO ..... 2</p>	→ 1013																																																		
1011	<p>CHECK 603:</p> <p>RESPONDENT IS NOT A WIDOW <input type="checkbox"/> RESPONDENT IS A WIDOW <input type="checkbox"/></p>		→ 1013																																																		
1012	<p>In the last 12 months, how often have you done this to your husband/partner: often, only sometimes, or not at all?</p>	<p>OFTEN ..... 1 SOMETIMES ..... 2 NOT AT ALL ..... 3</p>																																																			
1013	<p>(Does/Did) your husband/partner drink alcohol?</p>	<p>YES ..... 1 NO ..... 2</p>	→ 1015																																																		
1014	<p>How often (does/did) he get drunk: often, only sometimes, or never?</p>	<p>OFTEN ..... 1 SOMETIMES ..... 2 NEVER ..... 3</p>																																																			

1015	<p>CHECK 601 AND 602:</p> <p>EVER MARRIED/LIVED WITH A MAN</p> <p>From the time you were 15 years old has anyone other than your (current/last) husband/partner hit, slapped, kicked, or done anything else to hurt you physically?</p>	<p>NEVER MARRIED/ NEVER LIVED WITH A MAN</p> <p>From the time you were 15 years old has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>REFUSED TO ANSWER/ NO ANSWER..... 3</p>	→ 1018
1016	<p>Who has hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER/STEP-MOTHER ..... A</p> <p>FATHER/STEP-FATHER ..... B</p> <p>SISTER/BROTHER ..... C</p> <p>DAUGHTER/SON ..... D</p> <p>OTHER RELATIVE ..... E</p> <p>FORMER HUSBAND/ LIVE-IN PARTNER ..... F</p> <p>CURRENT BOYFRIEND ..... G</p> <p>FORMER BOYFRIEND ..... H</p> <p>MOTHER-IN-LAW ..... I</p> <p>FATHER-IN-LAW ..... J</p> <p>OTHER IN-LAW ..... K</p> <p>TEACHER ..... L</p> <p>EMPLOYER/SOMEONE AT WORK .. M</p> <p>POLICE/SOLDIER ..... N</p> <p>OTHER _____ X (SPECIFY)</p>		
1017	<p>In the last 12 months, how often have you been hit, slapped, kicked, or physically hurt by this/these person(s): often, only sometimes, or not at all?</p>		<p>OFTEN ..... 1</p> <p>SOMETIMES ..... 2</p> <p>NOT AT ALL ..... 3</p>	
1018	<p>CHECK 201, 226, AND 229:</p> <p>EVER BEEN PREGNANT (YES ON 201 OR 226 OR 229) <input type="checkbox"/></p> <p>NEVER BEEN PREGNANT <input type="checkbox"/></p>			→ 1021
1019	<p>Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?</p>		<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 1021
1020	<p>Who has done any of these things to physically hurt you while you were pregnant?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>CURRENT HUSBAND/ LIVE-IN PARTNER ..... A</p> <p>MOTHER/STEP-MOTHER ..... B</p> <p>FATHER/STEP-FATHER ..... C</p> <p>SISTER/BROTHER ..... D</p> <p>DAUGHTER/SON ..... E</p> <p>OTHER RELATIVE ..... F</p> <p>FORMER HUSBAND/ LIVE-IN PARTNER ..... G</p> <p>CURRENT BOYFRIEND ..... H</p> <p>FORMER BOYFRIEND ..... I</p> <p>MOTHER-IN-LAW ..... J</p> <p>FATHER-IN-LAW ..... K</p> <p>OTHER IN-LAW ..... L</p> <p>TEACHER ..... M</p> <p>EMPLOYER/SOMEONE AT WORK .. N</p> <p>POLICE/SOLDIER ..... O</p> <p>OTHER _____ X (SPECIFY)</p>		
1021	<p>CHECK 618: EVER HAD SEX?</p> <p>HAS EVER HAD SEX <input type="checkbox"/></p> <p>NEVER HAD SEX <input type="checkbox"/></p>			→ 1026
1022	<p>The first time you had sexual intercourse, would you say that you had it because you wanted to, or because you were forced to have it against your will?</p>		<p>WANTED TO ..... 1</p> <p>FORCED TO ..... 2</p> <p>REFUSED TO ANSWER/ NO RESPONSE ..... 3</p>	

1023	CHECK 601 AND 602: EVER MARRIED/LIVED WITH A MAN  In the last 12 months, has anyone other than your (current/last) husband/partner forced you to have sexual intercourse against your will?	NEVER MARRIED/ NEVER LIVED WITH A MAN  In the last 12 months has anyone forced you to have sexual intercourse against your will?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	
1024	CHECK 1022 AND 1023:  1022 = '1' OR '3' <input type="checkbox"/> AND 1023 = '2' OR '3' ↓	OTHER <input type="checkbox"/>		→ 1027
1025	CHECK 1006(h) and 1006(i):  1006(h) IS NOT '1' <input type="checkbox"/> AND 1006(i) IS NOT '1' ↓	OTHER <input type="checkbox"/>		→ 1029
1026	At any time in your life, as a child or as an adult, has anyone ever <u>forced you in any way</u> to have sexual intercourse or perform any other sexual acts?		YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	→ 1029
1027	How old were you the first first time you were forced to have sexual intercourse or perform any other sexual acts?		AGE IN COMPLETED YEARS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
1028	Who was the person who was forcing you at that time?		CURRENT HUSBAND/ LIVE-IN PARTNER ..... 01 FORMER HUSBAND/ LIVE-IN PARTNER ..... 02 CURRENT/FORMER BOYFRIEND .. 03 FATHER ..... 04 STEP-FATHER ..... 05 OTHER RELATIVE ..... 06 IN-LAW ..... 07 OWN FRIEND/ACQUAINTANCE .. 08 FAMILY FRIEND ..... 09 TEACHER ..... 10 EMPLOYER/SOMEONE AT WORK . 11 POLICE/SOLDIER ..... 12 PRIEST/RELIGIOUS LEADER ..... 13 STRANGER ..... 14  OTHER _____ 96 (SPECIFY)	
1029	CHECK 1006A (a-i), 1015, 1019, 1023 AND 1026: AT LEAST ONE 'YES' <input type="checkbox"/> OR 1022=2 ↓	NOT A SINGLE 'YES' <input type="checkbox"/> AND 1022 IS NOT EQUAL TO 2		→ 1033
1030	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help to stop (the/these) person(s) from doing this to you again?		YES ..... 1 NO ..... 2	→ 1032
1031	From whom have you sought help?  Anyone else?  RECORD ALL MENTIONED.		OWN FAMILY ..... A HUSBAND/LIVE-IN PARTNER'S FAMILY ..... B CURRENT/LAST/LATE HUSBAND/LIVE-IN PARTNER .. C CURRENT/FORMER BOYFRIEND .. D FRIEND ..... E NEIGHBOR ..... F RELIGIOUS/LOCAL LEADER ..... G DOCTOR/MEDICAL PERSONNEL .. H POLICE ..... I LAWYER ..... J SOCIAL SERVICE ORGANIZATION . K  OTHER _____ X (SPECIFY)	→ 1033

1032	Have you ever told any one else about this?	YES .....	1
		NO .....	2
1033	As far as you know, did your father ever beat your mother?	YES .....	1
		NO .....	2
		DON'T KNOW .....	8

THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.

1034	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?		YES	YES, MORE	
			ONCE	THAN ONCE	NO
		HUSBAND .....	1	2	3
		OTHER MALE ADULT ....	1	2	3
		FEMALE ADULT .....	1	2	3

1035	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE
	_____
	_____
	_____

**SECTION 11. MATERNAL MORTALITY**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1101	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died.  How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER ..... <input type="text"/> <input type="text"/>						
1102	CHECK 1101:  TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>							→ 1201
1103	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS ..... <input type="text"/> <input type="text"/>						
1104	What was the name given to your oldest (next oldest) brother or sister?	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____	
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1106	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (2)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (3)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (4)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (5)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (6)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (7)	
1107	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (2)	<input type="text"/> <input type="text"/> GO TO (3)	<input type="text"/> <input type="text"/> GO TO (4)	<input type="text"/> <input type="text"/> GO TO (5)	<input type="text"/> <input type="text"/> GO TO (6)	<input type="text"/> <input type="text"/> GO TO (7)	
1108	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
1109	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)	
1110	Was (NAME) pregnant when she died?	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	
1111	Did (NAME) die during childbirth?	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
1113	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
IF NO MORE BROTHERS OR SISTERS, GO TO 1114.								

1104	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1106	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (8)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (9)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (10)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (11)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (12)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (13)
1107	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (8)	<input type="text"/> <input type="text"/> GO TO (9)	<input type="text"/> <input type="text"/> GO TO (10)	<input type="text"/> <input type="text"/> GO TO (11)	<input type="text"/> <input type="text"/> GO TO (12)	<input type="text"/> <input type="text"/> GO TO (13)
1108	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1109	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
1110	Was (NAME) pregnant when she died?	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2
1111	Did (NAME) die during childbirth?	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2
1113	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
IF NO MORE BROTHERS OR SISTERS, GO TO 1114.							
1114	CHECK Q1110, 1111 AND 1112 FOR ALL SISTERS						
	<input type="checkbox"/> ANY YES                      ALL NO OR BLANK <input type="checkbox"/>						1201
	Just to make sure I have this right, you told me that your sister(s) _____ (NAME) died when she was (pregnant/delivering/just delivered). Is that correct? IF CORRECT, CONTINUE TO 1201. IF NOT, CORRECT QUESTIONNAIRE AND CONTINUE TO 1201.						

SECTION 12. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
1201	<p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS . <input type="text"/> <input type="text"/></p> <p>NONE ..... 00</p>	→ 1203																				
1202	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE ..... 00</p>	→ 1203																				
1202A	<p>The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																					
1203	<p>Do you currently smoke cigarettes?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 1205																				
1204	<p>In the last 24 hours, how many cigarettes did you smoke?</p>	<p>CIGARETTES ..... <input type="text"/> <input type="text"/></p>																					
1205	<p>Do you currently smoke or use any other type of tobacco?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 1207																				
1206	<p>What (other) type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED.</p>	<p>PIPE ..... A</p> <p>CHEWING TOBACCO ..... B</p> <p>SNUFF ..... C</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>																					
1207	<p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?</p> <p>Getting permission to go?</p> <p>Getting money needed for advice treatment?</p> <p>The distance to the health facility?</p> <p>Not wanting to go alone?</p>	<table border="0"> <tr> <td></td> <td align="center">BIG PROB- LEM</td> <td align="center">NOT A BIG PROB- LEM</td> <td align="center">NOT A PROB- LEM AT ALL</td> </tr> <tr> <td>PERMISSION TO GO</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>GETTING MONEY</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>DISTANCE</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>GO ALONE</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> </table>		BIG PROB- LEM	NOT A BIG PROB- LEM	NOT A PROB- LEM AT ALL	PERMISSION TO GO	1	2	3	GETTING MONEY	1	2	3	DISTANCE	1	2	3	GO ALONE	1	2	3	
	BIG PROB- LEM	NOT A BIG PROB- LEM	NOT A PROB- LEM AT ALL																				
PERMISSION TO GO	1	2	3																				
GETTING MONEY	1	2	3																				
DISTANCE	1	2	3																				
GO ALONE	1	2	3																				
1208	<p>Are you covered by any health insurance?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 1210																				
1209	<p>What type of health insurance?</p> <p>RECORD ALL MENTIONED.</p>	<p>MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE ..... A</p> <p>HEALTH INSURANCE THROUGH EMPLOYER ..... B</p> <p>SOCIAL SECURITY ..... C</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE. D</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1210	Have you ever heard of female circumcision?	YES ..... 1 NO ..... 2	→ 1213
1211	In a number of countries, there is a practice in which a girl may have part of her genitals cut. Have you heard about this practice?	YES ..... 1 NO ..... 2	→ 1301
1213	Have you been circumcised?	YES ..... 1 NO ..... 2	→ 1221
1214	Now I would like to ask you what was done to you at this time. Was any flesh removed from the genital area?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 1218
1217	Was the genital area just nicked without removing any flesh?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1218	Was your genital area sewn?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1219	How old were you when this occurred?  IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DURING INFANCY ..... 95 DON'T KNOW ..... 98	
1220	Who cut (or nicked) the genitals?	<b>TRADITIONAL</b> TRAD. "CIRCUMCISER" ..... 11 TRAD. BIRTH ATTENDANT ..... 12 OTHER TRAD. _____ 16 (SPECIFY) <b>HEALTH PROFESSIONAL</b> DOCTOR ..... 21 TRAINED NURSE/MIDWIFE ..... 22 OTHER PROF. _____ 26 (SPECIFY) DON'T KNOW ..... 98	
1221	CHECK 213 AND 216:  HAS AT LEAST ONE LIVING DAUGHTER <input type="checkbox"/> HAS NO LIVING DAUGHTER <input type="checkbox"/>		→ 1230
1222	Has one of your daughters been circumcised?  IF YES: How many?	NUMBER CIRCUMCISED ... <input type="text"/> <input type="text"/> NO DAUGHTER CIRCUMCISED ..... 95	→ 1229
1223	To which of your daughters did this happen most recently?  _____ (DAUGHTER'S NAME)  INTERVIEWER: CHECK 212 AND RECORD THE BIRTH HISTORY NUMBER FOR THE DAUGHTER.	DAUGHTER'S BIRTH HISTORY NUMBER FROM Q212 ..... <input type="text"/> <input type="text"/>	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1224	Now I would like to ask you what was done to (NAME OF THE DAUGHTER FROM (Q1223) at this time. Was any flesh removed from her genital area?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 1226
1225	Was her genital area just nicked without removing any flesh?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1226	Was her genital area sewn?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1227	How old was (NAME OF DAUGHTER FROM Q1223) when this occurred?  IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DURING INFANCY ..... 95 DON'T KNOW ..... 98	
1228	Who cut (or nicked) the genitals?	<b>TRADITIONAL</b> TRAD. "CIRCUMCISER" ..... 11 TRAD. BIRTH ATTENDANT ..... 12 OTHER TRAD. _____ 16 (SPECIFY) <b>HEALTH PROFESSIONAL</b> DOCTOR ..... 21 TRAINED NURSE/MIDWIFE ..... 22 OTHER PROF. _____ 26 (SPECIFY) DON'T KNOW ..... 98	→ 1230
1229	Do you intend to have any of your daughters circumcised in the future?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1230	Do you think that this practice should be continued, or should it be discontinued?	CONTINUED ..... 1 DISCONTINUED ..... 2 DEPENDS ..... 3 DON'T KNOW ..... 8	

13.FISTULA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1301	<p>Sometimes a woman can have a problem such that she experiences a constant leakage of urine or stool from her vagina during the day and night. This problem usually occurs after a difficult childbirth, but may also occur after a sexual assault or after a pelvic surgery.</p> <p>Have you ever experienced a constant leakage of urine or stool from your vagina during the day and night?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 1303
1302	<p>Have you ever heard of this kind of problem, such that a woman experiences a constant leakage of urine or stool from her vagina during the day and night?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 1310
1303	<p>Did this problem occur:</p> <p>After a delivery?</p> <p>After a sexual assault?</p> <p>After pelvic surgery?</p> <p>After some other event?</p>	<p>DELIVERY</p> <p>YES ..... 1</p> <p>NO ..... 2</p> <p>SEXUAL ASSAULT</p> <p>YES ..... 1</p> <p>NO ..... 2</p> <p>PELVIC SURGERY</p> <p>YES ..... 1</p> <p>NO ..... 2</p> <p>OTHER ..... 6</p> <p>(SPECIFY)</p>	<p>→ 1303A</p> <p>→ 1305</p> <p>→ 1305</p> <p>→ 1305</p>
1303A	<p>Did this problem occur after a normal labor and delivery, or after a very difficult labor and delivery?</p>	<p>NORMAL LABOR/DELIVERY ... 1</p> <p>VERY DIFFICULT DELIVERY ... 2</p>	
1303B	<p>Was this baby born alive?</p>	<p>YES, BABY BORN ALIVE ..... 1</p> <p>NO, BABY NOT BORN ALIVE ..... 2</p>	
1304	<p>After which delivery did this occur?</p>	<p>DELIVERY NUMBER: <input type="text"/> <input type="text"/></p>	
1305	<p>How many days after (ANSWER TO Q. 1303) did the leakage start?</p>	<p>NUMBER OF DAYS AFTER PRECIPITATING EVENT <input type="text"/> <input type="text"/></p> <p>(ENTER 95 IF MORE THAN 95 DAYS)</p>	
1306	<p>Have you sought treatment for this condition?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 1308
1307	<p>Why have you not sought treatment?</p>	<p>DID NOT KNOW COULD BE FIXED 1</p> <p>DO NOT KNOW WHERE TO GO . 2</p> <p>TOO EXPENSIVE ..... 3</p> <p>TOO FAR ..... 4</p> <p>POOR QUALITY OF CARE ..... 5</p> <p>COULD NOT GET PERMISSION . 6</p> <p>EMBARRASSMENT ..... 7</p> <p>OTHER ..... 8</p> <p>(SPECIFY)</p>	→ 1310
1308	<p>From whom did you last seek treatment?</p>	<p><b>HEALTH PROFESSIONAL</b></p> <p>DOCTOR/CLINICAL OFFICER . 1</p> <p>NURSE/MIDWIFE ..... 2</p> <p>PATIENT ATTENDANT ..... 3</p> <p><b>OTHER PERSON</b></p> <p>UNTRAINED VILLAGE DOCTOR 4</p> <p>OTHER ..... 5</p> <p>(SPECIFY)</p>	
1309	<p>Did the treatment stop the problem?</p>	<p>YES, NO MORE LEAKAGE AT ALL 1</p> <p>YES, BUT STILL SOME LEAKAGE 2</p> <p>NO, STILL HAVE PROBLEM .... 3</p>	
1310	<p>RECORD THE TIME.</p>	<p>HOUR ..... <input type="text"/> <input type="text"/></p> <p>MINUTES ..... <input type="text"/> <input type="text"/></p> <p>MORNING ..... 1</p> <p>AFTERNOON ..... 2</p> <p>EVENING, NIGHT ..... 3</p>	

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: \_\_\_\_\_

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

INFORMATION TO BE CODED FOR EACH COLUMN

BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS
  
- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER \_\_\_\_\_

(SPECIFY)

12	DEC	01		
11	NOV	02		
10	OCT	03		
09	SEP	04		
2	08	AUG	05	2
0	07	JUL	06	0
1	06	JUN	07	1
0	05	MAY	08	0
	04	APR	09	
	03	MAR	10	
	02	FEB	11	
	01	JAN	12	

12	DEC	13		
11	NOV	14		
10	OCT	15		
09	SEP	16		
2	08	AUG	17	2
0	07	JUL	18	0
0	06	JUN	19	0
9	05	MAY	20	9
	04	APR	21	
	03	MAR	22	
	02	FEB	23	
	01	JAN	24	

12	DEC	25		
11	NOV	26		
10	OCT	27		
09	SEP	28		
2	08	AUG	29	2
0	07	JUL	30	0
0	06	JUN	31	0
8	05	MAY	32	8
	04	APR	33	
	03	MAR	34	
	02	FEB	35	
	01	JAN	36	

12	DEC	37		
11	NOV	38		
10	OCT	39		
09	SEP	40		
2	08	AUG	41	2
0	07	JUL	42	0
0	06	JUN	43	0
7	05	MAY	44	7
	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	2
0	07	JUL	54	0
0	06	JUN	55	0
6	05	MAY	56	6
	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	2
0	07	JUL	66	0
0	06	JUN	67	0
5	05	MAY	68	5
	04	APR	69	
	03	MAR	70	
	02	FEB	71	
	01	JAN	72	