

UGANDA BUREAU OF STATISTICS  
 UGANDA DEMOGRAPHIC AND HEALTH SURVEY  
 WOMAN'S QUESTIONNAIRE - ENGLISH

IDENTIFICATION				
REGION _____ DISTRICT _____ COUNTY _____ SUBCOUNTY/TOWN _____ PARISH/LC2 NAME _____ EA NAME _____ UDHS NUMBER ..... NAME OF HOUSEHOLD HEAD _____ HOUSEHOLD NUMBER ..... NAME AND LINE NUMBER OF WOMAN _____ WOMAN SELECTED FOR DOMESTIC VIOLENCE MODULE (YES=1; NO=2) .....				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR INT. NUMBER RESULT
INTERVIEWER'S NAME	_____	_____	_____	
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)				
LANGUAGE OF THE QUESTIONNAIRE .....  7 LANGUAGE USED IN THE INTERVIEW ..... NATIVE LANGUAGE OF RESPONDENT ..... TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3) .....				
LANGUAGE USED: 1 ATESO-KARAMOJONG      4 LUO      7 ENGLISH 2 LUGANDA                                      5 RUNYANKOLE-RUKIGA      8 OTHER 3 LUGBARA                                      6 RUNYORO-RUTORO				
SUPERVISOR NAME _____ DATE _____	FIELD EDITOR NAME _____ DATE _____	OFFICE EDITOR 	KEYED BY 	

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

<p><b>INFORMED CONSENT</b></p> <p>Hello. My name is _____ and I am working with UGANDA BUREAU OF STATISTICS. We are conducting a national survey that asks women and men about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes between 60 and 90 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.</p> <p>At this time, do you want to ask me anything about the survey? May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED ..... 1      RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END</p>	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR ..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ..... <input type="text"/> <input type="text"/> ALWAYS ..... 95 VISITOR ..... 96	→ 104
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY ..... 1 TOWN ..... 2 COUNTRYSIDE ..... 3	
104	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS ..... <input type="text"/> <input type="text"/> NONE ..... 00	→ 106
105	In the last 12 months, have you been away from your home community for more than one month at a time?	YES ..... 1 NO ..... 2	
106	In what month and year were you born?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
108	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 112
109	What is the highest level of school you attended: primary, 'O' level, 'A' level, or university or tertiary?	PRIMARY ..... 1 'O' LEVEL ..... 2 'A' LEVEL ..... 3 TERTIARY ..... 4 UNIVERSITY ..... 5	
110	What is the highest (class/year) you completed at that level?	CLASS/YEAR ..... <input type="text"/> <input type="text"/>	



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> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES ..... 1 NO ..... 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE . . . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES ..... 1 NO ..... 2	→ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> → 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)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died?  IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (NEXT BIRTH)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
06	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
07	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221	
What name was given to your next baby?  (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died?  IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?	
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↘ BIRTH	
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↘ BIRTH	
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↘ BIRTH	
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↘ BIRTH	
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↘ BIRTH	
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					YES ... 1 NO ... 2	1 2			
223	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED (Q215). <input type="checkbox"/></p> <p>FOR EACH BIRTH SINCE JANUARY 2001: MONTH AND YEAR OF BIRTH ARE RECORDED. <input type="checkbox"/></p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED (Q217). <input type="checkbox"/></p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED (Q220). <input type="checkbox"/></p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS (Q220). <input type="checkbox"/></p>									
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2001 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 2001, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)		
226	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE ..... 8	→ 229
227	How many months pregnant are you?  RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS ..... <input type="text"/>	
228	At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN ..... 1 LATER ..... 2 NOT AT ALL ..... 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES ..... 1 NO ..... 2	→ 237
230	When did the last such pregnancy end?	MONTH ..... <input type="text"/> YEAR ..... <input type="text"/>	
231	CHECK 230:  LAST PREGNANCY ENDED IN <input type="checkbox"/> JAN. 2001 OR LATER LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JAN. 2001		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"/>	
233	Since January 2001, 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 2001.  ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any miscarriages, abortions or stillbirths that ended before 2001.	YES ..... 1 NO ..... 2	→ 237
236	When did the last such pregnancy that terminated before 2001 end?	MONTH ..... <input type="text"/> YEAR ..... <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="1112 220 1190 273"><tr><td></td><td></td></tr></table> WEEKS AGO ..... 2 <table border="1" data-bbox="1112 273 1190 325"><tr><td></td><td></td></tr></table> MONTHS AGO ..... 3 <table border="1" data-bbox="1112 325 1190 378"><tr><td></td><td></td></tr></table> YEARS AGO ..... 4 <table border="1" data-bbox="1112 378 1190 430"><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	<table border="1" data-bbox="1208 598 1242 640"><tr><td>→ 301</td></tr></table>	→ 301							
→ 301											
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS ..... 1 DURING HER PERIOD ..... 2 RIGHT AFTER HER PERIOD HAS ENDED ..... 3 HALFWAY BETWEEN TWO PERIODS ..... 4 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8									



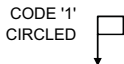
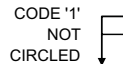
**SECTION 3. CONTRACEPTION**

301	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</p>	302 Have you ever used (METHOD)?	
01	<p>FEMALE STERILIZATION Women can have an operation to avoid having any more children.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>Have you ever had an operation to avoid having any more children? YES ..... 1 NO ..... 2</p>
02	<p>MALE STERILIZATION Men can have an operation to avoid having any more children.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>Have you ever had a partner who had an operation to avoid having any more children? YES ..... 1 NO ..... 2</p>
03	<p>PILL Women can take a pill every day to avoid becoming pregnant.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
04	<p>IUD Women can have a loop or coil placed inside them by a doctor or a nurse.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
05	<p>INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
06	<p>IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
07	<p>CONDOM Men can put a rubber sheath on their penis before sexual intercourse.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
08	<p>FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p style="background-color: #cccccc; text-align: center;">[REDACTED]</p>
09	<p>LACTATIONAL AMENORRHEA METHOD (LAM)</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
10	<p>RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
11	<p>WITHDRAWAL Men can be careful and pull out before climax.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
12	<p>EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.</p>	<p>YES ..... 1 NO ..... 2 ↘</p>	<p>YES ..... 1 NO ..... 2</p>
13	<p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p>YES ..... 1 _____ (SPECIFY) _____ (SPECIFY) NO ..... 2</p>	<p>YES ..... 1 NO ..... 2  YES ..... 1 NO ..... 2</p>
303	<p>CHECK 302:</p> <p>NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/></p>		<p>→ 307</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 306
305	ENTER '0' IN THE CALENDAR IN EACH BLANK MONTH. → 333		
306	What have you used or done?  CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant.  How many living children did you have at that time, if any?  IF NONE, RECORD '00'.	NUMBER OF CHILDREN ..... <input type="text"/> <input type="text"/>	
308	CHECK 302 (01):  WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 311A
309	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 322
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 322
311	Which method are you using?  CIRCLE ALL MENTIONED.  IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.	FEMALE STERILIZATION ..... A MALE STERILIZATION ..... B PILL ..... C IUD ..... D INJECTABLES ..... E IMPLANTS ..... F CONDOM ..... G FEMALE CONDOM ..... H DIAPHRAGM ..... I FOAM/JELLY ..... J LACTATIONAL AMEN. METHOD ..... K RHYTHM METHOD ..... L WITHDRAWAL ..... M  OTHER _____ X (SPECIFY)	→ 316 → 315 → 315 → 319A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.		
312	RECORD IF CODE C FOR PILL IS CIRCLED IN 311.  YES (USING PILL) <input type="checkbox"/> NO (USING CONDOM BUT NOT PILL) <input type="checkbox"/> ↓      ↓ May I see the package of pills you are using?      May I see the package of condoms you are using?  RECORD NAME OF BRAND IF PACKAGE SEEN.	PACKAGE SEEN ..... 1  BRAND NAME _____ (SPECIFY) <input type="text"/> <input type="text"/>  PACKAGE NOT SEEN ..... 2	→ 314
313	Do you know the brand name of the (pills/condoms) you are using? RECORD NAME OF BRAND.	BRAND NAME _____ (SPECIFY) <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	
314	How many (pill cycles/condoms) did you get the last time?	NUMBER OF PILL CYCLES/CONDOMS ..... <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW ..... 998	
315	The last time you obtained (HIGHEST METHOD ON LIST IN 311), how much did you pay in total, including the cost of the method and any consultation you may have had?	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  FREE ..... 999995 DON'T KNOW ..... 999998	→ 319A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	<p>In what facility did the sterilization take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</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>_____ (NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL ..... 11</p> <p>GOVT. HEALTH CENTER ..... 12</p> <p>FAMILY PLANNING CLINIC..... 13</p> <p>OTHER PUBLIC _____ 16 (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ... 21</p> <p>PRIVATE DOCTOR'S OFFICE... 23</p> <p>OTHER PRIVATE MEDICAL _____ 26 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	
316A	<p>Who accompanied you?</p> <p>RECORD ALL MENTIONED</p>	<p>HUSBAND/SPOUSE ..... A</p> <p>BOYFRIEND ..... B</p> <p>SISTER/RELATIVE/FRIEND ..... C</p> <p>NO ONE ..... D</p> <p>OTHER _____ X (SPECIFY)</p>	
317	<p>CHECK 311/311A:</p> <p>CODE 'A' CIRCLED <input type="checkbox"/>      CODE 'B' CIRCLED <input type="checkbox"/></p> <p>Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?</p> <p>Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
318	<p>How much did you (your husband/partner) pay in total for the sterilization, including any consultation you (he) may have had?</p>	<p>COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>FREE ..... 999995 → 319</p> <p>DON'T KNOW ..... 999998</p>	
318A	<p>Who paid the cost?</p> <p>RECORD ALL MENTIONED</p>	<p>HUSBAND/SPOUSE ..... A</p> <p>BOYFRIEND ..... B</p> <p>SISTER/RELATIVE/FRIEND ..... C</p> <p>RESPONDENT ..... D</p> <p>NO ONE ..... E</p> <p>OTHER ..... X</p>	
319	<p>In what month and year was the sterilization performed?</p>	<p>MONTH ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	→ 320
319A	<p>Since what month and year have you been using (CURRENT METHOD) without stopping?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p>	<p>MONTH ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
320	<p>CHECK 319/319A, 215 AND 230:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>GO BACK TO 319/319A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
321	<p>CHECK 319/319A:</p> <p>YEAR IS 2001 OR LATER <input type="checkbox"/></p> <p>↓</p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>↓</p>	<p>YEAR IS 2000 OR EARLIER <input type="checkbox"/></p> <p>↓</p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2001.</p> <p>THEN SKIP TO → 331</p>	
322	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2001. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> <li>* When was the last time you used a method? Which method was that?</li> <li>* When did you start using that method? How long after the birth of (NAME)?</li> <li>* How long did you use the method then?</li> </ul>		
323	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>NO CODE CIRCLED ..... 00</p> <p>FEMALE STERILIZATION ..... 01</p> <p>MALE STERILIZATION ..... 02</p> <p>PILL ..... 03</p> <p>IUD ..... 04</p> <p>INJECTABLES ..... 05</p> <p>IMPLANTS ..... 06</p> <p>CONDOM ..... 07</p> <p>FEMALE CONDOM ..... 08</p> <p>DIAPHRAGM ..... 09</p> <p>FOAM/JELLY ..... 10</p> <p>LACTATIONAL AMEN. METHOC... 11</p> <p>RHYTHM METHOD ..... 12</p> <p>WITHDRAWAL ..... 13</p> <p>OTHER METHOD ..... 96</p>	<p>→ 333</p> <p>→ 326</p> <p>→ 335</p> <p>→ 324A</p> <p>→ 324A</p> <p>→ 335</p> <p>→ 335</p>
324	<p>Where did you obtain (CURRENT METHOD) when you started using it?</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL ..... 11</p> <p>GOVT. HEALTH CENTER ..... 12</p> <p>FAMILY PLANNING CLINIC..... 13</p> <p>OUTREACH ..... 14</p> <p>GOVT COMMUNITY BASED DISTRIBUTOR ..... 15</p> <p>OTHER PUBLIC ..... 16</p> <p>(SPECIFY)</p>	
324A	<p>Where did you learn to use the lactational amenorrhea/rhythm 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>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ... 21</p> <p>PHARMACY/DRUG SHOP ..... 22</p> <p>PRIVATE DOCTOR/NURSE/MIDWIFE ..... 23</p> <p>OUTREACH ..... 24</p> <p>NGO COMMUNITY BASED DISTRIBUTOR ..... 25</p> <p>OTHER PRIVATE MEDICAL ..... 26</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... 31</p> <p>RELIGIOUS INSTITUTION ..... 32</p> <p>FRIEND/RELATIVE ..... 33</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	CHECK 311/311A:  CIRCLE METHOD CODE:  IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	PILL ..... 03 IUD ..... 04 INJECTABLES ..... 05 IMPLANTS ..... 06 CONDOM ..... 07 FEMALE CONDOM ..... 08 DIAPHRAGM ..... 09 FOAM/JELLY ..... 10 LACTATIONAL AMEN. METHOE... 11 RHYTHM METHOD ..... 12	   → 332 → 329 → 329 → 329 → 329 → 329
326	You obtained (CURRENT METHOD FROM 323) from (SOURCE OF METHOD FROM 316 OR 324) in (DATE FROM 319/319A). At that time, were you told about side effects or problems you might have with the method?	YES ..... 1 NO ..... 2	→ 328
327	At any other time were you <u>ever</u> told by a <u>health or family</u> planning worker about side effects or problems you might have with the method?	YES ..... 1 NO ..... 2	→ 329
328	Were you told what to do if you experienced side effects or problems?	YES ..... 1 NO ..... 2	
329	CHECK 326:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>CODE '1' CIRCLED</p>  </div> <div style="text-align: center;"> <p>CODE '1' NOT CIRCLED</p>  </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="width: 45%;"> <p>At that time, were you told about other methods of family planning that you could use?</p> </div> <div style="width: 45%;"> <p>When you obtained (CURRENT METHOD from 323) FROM SOURCE OF METHOD FROM 316 OR 324) were you told about other methods of family planning that you could use?</p> </div> </div>	           YES ..... 1 NO ..... 2	           → 331
330	Were you <u>ever</u> told by a health or <u>family planning worker</u> about other methods of family planning that you could use?	YES ..... 1 NO ..... 2	
331	CHECK 311/311A:  CIRCLE METHOD CODE:  IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 PILL ..... 03 IUD ..... 04 INJECTABLES ..... 05 IMPLANTS ..... 06 CONDOM ..... 07 FEMALE CONDOM ..... 08 DIAPHRAGM ..... 09 FOAM/JELLY ..... 10 LACTATIONAL AMEN. METHOE... 11 RHYTHM METHOD ..... 12 WITHDRAWAL ..... 13 OTHER METHOD ..... 96	  → 335           → 335

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
332	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL ..... 11</p> <p>GOVT. HEALTH CENTER ..... 12</p> <p>FAMILY PLANNING CLINIC ..... 13</p> <p>OUTREACH ..... 14</p> <p>GOVT COMMUNITY BASED DISTRIBUTOR ..... 15</p> <p>OTHER PUBLIC ..... 16</p> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC .... 21</p> <p>PHARMACY/DRUG SHOP ..... 22</p> <p>PRIVATE DOCTOR/NURSE/ MIDWIFE ..... 23</p> <p>OUTREACH ..... 24</p> <p>NGO COMMUNITY BASED DISTRIBUTOR ..... 25</p> <p>OTHER PRIVATE MEDICAL ..... 26</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... 31</p> <p>RELIGIOUS INSTITUTION ..... 32</p> <p>FRIEND/RELATIVE ..... 33</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	<p>→ 335</p>
333	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 335</p>
334	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVT. HOSPITAL ..... A</p> <p>GOVT. HEALTH CENTER ..... B</p> <p>FAMILY PLANNING CLINIC ..... C</p> <p>OUTREACH ..... D</p> <p>GOVT COMMUNITY BASED DISTRIBUTOR ..... E</p> <p>OTHER PUBLIC ..... F</p> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... G</p> <p>PHARMACY/DRUG SHOP ..... H</p> <p>PRIVATE DOCTOR/NURSE/ MIDWIFE ..... I</p> <p>OUTREACH ..... J</p> <p>NGO COMMUNITY BASED DISTRIBUTOR ..... K</p> <p>OTHER PRIVATE MEDICAL ..... L</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... M</p> <p>RELIGIOUS INSTITUTION ..... N</p> <p>FRIEND/RELATIVE ..... O</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	
335	<p>In the last 12 months, were you visited by a health worker who talked to you about family planning?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
336	<p>In the last 12 months, have you or your children visited a health facility for care other than family planning?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 401</p>
337	<p>Did any health worker 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 2001 OR LATER <input type="checkbox"/> NO BIRTHS IN 2001 OR LATER <input type="checkbox"/> → 576								
402	CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2001 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).  Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)								
403	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">LINE NUMBER FROM 212</th> <th style="width:33%;">LAST BIRTH</th> <th style="width:33%;">NEXT-TO-LAST BIRTH</th> <th style="width:33%;">SECOND-FROM-LAST BIRTH</th> </tr> </thead> <tbody> <tr> <td></td> <td>LINE NO. <input type="text"/> <input type="text"/></td> <td>LINE NO. <input type="text"/> <input type="text"/></td> <td>LINE NO. <input type="text"/> <input type="text"/></td> </tr> </tbody> </table>	LINE NUMBER FROM 212	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH		LINE NO. <input type="text"/> <input type="text"/>	LINE NO. <input type="text"/> <input type="text"/>	LINE NO. <input type="text"/> <input type="text"/>
LINE NUMBER FROM 212	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH						
	LINE NO. <input type="text"/> <input type="text"/>	LINE NO. <input type="text"/> <input type="text"/>	LINE NO. <input type="text"/> <input type="text"/>						
404	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">FROM 212 AND 216</th> <th style="width:33%;">LAST BIRTH</th> <th style="width:33%;">NEXT-TO-LAST BIRTH</th> <th style="width:33%;">SECOND-FROM-LAST BIRTH</th> </tr> </thead> <tbody> <tr> <td></td> <td>NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></td> <td>NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></td> <td>NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></td> </tr> </tbody> </table>	FROM 212 AND 216	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH		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"/>
FROM 212 AND 216	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH						
	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	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="width:33%; vertical-align: top;">                             At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u>, did you want to wait until <u>later</u>, or did you <u>not want</u> to have any (more) children at all?                         </td> <td style="width:33%; vertical-align: top;">                             THEN ..... 1 (SKIP TO 407) ← LATER ..... 2                               NOT AT ALL ..... 3 (SKIP TO 407) ←                         </td> <td style="width:33%; vertical-align: top;">                             THEN ..... 1 (SKIP TO 432) ← LATER ..... 2                               NOT AT ALL ..... 3 (SKIP TO 432) ←                         </td> <td style="width:33%; vertical-align: top;">                             THEN ..... 1 (SKIP TO 432) ← LATER ..... 2                               NOT AT ALL ..... 3 (SKIP TO 432) ←                         </td> </tr> </tbody> </table>	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN ..... 1 (SKIP TO 407) ← LATER ..... 2  NOT AT ALL ..... 3 (SKIP TO 407) ←	THEN ..... 1 (SKIP TO 432) ← LATER ..... 2  NOT AT ALL ..... 3 (SKIP TO 432) ←	THEN ..... 1 (SKIP TO 432) ← LATER ..... 2  NOT AT ALL ..... 3 (SKIP TO 432) ←				
At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN ..... 1 (SKIP TO 407) ← LATER ..... 2  NOT AT ALL ..... 3 (SKIP TO 407) ←	THEN ..... 1 (SKIP TO 432) ← LATER ..... 2  NOT AT ALL ..... 3 (SKIP TO 432) ←	THEN ..... 1 (SKIP TO 432) ← LATER ..... 2  NOT AT ALL ..... 3 (SKIP TO 432) ←						
406	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="width:33%; vertical-align: top;">                             How much longer would you have liked to wait?                         </td> <td style="width:33%; vertical-align: top;">                             MONTHS ..1 <input type="text"/> <input type="text"/>                              YEARS ..2 <input type="text"/> <input type="text"/>                              DON'T KNOW ... 998                         </td> <td style="width:33%; vertical-align: top;">                             MONTHS ..1 <input type="text"/> <input type="text"/>                              YEARS ..2 <input type="text"/> <input type="text"/>                              DON'T KNOW ... 998                         </td> <td style="width:33%; vertical-align: top;">                             MONTHS ..1 <input type="text"/> <input type="text"/>                              YEARS ..2 <input type="text"/> <input type="text"/>                              DON'T KNOW ... 998                         </td> </tr> </tbody> </table>	How much longer would you have liked to wait?	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998				
How much longer would you have liked to wait?	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998						
407	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="width:33%; vertical-align: top;">                             Did you see anyone for antenatal care for this pregnancy?                               IF YES: Whom did you see?                              Anyone else?                               PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.                         </td> <td style="width:33%; vertical-align: top;"> <b>HEALTH PERSONNEL</b>                              DOCTOR ..... A                              NURSE/MIDWIFE . B                              MEDICAL ASSISTANT/                              CLINICAL                              OFFICER ..... C                              NURSING AIDE .... D  <b>OTHER PERSON</b>                              TRADITIONAL BIRTH                              ATTENDANT . E                               OTHER _____ X                              (SPECIFY)                              NO ONE ..... Y                              (SKIP TO 414) ←                         </td> <td style="width:33%; background-color: #cccccc;"></td> </tr> </tbody> </table>	Did you see anyone for antenatal care for this pregnancy?  IF YES: Whom did you see? Anyone else?  PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	<b>HEALTH PERSONNEL</b> DOCTOR ..... A NURSE/MIDWIFE . B MEDICAL ASSISTANT/ CLINICAL OFFICER ..... C NURSING AIDE .... D <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT . E  OTHER _____ X (SPECIFY) NO ONE ..... Y (SKIP TO 414) ←						
Did you see anyone for antenatal care for this pregnancy?  IF YES: Whom did you see? Anyone else?  PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	<b>HEALTH PERSONNEL</b> DOCTOR ..... A NURSE/MIDWIFE . B MEDICAL ASSISTANT/ CLINICAL OFFICER ..... C NURSING AIDE .... D <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT . E  OTHER _____ X (SPECIFY) NO ONE ..... Y (SKIP TO 414) ←								

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



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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
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'      CODE <input type="checkbox"/> CIRCLED      A' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 432) ←		
429	How many doses of (SP/FANSIDAR) did you take during this pregnancy?	DOSES ..... <input type="text"/> <input type="text"/>		
430	CHECK 407:  ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE 'A',      OTHER <input type="checkbox"/> B' OR 'C' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 432) ←		
431	Did you get (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 big, bigger than average, average, smaller than average, or very small?	VERY BIG ..... 1 BIGGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8		
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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																																				
435	<p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p><b>HEALTH PERSONNEL</b>            DOCTOR ..... A            NURSE/MIDWIFE . B            MEDICAL ASSISTANT/            CLINICAL            OFFICER ..... C            NURSING AIDE .... D</p> <p><b>OTHER PERSON</b>            TRADITIONAL BIRTH            ATTENDANT .. E            RELATIVE/FRIEND . F            OTHER            _____ X            (SPECIFY)            NO ONE ..... Y</p>	<p><b>HEALTH PERSONNEL</b>            DOCTOR ..... A            NURSE/MIDWIFE . B            MEDICAL ASSISTANT/            CLINICAL            OFFICER ..... C            NURSING AIDE .... D</p> <p><b>OTHER PERSON</b>            TRADITIONAL BIRTH            ATTENDANT .. E            RELATIVE/FRIEND . F            OTHER            _____ X            (SPECIFY)            NO ONE ..... Y</p>	<p><b>HEALTH PERSONNEL</b>            DOCTOR ..... A            NURSE/MIDWIFE . B            MEDICAL ASSISTANT/            CLINICAL            OFFICER ..... C            NURSING AIDE .... D</p> <p><b>OTHER PERSON</b>            TRADITIONAL BIRTH            ATTENDANT .. E            RELATIVE/FRIEND . F            OTHER            _____ X            (SPECIFY)            NO ONE ..... Y</p>																																				
436	<p>Where did you give birth to (NAME)?</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            TBA'S HOME .... 12            OTHER HOME .... 13            (SKIP TO 443) ←</p> <p><b>PUBLIC SECTOR</b>            GOVT. HOSPITAL 21            GOVT. HEALTH            CENTER ..... 22            GOVT. HEALTH            POST ..... 23            OTHER PUBLIC            _____ 26            (SPECIFY)</p> <p><b>PRIVATE MED. SECTOR</b>            PVT. HOSPITAL/            CLINIC ..... 31            OTHER PRIVATE            MED. .... 36            (SPECIFY)            OTHER _____ 96            (SPECIFY)            (SKIP TO 443) ←</p>	<p><b>HOME</b>            YOUR HOME .... 11            TBA'S HOME .... 12            OTHER HOME .... 13            (SKIP TO 444) ←</p> <p><b>PUBLIC SECTOR</b>            GOVT. HOSPITAL 21            GOVT. HEALTH            CENTER ..... 22            GOVT. HEALTH            POST ..... 23            OTHER PUBLIC            _____ 26            (SPECIFY)</p> <p><b>PRIVATE MED. SECTOR</b>            PVT. HOSPITAL/            CLINIC ..... 31            OTHER PRIVATE            MED. .... 36            (SPECIFY)            OTHER _____ 96            (SPECIFY)            (SKIP TO 444) ←</p>	<p><b>HOME</b>            YOUR HOME .... 11            TBA'S HOME .... 12            OTHER HOME .... 13            (SKIP TO 444) ←</p> <p><b>PUBLIC SECTOR</b>            GOVT. HOSPITAL 21            GOVT. HEALTH            CENTER ..... 22            GOVT. HEALTH            POST ..... 23            OTHER PUBLIC            _____ 26            (SPECIFY)</p> <p><b>PRIVATE MED. SECTOR</b>            PVT. HOSPITAL/            CLINIC ..... 31            OTHER PRIVATE            MED. .... 36            (SPECIFY)            OTHER _____ 96            (SPECIFY)            (SKIP TO 444) ←</p>																																				
436A	<p>Who accompanied you to the place where you delivered?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p>	<p>HUSBAND/PARTNER A            MOTHER ..... B            OTHER RELATIVE . C            FEMALE FRIEND . D            NO ONE ..... E            OTHER _____ X            (SPECIFY)</p>	<p>HUSBAND/PARTNER A            MOTHER ..... B            OTHER RELATIVE . C            FEMALE FRIEND . D            NO ONE ..... E            OTHER _____ X            (SPECIFY)</p>	<p>HUSBAND/PARTNER A            MOTHER ..... B            OTHER RELATIVE . C            FEMALE FRIEND . D            NO ONE ..... E            OTHER _____ X            (SPECIFY)</p>																																				
437	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS.            IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>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></p> <p>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></p> <p>DON'T KNOW ... 998</p>													<p>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></p> <p>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></p> <p>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></p> <p>DON'T KNOW ... 998</p>													<p>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></p> <p>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></p> <p>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></p> <p>DON'T KNOW ... 998</p>												
438	<p>Was (NAME) delivered by caesarean section?</p>	<p>YES ..... 1            NO ..... 2</p>	<p>YES ..... 1            NO ..... 2</p>	<p>YES ..... 1            NO ..... 2</p>																																				
439	<p>Before you were discharged after (NAME) was born, did any health care provider check on your health?</p>	<p>YES ..... 1            NO ..... 2            (SKIP TO 442) ←</p>	<p>YES ..... 1            NO ..... 2            (SKIP TO 455) ←</p>	<p>YES ..... 1            NO ..... 2            (SKIP TO 455) ←</p>																																				

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____												
439A	At that time, did anyone:  check your abdomen? check your eyes? ask you about vaginal discharge?	YES NO ABDOMEN . 1 2 EYES . . . . . 1 2 DISCHARGE . 1 2														
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.	<b>HEALTH PERSONNEL</b> DOCTOR . . . . . 11 NURSE/MIDWIFE . 12 MEDICAL ASSISTANT/ CLINICAL OFFICER . . . . . 13 NURSING AIDE . . . . 14 <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT . . 21  OTHER _____ 96 (SPECIFY) (SKIP TO 453) ←														
442	After you were discharged, did any health care provider or a traditional birth attendant check on your health?	YES . . . . . 1 (SKIP TO 444) ← NO . . . . . 2 (SKIP TO 453) ←	YES . . . . . 1 (SKIP TO 455) ← NO . . . . . 2	YES . . . . . 1 (SKIP TO 455) ← NO . . . . . 2												
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 TRANS- PORTATION . . . . . C DONT TRUST FACILITY/POOR QUALITY SERVICE D NO FEMALE PROVID- ER AT FACILITY . . E HUSBAND/FAMILY DID NOT ALLOW . . F NOT NECESSARY . . G NOT CUSTOMARY . . H OTHER _____ (SPECIFY) X														
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) ←			YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2										
444A	At that time, did anyone:  check your abdomen? check your eyes? ask you about vaginal discharge?	YES NO ABDOMEN . 1 2 EYES . . . . . 1 2 DISCHARGE . 1 2														

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> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>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></p> <p>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></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><b>HEALTH PERSONNEL</b> DOCTOR ..... 11 NURSE/MIDWIFE . 12 MEDICAL ASSISTANT/ CLINICAL OFFICER ..... 13 NURSING AIDE.... 14</p> <p><b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT . 21</p> <p>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 TBA'S HOME . 12 OTHER HOME .... 13</p> <p><b>PUBLIC SECTOR</b> GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ..... 22 GOVT. HEALTH POST ..... 23 OTHER PUBLIC _____ 26 (SPECIFY)</p> <p><b>PRIVATE MED. SECTOR</b> PVT. HOSPITAL/ CLINIC ..... 31 OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>																				
448	CHECK 442:	<p>YES NOT ASKED</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(SKIP TO 453)</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 453) ←   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> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAYS AFTER BIRTH .. 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WKS AFTER BIRTH .. 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </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	Who checked on (NAME)'s health at that time?  PROBE FOR MOST QUALIFIED PERSON.	<b>HEALTH PERSONNEL</b> DOCTOR ..... 11 NURSE/MIDWIFE . 12 MEDICAL ASSISTANT/ CLINICAL OFFICER ..... 13 NURSING AIDE.... 14 <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT . 21  <b>OTHER</b> _____ 96 (SPECIFY)										
452	Where did this first check of (NAME) take place?  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 TBA'S HOME .... 12 OTHER HOME .... 13  <b>PUBLIC SECTOR</b> GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ..... 22 GOVT. HEALTH POST ..... 23 OTHER PUBLIC _____ 26 (SPECIFY)  <b>PRIVATE MED. SECTOR</b> PVT. HOSPITAL/ CLINIC ..... 31 OTHER PRIVATE MED. _____ 36 (SPECIFY)  OTHER _____ 96 (SPECIFY)										
453	In the first two months after delivery, did you receive a vitamin A dose (like this/any of these)?  SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES ..... 1  NO ..... 2  DON'T KNOW ..... 8										
454	Has your menstrual period returned since the birth of (NAME)?	YES ..... 1 (SKIP TO 456) ← NO ..... 2 (SKIP TO 457) ←										
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
457	CHECK 226:  IS RESPONDENT PREGNANT?		NOT PREG- <input type="checkbox"/> PREGNANT NANT OR <input type="checkbox"/> UNSURE <input type="checkbox"/> (SKIP TO 459) ←									

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
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, 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 DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 466) ←		
465	Are you still breastfeeding (NAME)?	YES ..... 1 (SKIP TO 468) ← NO ..... 2		
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 DEAD <input type="checkbox"/> <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO (SKIP TO 470) TO 501)	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO (SKIP TO 470) TO 501)	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
468	<p>How many times did you breastfeed last night between sunset and sunrise?</p> <p>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.</p>	<p>NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/></p>		
469	<p>How many times did you breastfeed yesterday during the daylight hours?</p> <p>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.</p>	<p>NUMBER OF DAYLIGHT FEEDINGS . <input type="text"/> <input type="text"/></p>		
470	<p>Did (NAME) drink anything from a bottle with a nipple or a cup with a spout yesterday or last night?</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>
471		<p>GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.</p>	<p>GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.</p>	<p>GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.</p>



**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 2001 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).											
502	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER ..... <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER ..... <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH LINE NUMBER ..... <input type="text"/> <input type="text"/>								
503	FROM 212 AND 216	NAME _____  LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 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)								
504	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN ..... 1 (SKIP TO 506) ← YES, NOT SEEN ..... 2 (SKIP TO 508) ← NO CARD ..... 3	YES, SEEN ..... 1 (SKIP TO 506) ← YES, NOT SEEN ..... 2 (SKIP TO 508) ← NO CARD ..... 3	YES, SEEN ..... 1 (SKIP TO 506) ← YES, NOT SEEN ..... 2 (SKIP TO 508) ← NO CARD ..... 3								
505	Did you ever have a vaccination card for (NAME)?	YES ..... 1 (SKIP TO 508) ← NO ..... 2	YES ..... 1 (SKIP TO 508) ← NO ..... 2	YES ..... 1 (SKIP TO 508) ← NO ..... 2								
506	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. (3) IF MORE THAN TWO VITAMIN 'A' DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES.											
		LAST BIRTH DAY MONTH YEAR	NEXT-TO-LAST BIRTH DAY MONTH YEAR	SECOND-FROM-LAST BIRTH DAY MONTH YEAR								
	BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POLIO 0 (POLIO GIVEN AT BIRTH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POLIO 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POLIO 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POLIO 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DPT-HepB-Hib 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DH1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DH1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DPT-HepB-Hib 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DH2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DH2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DPT-HepB-Hib 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DH3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DH3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DPT 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DPT 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DPT 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	MEASLES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VITAMIN A (MOST RECENT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIT A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIT A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VITAMIN A (2nd MOST RECENT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIT A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIT A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME _____		NAME _____		NAME _____	
512	CHECK 506:  DATE SHOWN FOR VITAMIN A DOSE	DATE FOR MOST RECENT VITAMIN A DOSE NO CARD/CARD BLANK OR CODE '44' FOR MOST RECENT VITAMIN A DOSE [ ] [ ] ↓ (SKIP TO 514)		DATE FOR MOST RECENT VITAMIN A DOSE NO CARD/CARD BLANK OR CODE '44' FOR MOST RECENT VITAMIN A DOSE [ ] [ ] ↓ (SKIP TO 514)		DATE FOR MOST RECENT VITAMIN A DOSE NO CARD/CARD BLANK OR CODE '44' FOR MOST RECENT VITAMIN A DOSE [ ] [ ] ↓ (SKIP TO 514)	
513	According to (NAME)'s health card, he/she received a vitamin A dose (like this/any of these) in (MONTH AND YEAR OF MOST RECENT DOSE FROM CARD). Has (NAME) received another vitamin A dose since then? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES ..... 1 (SKIP TO 515) ← NO ..... 2 (SKIP TO 516) ← DON'T KNOW ..... 8		YES ..... 1 (SKIP TO 515) ← NO ..... 2 (SKIP TO 516) ← DON'T KNOW ..... 8		YES ..... 1 (SKIP TO 515) ← NO ..... 2 (SKIP TO 516) ← DON'T KNOW ..... 8	
514	HAS (NAME) ever received a vitamin A dose (like this/ any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES ..... 1 NO ..... 2 (SKIP TO 516) ← DON'T KNOW ..... 8		YES ..... 1 NO ..... 2 (SKIP TO 516) ← DON'T KNOW ..... 8		YES ..... 1 NO ..... 2 (SKIP TO 516) ← DON'T KNOW ..... 8	
515	Did (NAME) receive a vitamin A dose within the last six months?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
516	In the last seven days, did (NAME) take iron pills, sprinkles with iron, or iron syrup (like this/any of these)? SHOW COMMON TYPES OF PILLS/SPRINKLES/ SYRUPS.	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
517	Has (NAME) taken any drug for intestinal worms in the last six months?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
518	Has (NAME) had diarrhea in the last 2 weeks?	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	

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

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
529	Was anything (else) given to treat the diarrhea?	YES ..... 1 NO ..... 2 (SKIP TO 533) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 533) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 533) ← DON'T KNOW ..... 8
530	What (else) was given to treat the diarrhea?  Anything else?  RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC ..... A ANTIMOTILITY ..... B ZINC ..... C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D UNKNOWN PILL OR SYRUP ... E  INJECTION ANTIBIOTIC ..... F NON-ANTIBIOTIC . G UNKNOWN INJECTION ... H  (IV) INTRAVENOUS . I  HOME REMEDY/ HERBAL MEDICINE ..... J  OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC ..... A ANTIMOTILITY ..... B ZINC ..... C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D UNKNOWN PILL OR SYRUP ... E  INJECTION ANTIBIOTIC ..... F NON-ANTIBIOTIC . G UNKNOWN INJECTION ... H  (IV) INTRAVENOUS . I  HOME REMEDY/ HERBAL MEDICINE ..... J  OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC ..... A ANTIMOTILITY ..... B ZINC ..... C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D UNKNOWN PILL OR SYRUP ... E  INJECTION ANTIBIOTIC ..... F NON-ANTIBIOTIC . G UNKNOWN INJECTION ... H  (IV) INTRAVENOUS . I  HOME REMEDY/ HERBAL MEDICINE ..... J  OTHER _____ X (SPECIFY)
531	CHECK 530:  GIVEN ZINC?	CODE "C" CODE "C" CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 533) ←	CODE "C" CODE "C" CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 533) ←	CODE "C" CODE "C" CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 533) ←
532	How many times was (NAME) given zinc?	TIMES ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	TIMES ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	TIMES ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98
533	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
534	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 537) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 537) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 537) ← DON'T KNOW ..... 8
535	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES ..... 1 NO ..... 2 (SKIP TO 538) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 538) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 538) ← DON'T KNOW ..... 8
536	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY ..... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 538) ←	CHEST ONLY ..... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 538) ←	CHEST ONLY ..... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 538) ←
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 IF NO MORE BIRTHS, GO TO 573)

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
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 DONT KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DONT KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK 5 DONT KNOW ..... 8
539	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DONT KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DONT KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DONT KNOW ..... 8
540	Did you seek advice or treatment for the illness from any source?	YES ..... 1 NO ..... 2 (SKIP TO 545)←	YES ..... 1 NO ..... 2 (SKIP TO 545)←	YES ..... 1 NO ..... 2 (SKIP TO 545)←
541	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))	<b>PUBLIC SECTOR</b> GOVT HOSPITAL . A GOVT HEALTH CENTER ..... B GOVT HEALTH POST ..... C CLINIC/OUTREACH SERVICES ... D COMMUNITY HEALTH WORKER ..... E OTHER PUBLIC ..... F (SPECIFY) <b>PRIVATE MEDICAL SECTOR</b> PVT. HOSPITAL/ CLINIC ..... G PHARMACY/ DRUG SHOP . H PVT DOCTOR ... I CLINIC/OUTREACH SERVICES ... J COMMUNITY HEALTH WORKER ..... K OTHER PRIVATE MED. .... L (SPECIFY) <b>OTHER SOURCE</b> SHOP ..... M TRADITIONAL PRACTITIONER N OTHER ..... X (SPECIFY)	<b>PUBLIC SECTOR</b> GOVT HOSPITAL . A GOVT HEALTH CENTER ..... B GOVT HEALTH POST ..... C CLINIC/OUTREACH SERVICES ... D COMMUNITY HEALTH WORKER ..... E OTHER PUBLIC ..... F (SPECIFY) <b>PRIVATE MEDICAL SECTOR</b> PVT. HOSPITAL/ CLINIC ..... G PHARMACY/ DRUG SHOP . H PVT DOCTOR ... I CLINIC/OUTREACH SERVICES ... J COMMUNITY HEALTH WORKER ..... K OTHER PRIVATE MED. .... L (SPECIFY) <b>OTHER SOURCE</b> SHOP ..... M TRADITIONAL PRACTITIONER N OTHER ..... X (SPECIFY)	<b>PUBLIC SECTOR</b> GOVT HOSPITAL . A GOVT HEALTH CENTER ..... B GOVT HEALTH POST ..... C CLINIC/OUTREACH SERVICES ... D COMMUNITY HEALTH WORKER ..... E OTHER PUBLIC ..... F (SPECIFY) <b>PRIVATE MEDICAL SECTOR</b> PVT. HOSPITAL/ CLINIC ..... G PHARMACY/ DRUG SHOP . H PVT DOCTOR ... I CLINIC/OUTREACH SERVICES ... J COMMUNITY HEALTH WORKER ..... K OTHER PRIVATE MED. .... L (SPECIFY) <b>OTHER SOURCE</b> SHOP ..... M TRADITIONAL PRACTITIONER N OTHER ..... X (SPECIFY)
542	CHECK 541:	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 544)←	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 544)←	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 544)←
543	Where did you first seek advice or treatment? USE LETTER CODE FROM 541.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
544	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>
545	Is (NAME) still sick with a (fever/ cough)?	FEVER ONLY ..... 1 COUGH ONLY .... 2 BOTH FEVER AND COUGH ..... 3 NO, NEITHER ..... 4 DON'T KNOW ... 8	FEVER ONLY ..... 1 COUGH ONLY .... 2 BOTH FEVER AND COUGH ..... 3 NO, NEITHER ..... 4 DON'T KNOW ... 8	FEVER ONLY ..... 1 COUGH ONLY .... 2 BOTH FEVER AND COUGH ..... 3 NO, NEITHER ..... 4 DON'T KNOW ... 8
546	At any time during the illness, did (NAME) take any drugs for the illness?	YES ..... 1 NO ..... 2 (GO 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) DON'T KNOW ..... 8
547	What drugs did (NAME) take?  Any other drugs?  RECORD ALL MENTIONED.	<b>ANTIMALARIAL DRUGS</b> SP/FANSIDAR ... A CHLOROQUINE... B CHLOROQUINE WITH FANSIDAR ... C HOMAPACK RED ..... D GREEN ..... E COARTEM ..... F OTHER ANTI- MALARIAL _____ ... G (SPECIFY)  <b>ANTIBIOTIC DRUGS</b> PILL/SYRUP ... H INJECTION ... I  <b>OTHER DRUGS</b> PANADOL ..... J ASPRIN ..... K IBUPROFEN ... L  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	<b>ANTIMALARIAL DRUGS</b> SP/FANSIDAR ... A CHLOROQUINE... B CHLOROQUINE WITH FANSIDAR ... C HOMAPACK RED ..... D GREEN ..... E COARTEM ..... F OTHER ANTI- MALARIAL _____ ... G (SPECIFY)  <b>ANTIBIOTIC DRUGS</b> PILL/SYRUP ... H INJECTION ... I  <b>OTHER DRUGS</b> PANADOL ..... J ASPRIN ..... K IBUPROFEN ... L  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	<b>ANTIMALARIAL DRUGS</b> SP/FANSIDAR ... A CHLOROQUINE... B CHLOROQUINE WITH FANSIDAR ... C HOMAPACK RED ..... D GREEN ..... E COARTEM ..... F OTHER ANTI- MALARIAL _____ ... G (SPECIFY)  <b>ANTIBIOTIC DRUGS</b> PILL/SYRUP ... H INJECTION ... I  <b>OTHER DRUGS</b> PANADOL ..... J ASPRIN ..... K IBUPROFEN ... L  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z
548	CHECK 547: ANY CODE A-H CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE IF NO MORE BIRTHS BIRTHS, GO TO 573)

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
549	<p>Did you already have (NAME OF DRUG FROM 547) at home when the child became ill?</p> <p>ASK SEPARATELY FOR EACH OF THE DRUGS 'A' THROUGH 'H' THAT THE CHILD IS RECORDED AS HAVING TAKEN IN 547.</p> <p>IF YES FOR ANY DRUG, CIRCLE CODE FOR THAT DRUG.</p> <p>IF NO FOR ALL DRUGS, CIRCLE 'Y'.</p>	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE ... B WITH FANSIDAR ... C HOMAPACK RED ..... D GREEN ..... E COARTEM ..... F OTHER ANTI-MALARIAL _____ G (SPECIFY)	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE ... B WITH FANSIDAR ... C HOMAPACK RED ..... D GREEN ..... E COARTEM ..... F OTHER ANTI-MALARIAL _____ G (SPECIFY)	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE ... B WITH FANSIDAR ... C HOMAPACK RED ..... D GREEN ..... E COARTEM ..... F OTHER ANTI-MALARIAL _____ G (SPECIFY)
550	CHECK 547: ANY CODE A-G CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE IF NO MORE BIRTHS, GO TO 573)
551	CHECK 547: SP/FANSIDAR ('A') GIVEN	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 554)	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 554)	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 554)
552	How long after the fever started did (NAME) first take SP/Fansidar?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE DAYS AFTER FEVER ..... 3 FOUR OR MORE DAYS AFTER FEVER ... 4 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE DAYS AFTER FEVER ..... 3 FOUR OR MORE DAYS AFTER FEVER ... 4 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE DAYS AFTER FEVER ..... 3 FOUR OR MORE DAYS AFTER FEVER ... 4 DON'T KNOW ... 8
553	For how many days did (NAME) take the (SP/Fansidar)? IF 7 DAYS OR MORE, RECORD 7.	DAYS ..... <input type="checkbox"/> DON'T KNOW ... 8	DAYS ..... <input type="checkbox"/> DON'T KNOW ... 8	DAYS ..... <input type="checkbox"/> DON'T KNOW ... 8
554	CHECK 547: CHLOROQUINE ('B') GIVEN	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 557)	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 557)	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 557)
555	How long after the fever started did (NAME) first take chloroquine?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE DAYS AFTER FEVER ..... 3 FOUR OR MORE DAYS AFTER FEVER ... 4 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE DAYS AFTER FEVER ..... 3 FOUR OR MORE DAYS AFTER FEVER ... 4 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE DAYS AFTER FEVER ..... 3 FOUR OR MORE DAYS AFTER FEVER ... 4 DON'T KNOW ... 8



NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
556	For how many days did (NAME) take the chloroquine? IF 7 DAYS OR MORE, RECORD 7.	DAYS ..... <input type="text"/> DON'T KNOW ... 8	DAYS ..... <input type="text"/> DON'T KNOW ... 8	DAYS ..... <input type="text"/> DON'T KNOW ... 8
557	CHECK 547: CHLOROQUINE WITH FANSIDAR ('C') GIVEN	CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 560) ←	CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 560) ←	CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 560) ←
558	How long after the fever started did (NAME) first take Chloroquine with Fansidar?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE DAYS AFTER FEVER ..... 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE DAYS AFTER FEVER ..... 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE DAYS AFTER FEVER ..... 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8
559	For how many days did (NAME) take the Chloroquine with Fansidar? IF 7 DAYS OR MORE, RECORD 7.	DAYS ..... <input type="text"/> DON'T KNOW ... 8	DAYS ..... <input type="text"/> DON'T KNOW ... 8	DAYS ..... <input type="text"/> DON'T KNOW ... 8
560	CHECK 547: HOMAPACK RED ('D') GIVEN	CODE 'D' CIRCLED <input type="checkbox"/> CODE 'D' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 563) ←	CODE 'D' CIRCLED <input type="checkbox"/> CODE 'D' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 563) ←	CODE 'D' CIRCLED <input type="checkbox"/> CODE 'D' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 563) ←
561	How long after the fever started did (NAME) first take Homapack Red?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE DAYS AFTER FEVER ..... 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE DAYS AFTER FEVER ..... 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE DAYS AFTER FEVER ..... 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8
562	For how many days did (NAME) take the Homapack Red? IF 7 DAYS OR MORE, RECORD 7.	DAYS ..... <input type="text"/> DON'T KNOW ... 8	DAYS ..... <input type="text"/> DON'T KNOW ... 8	DAYS ..... <input type="text"/> DON'T KNOW ... 8
563	CHECK 547: HOMAPACK GREEN ('E') GIVEN	CODE 'E' CIRCLED <input type="checkbox"/> CODE 'E' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 566) ←	CODE 'E' CIRCLED <input type="checkbox"/> CODE 'E' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 566) ←	CODE 'E' CIRCLED <input type="checkbox"/> CODE 'E' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 566) ←
564	How long after the fever started did (NAME) first take Homapack Green?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE DAYS AFTER FEVER ..... 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE DAYS AFTER FEVER ..... 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE DAYS AFTER FEVER ..... 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
565	For how many days did (NAME) take the Homapack Green?  IF 7 DAYS OR MORE, RECORD 7.	DAYS ..... <input type="checkbox"/> DON'T KNOW ... 8	DAYS ..... <input type="checkbox"/> DON'T KNOW ... 8	DAYS ..... <input type="checkbox"/> DON'T KNOW ... 8
566	CHECK 547:  COARTEM ('F') GIVEN	CODE 'F' CIRCLED <input type="checkbox"/> CODE 'F' NOT CIRCLED <input type="checkbox"/>  (SKIP TO 569) ←	CODE 'F' CIRCLED <input type="checkbox"/> CODE 'F' NOT CIRCLED <input type="checkbox"/>  (SKIP TO 569) ←	CODE 'F' CIRCLED <input type="checkbox"/> CODE 'F' NOT CIRCLED <input type="checkbox"/>  (SKIP TO 569) ←
567	How long after the fever started did (NAME) first take Coartem?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE DAYS AFTER FEVER ..... 3 FOUR OR MORE DAYS AFTER FEVER ... 4 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE DAYS AFTER FEVER ..... 3 FOUR OR MORE DAYS AFTER FEVER ... 4 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE DAYS AFTER FEVER ..... 3 FOUR OR MORE DAYS AFTER FEVER ... 4 DON'T KNOW ... 8
568	For how many days did (NAME) take Coartem?  IF 7 DAYS OR MORE, RECORD 7.	DAYS ..... <input type="checkbox"/> DON'T KNOW ... 8	DAYS ..... <input type="checkbox"/> DON'T KNOW ... 8	DAYS ..... <input type="checkbox"/> DON'T KNOW ... 8
569	CHECK 547:  OTHER ANTIMALARIAL ('G') GIVEN	CODE 'G' CIRCLED <input type="checkbox"/> CODE 'G' NOT CIRCLED <input type="checkbox"/>  (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	CODE 'G' CIRCLED <input type="checkbox"/> CODE 'G' NOT CIRCLED <input type="checkbox"/>  (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	CODE 'G' CIRCLED <input type="checkbox"/> CODE 'G' NOT CIRCLED <input type="checkbox"/>  (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE IF NO MORE BIRTHS, GO TO 573)
570	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE DAYS AFTER FEVER ..... 3 FOUR OR MORE DAYS AFTER FEVER ... 4 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE DAYS AFTER FEVER ..... 3 FOUR OR MORE DAYS AFTER FEVER ... 4 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE DAYS AFTER FEVER ..... 3 FOUR OR MORE DAYS AFTER FEVER ... 4 DON'T KNOW ... 8
571	For how many days did (NAME) take the (OTHER ANTIMALARIAL)?  IF 7 DAYS OR MORE, RECORD 7.	DAYS ..... <input type="checkbox"/> DON'T KNOW ... 8	DAYS ..... <input type="checkbox"/> DON'T KNOW ... 8	DAYS ..... <input type="checkbox"/> DON'T KNOW ... 8
572		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 BACK 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 2001 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/>		576
574	The last time (NAME OF YOUNGEST CHILD) 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 OTHER _____ 96 (SPECIFY)	
575	CHECK 528(a), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET <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: HAS AT LEAST ONE CHILD BORN IN 2003 OR LATER AND LIVING WITH HER <input type="checkbox"/> DOES NOT HAVE ANY CHILDREN BORN IN 2003 OR LATER AND LIVING WITH HER <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) Any Nan, SMA, Lactogen or other commercially produced infant formula? c) Any Cerelac? d) Any porridge?	YES NO DK PLAIN WATER . . . . . 1 2 8 FORMULA . . . . . 1 2 8 CERELAC . . . . . 1 2 8 PORRIDGE . . . . . 1 2 8	

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) 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><b>(A) BEVERAGES/LIQUIDS</b></p> <p>a) Fresh, tinned or powdered milk, or yoghurt? .....</p> <p>b) Black tea/coffee? .....</p> <p>c) Fresh fruit juice or juice concentrate? .....</p> <p>d) Other beverages/liquids not mentioned above? .....</p> <p><b>(B) STAPLE FOODS</b></p> <p>e) Starchy fruits such as cooking banana-matooke? .....</p> <p>f) Cassava,yams,sweet potatoes,Irish potatoes or other roots and tubers? .....</p> <p>g) Rice, posho, porridge, bread, chapatti, pasta/macaroni, pizza, or other foods made from maize, millet, sorghum or other grains? .....</p> <p><b>(C) SAUCES(RELISHES)</b></p> <p>h) Beans, peas, cow peas,nuts,seeds ,oil seeds soya beans or other legumes or seeds .....</p> <p>i) Meat(beef, pork, goat, lamb, chicken,duck) or other meat? .....</p> <p>j) Organ meats(liver, Kidney, heart etc)? .....</p> <p>k) Eggs (Chicken eggs, duck eggs etc)? .....</p> <p>l) Fresh fish, dry fish or shell fish? .....</p> <p><b>(D) VEGETABLES AND FRUITS</b></p> <p>m) Dark green leafy vegetables like dodo, nakati spinnach,amaranths,bugga,sungsa,jjobyo, Marakwang' .....</p> <p>n) Orange coloured vegetables such as pumpkins, carrots? orange fleshed sweet potatoes? .....</p> <p>o) Any bio-fortified food(Orange fleshed sweet potatoes)? .....</p> <p>p) Orange colored fruits like ripe mangoes, pawpaw? .....</p> <p>q) Other fruits or vegetables(passion fruit, jack fruit, pineaples, oranges etc)? .....</p> <p><b>(E) OTHER FOODS</b></p> <p>r) Any cheese or other milk products? .....</p> <p>s) Cooking oil, margarine, butter or other oils/fats? .....</p> <p>t) Any sugary foods such as chocolates, sweets, candies pastries,cakes or biscuits? .....</p> <p>u) 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>a</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>h</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>i</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>j</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>k</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>l</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>m</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>n</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>o</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>p</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>q</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>r</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>s</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>t</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>u</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	a	1	2	8	1	2	8	b	1	2	8	1	2	8	c	1	2	8	1	2	8	d	1	2	8	1	2	8	e	1	2	8	1	2	8	f	1	2	8	1	2	8	g	1	2	8	1	2	8	h	1	2	8	1	2	8	i	1	2	8	1	2	8	j	1	2	8	1	2	8	k	1	2	8	1	2	8	l	1	2	8	1	2	8	m	1	2	8	1	2	8	n	1	2	8	1	2	8	o	1	2	8	1	2	8	p	1	2	8	1	2	8	q	1	2	8	1	2	8	r	1	2	8	1	2	8	s	1	2	8	1	2	8	t	1	2	8	1	2	8	u	1	2	8	1	2	8		
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580	<p>CHECK 578 (LAST 2 CATEGORIES: BABY CEREAL OR OTHER PORRIDGE) AND 579 (CATEGORIES e THROUGH u FOR CHILD):</p> <p>AT LEAST ONE "YES" <input type="checkbox"/></p>	<p>NOT A SINGLE "YES" <input type="checkbox"/></p>	601																																																																																																																																																																		
581	<p>How many times did (NAME FROM 577) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES ..... <input type="checkbox"/></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	<input type="checkbox"/> → 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	<input type="checkbox"/> → 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	<input type="checkbox"/> → 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	→ 611
610	CHECK 603: IS RESPONDENT CURRENTLY WIDOWED?  NOT ASKED OR CURRENTLY DIVORCED/SEPARATED <input type="checkbox"/> ..... CURRENTLY WIDOWED <input type="checkbox"/> .....		<input type="checkbox"/> → 615 <input type="checkbox"/> → 613
611	CHECK 603: IS RESPONDENT CURRENTLY WIDOWED?  CURRENTLY WIDOWED <input type="checkbox"/> ..... NOT ASKED <input type="checkbox"/> ↓ ..... CURRENTLY DIVORCED/SEPARATED <input type="checkbox"/> .....		<input type="checkbox"/> → 613 <input type="checkbox"/> → 615
612	How did your previous marriage or union end?	DEATH/WIDOWHOOD ..... 1 DIVORCE ..... 2 SEPARATION ..... 3	<input type="checkbox"/> → 615
613	To whom did most of your late husband's property go to?	RESPONDENT ..... 1 OTHER WIFE ..... 2 SPOUSE'S CHILDREN ..... 3 SPOUSE'S FAMILY ..... 4 OTHER _____ 6 (SPECIFY) NO PROPERTY ..... 7	→ 615
614	Did you receive any of your late husband's assets or valuables?	YES ..... 1 NO ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
615	<p>CHECK 609:</p> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> <p>In what month and year did you start living with your husband/partner?</p> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>Now I would like to ask about when you started living with your first husband/partner. In what month and year was that?</p>	<p>MONTH ..... <input type="text"/></p> <p>DON'T KNOW MONTH ..... 98</p> <p>YEAR ..... <input type="text"/></p> <p>DON'T KNOW YEAR ..... 9998</p>	→ 617
616	How old were you when you first started living with him?	AGE ..... <input type="text"/>	
<b>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</b>			
618	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some important life issues.</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD SEXUAL INTERCOURSE ..... 00</p> <p>AGE IN YEARS ..... <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER ..... 95</p>	→ 621 → 621
619	<p>CHECK 107: AGE OF RESPONDENT</p> <p>AGE 15-24 <input type="checkbox"/></p> <p>AGE 25-49 <input type="checkbox"/></p>		→ 641
620	Do you intend to wait until you get married to have sexual intercourse for the first time?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</p>	→ 641
621	<p>CHECK 107: AGE OF RESPONDENT</p> <p>AGE 15-24 <input type="checkbox"/></p> <p>AGE 25-49 <input type="checkbox"/></p>		→ 626
622	The <u>first</u> time you had sexual intercourse, was a condom used?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/DON'T REMEMBER ..... 8</p>	
623	How old was the person you first had sexual intercourse with?	<p>AGE OF PARTNER ..... <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	→ 626
624	Was this person older than you, younger than you, or about the same age as you?	<p>OLDER ..... 1</p> <p>YOUNGER ..... 2</p> <p>ABOUT THE SAME AGE ..... 3</p> <p>DON'T KNOW/DON'T REMEMBER ..... 8</p>	→ 626
625	Would you say this person was ten or more years older than you or less than ten years older than you?	<p>TEN OR MORE YEARS OLDER ..... 1</p> <p>LESS THAN TEN YEARS OLDER ..... 2</p> <p>OLDER, UNSURE HOW MUCH ..... 3</p>	
626	<p>When was the <u>last</u> time you had sexual intercourse?</p> <p>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.</p>	<p>DAYS AGO ..... 1 <input type="text"/></p> <p>WEEKS AGO ..... 2 <input type="text"/></p> <p>MONTHS AGO ..... 3 <input type="text"/></p> <p>YEARS AGO ..... 4 <input type="text"/></p>	→ 640

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
626A	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. <b>SKIP TO → 628</b>			
627	When was the last time you had sexual intercourse with this person?		DAYS . 1 <input type="text"/> WEEKS 2 <input type="text"/> MONTHS 3 <input type="text"/>	DAYS . 1 <input type="text"/> WEEKS 2 <input type="text"/> MONTHS 3 <input type="text"/>
628	The last time you had sexual intercourse with this 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 (SKIP TO 636) ← LIVE-IN PARTNER .... 2 BOYFRIEND NOT LIVING WITH RESPONDENT .... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE ..... 5 OTHER ..... 6 (SPECIFY)	HUSBAND ..... 1 (SKIP TO 636) ← LIVE-IN PARTNER .... 2 BOYFRIEND NOT LIVING WITH RESPONDENT .... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE ..... 5 OTHER ..... 6 (SPECIFY)	HUSBAND ..... 1 (SKIP TO 636) ← LIVE-IN PARTNER .... 2 BOYFRIEND NOT LIVING WITH RESPONDENT .... 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE ..... 5 OTHER ..... 6 (SPECIFY)
631	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	DAYS . 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	DAYS . 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>
632	CHECK 107:	AGE 15-24 <input type="checkbox"/> AGE 25-49 <input type="checkbox"/> ↓ (SKIP TO 636) ←	AGE 15-24 <input type="checkbox"/> AGE 25-49 <input type="checkbox"/> ↓ (SKIP TO 636) ←	AGE 15-24 <input type="checkbox"/> AGE 25-49 <input type="checkbox"/> ↓ (SKIP TO 636) ←
633	How old is this person?	AGE OF PARTNER <input type="text"/> (SKIP TO 636) ← DON'T KNOW ..... 98	AGE OF PARTNER <input type="text"/> (SKIP TO 636) ← DON'T KNOW ..... 98	AGE OF PARTNER <input type="text"/> (SKIP TO 636) ← DON'T KNOW ..... 98
634	Is this person older than you, younger than you, or about the same age?	OLDER ..... 1 YOUNGER ..... 2 SAME AGE ..... 3 DON'T KNOW ... 8 (SKIP TO 636) ←	OLDER ..... 1 YOUNGER ..... 2 SAME AGE ..... 3 DON'T KNOW ... 8 (SKIP TO 636) ←	OLDER ..... 1 YOUNGER ..... 2 SAME AGE ..... 3 DON'T KNOW ... 8 (SKIP TO 636) ←
635	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
636	The last time you had sexual intercourse with this person, did you or this person drink alcohol?	YES ..... 1 NO ..... 2 (SKIP TO 638) ←	YES ..... 1 NO ..... 2 (SKIP TO 638) ←	YES ..... 1 NO ..... 2 (SKIP TO 639) ←
637	Were you or your partner drunk at that time?  IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER ..... 4
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 639A) ←	YES ..... 1 (GO BACK TO 627 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 639A) ←	
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
639A	In the past 12 months, did you ever give or receive money, gifts or favours in exchange for sex?	YES ..... 1 NO ..... 2	
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	→ 643A
642	Where is that?  Any other place?  PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... A GOVT. HEALTH CENTER ..... B FAMILY PLANNING CLINIC ..... C OUTREACH ..... D GOVT COMMUNITY BASED DISTRIBUTOR ..... E OTHER PUBLIC _____ F (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... G PHARMACY/DRUG SHOP ..... H PRIVATE DOCTOR/NURSE/MIDWIFE ..... I OUTREACH ..... J NGO COMMUNITY BASED DISTRIBUTOR ..... K OTHER PRIVATE MEDICAL _____ L (SPECIFY)  <b>OTHER SOURCE</b> SHOP ..... M RELIGIOUS INSTITUTION ..... N FRIENDS/RELATIVES ..... O STREET VENDOR ..... P LODGE ..... Q  OTHER _____ X (SPECIFY)	
643	If you wanted to, could you yourself get a condom?	YES ..... 1 NO ..... 2 DON'T KNOW/UNSURE ..... 8	
643A	Have You ever heard about female circumsicion? (A practise in which a girl may have part of her genitals cut).	YES ..... 1 NO ..... 2	→ 643C
643B	Have you yourself been circumcised?	YES ..... 1 NO ..... 2	
643C	Sometimes a woman can have a problem, usually after a difficult childbirth, in which she experinces uncontrollable leakage of urine or stool from her vagina.  Have you ever experienced this problem?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
701	CHECK 311/311A: NEITHER <input type="checkbox"/> STERILIZED      HE OR SHE <input type="checkbox"/> STERILIZED		→ 713								
702	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 SAYS SHE CAN'T GET PREGNANT . . . 3 UNDECIDED/DON'T KNOW AND PREGNANT ..... 4 UNDECIDED/DON'T KNOW AND NOT PREGNANT OR UNSURE ..... 5	→ 704 → 713 → 709 → 708								
703	CHECK 226: 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 AFTER MARRIAGE ..... 994 OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998									→ 708 → 713 → 708
704	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 709								
705	CHECK 310: 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								



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED ..... 11  <b>FERTILITY-RELATED REASONS</b> INFREQUENT SEX/NO SEX ... 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND ..... 24 WANTS AS MANY CHILDREN AS POSSIBLE ..... 26  <b>OPPOSITION TO USE</b> RESPONDENT OPPOSED ..... 31 HUSBAND/PARTNER OPPOSED 32 OTHERS OPPOSED ..... 33 RELIGIOUS PROHIBITION ..... 34  <b>LACK OF KNOWLEDGE</b> KNOWS NO METHOD ..... 41 KNOWS NO SOURCE ..... 42  <b>METHOD-RELATED REASONS</b> HEALTH CONCERNS ..... 51 FEAR OF SIDE EFFECTS ..... 52 LACK OF ACCESS/TOO FAR ... 53 COSTS TOO MUCH ..... 54 INCONVENIENT TO USE ..... 55 INTERFERES WITH BODY'S NORMAL PROCESSES ..... 56  OTHER _____ 96 (SPECIFY) DON'T KNOW ..... 98	→ 713
712	Would you ever use a contraceptive method if you were married?	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)	→ 715  → 715
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)	
715	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) In a video or film?	YES NO RADIO ..... 1 2 TELEVISION ..... 1 2 NEWSPAPER OR MAGAZINE ... 1 2 VIDEO/FILM ..... 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 311/311A:  CODE B, G, OR M CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/> ANY OTHER CODES CIRCLED <input type="checkbox"/>		→ 720 → 720A
719	Does your husband/partner know that you are using a method of family planning?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 720A
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)	
720A	How often have you talked to your husband/Partner about Family Planning in the past year?	NEVER ..... 1 ONCE OR TWICE ..... 2 MORE OFTEN ..... 3	
721	CHECK 311/311A:  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"/> <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?  IF JUNIOR SECONDARY CIRCLE '2' FOR 'O' LEVEL	PRIMARY ..... 1 'O' LEVEL ..... 2 'A' LEVEL ..... 3 TERTIARY ..... 4 UNIVERSIT' ..... 5 DON'T KNOW ..... 8	→ 806
805	What was the highest (grade/form/year) he completed at that level?	GRADE ..... <input type="text"/> <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"/> <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"/> <input type="text"/> _____ _____	
812	CHECK 811:  WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		814
813	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND ..... 01 FAMILY LAND ..... 02 RENTED/BORROWED LAND ..... 03 SOMEONE ELSE'S LAND ..... 04 COMMUNAL LAND ..... 05 PUBLIC LAND ..... 06	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER ..... 1 FOR SOMEONE ELSE ..... 2 SELF-EMPLOYED ..... 3	
815	Do you usually work at home or away from home?	HOME ..... 1 AWAY ..... 2	
816	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR ..... 1 SEASONALLY/PART OF THE YEAR . . . 2 ONCE IN A WHILE ..... 3	
817	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY ..... 1 CASH AND KIND ..... 2 IN KIND ONLY ..... 3 NOT PAID ..... 4	
818	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		827
819	CHECK 817: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		822
820	Who usually decides how the money that you earn will be used: you, your husband/partner, or you and your husband/partner jointly?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 OTHER ..... 6 SPECIFY	
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
822	Who usually decides how your husband's/partner's earnings will be used: you, your husband/partner, or you and your husband/partner jointly?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 HUSBAND/PARTNER HAS NO EARNINGS ..... 4 OTHER ..... 6 SPECIFY	
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	
825	Who usually makes decisions about making purchases for daily household needs?	1      2      3      4      6	
826	Who usually makes decisions about visits to your family or relatives?	1      2      3      4      6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
827	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="0"> <thead> <tr> <th></th> <th>PRES/</th> <th>PRES/</th> <th>NOT</th> </tr> <tr> <th></th> <th>LISTEN.</th> <th>NOT</th> <th>PRES.</th> </tr> <tr> <th></th> <th></th> <th>LISTEN.</th> <th></th> </tr> </thead> <tbody> <tr> <td>CHILDREN &lt; 10</td> <td>..... 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HUSBAND</td> <td>..... 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALES</td> <td>..... 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER FEMALES</td> <td>... 1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		PRES/	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	
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HUSBAND	..... 1	2	3																												
OTHER MALES	..... 1	2	3																												
OTHER FEMALES	... 1	2	3																												
828	<p>Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:</p> <p>a) If she goes out without telling him?</p> <p>b) If she neglects the children?</p> <p>c) If she argues with him?</p> <p>d) If she refuses to have sex with him?</p> <p>e) If she burns the food?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT</td> <td>..... 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. CHILDREN</td> <td>... 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES</td> <td>..... 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REFUSES SEX</td> <td>..... 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS FOOD</td> <td>..... 1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		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					
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2	→ 942																
902	Can people reduce their chances of getting the AIDS virus by having just one 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																	
906	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	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: a) During pregnancy? b) During delivery? c) By breastfeeding?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>DURING PREG. ....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>DURING DELIVERY ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>BREASTFEEDING ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </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"/> →	912																
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	→ 912																
911A	Do you know of a place where a pregnant woman with the AIDS virus can go to get this drug to reduce the risk of her baby getting the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 912																
911B	Where is this place?  PROBE: Any other place?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... A GOVT. HEALTH CENTER ..... B FAMILY PLANNING CLINIC ..... C OUTREACH ..... D GOV'T COMMUNITY BASED WORKER ..... E OTHER PUBLIC _____ F (SPECIFY)  <b>PRIVATE/NGO MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... G PHARMACY/DRUG SHOP ..... H PRIVATE DOCTOR/NURSE/MIDWIFE ..... I OUTREACH ..... J TASO ..... K AIDS INFORMATION CENTER ..... L OTHER PRIVATE/NGO MEDICAL _____ M (SPECIFY)  OTHER _____ X (SPECIFY)																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
912	Have you heard about any drugs that people infected with the AIDS virus can get from a doctor or a nurse to help them live longer?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 913
912A	In the past six months, have you seen or heard anything about drug treatments for AIDS: a) On the radio? b) On the television? c) In a newspaper or magazine? d) On a sign or pamphlet? e) In a video or film?	YES NO RADIO ..... 1 2 TELEVISION ..... 1 2 NEWSPAPER OR MAGAZINE . 1 2 SIGN OR PAMPHLET ..... 1 2 VIDEO/FILM ..... 1 2	
912B	What drugs do you know about? PROBE: Any other drugs?  IF MORE THAN ONE TYPE OF DRUG IS MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST DRUG ON LIST.	ANTI-RETROVIRAL DRUGS (ARV's) ... A SEPTRIN ..... B OTHER DRUGS _____ X (SPECIFY) DON'T KNOW ..... Z	<input type="checkbox"/> → 913
912C	Do you know of a place to get ARVs?	YES ..... 1 NO ..... 2	<input type="checkbox"/> → 912E
912D	Where is this place?  PROBE: Any other place?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... A GOVT. HEALTH CENTER ..... B FAMILY PLANNING CLINIC ..... C OUTREACH ..... D GOV'T COMMUNITY BASED WORKER ..... E OTHER PUBLIC _____ F (SPECIFY)  <b>PRIVATE/NGO MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... G PHARMACY/DRUG SHOP ..... H PRIVATE DOCTOR/NURSE/ MIDWIFE ..... I OUTREACH ..... J TASO ..... K AIDS INFORMATION CENTER ..... L OTHER PRIVATE/NGO MEDICAL _____ M (SPECIFY)  OTHER _____ X (SPECIFY)	
912E	Now I'd like to ask you some questions about the drug treatment (ART) that is available to people with AIDS virus. For each statement I read, please tell me if you agree or disagree with it  a) ART is not a cure for the AIDS virus. b) A person receiving ART cannot transmit the virus to others. c) Once ART is started, a patient must continue treatment for the rest of his/her life. d) People who know they are HIV positive should wait until they feel sick to see a doctor or nurse about ART. e) Failing to follow ART as directed can make the AIDS virus become stronger and even harder to control.	Agree DisagreDk CURE ..... 1 2 8 TRANSMIT ..... 1 2 8 CONTINUE ART ..... 1 2 8 WAIT UNTIL SICK ..... 1 2 8 AS DIRECTED ..... 1 2 8	
913	CHECK 208 AND 215:  LAST BIRTH SINCE <input type="checkbox"/> JANUARY 2003 LAST BIRTH BEFORE <input type="checkbox"/> JANUARY 2003	NO BIRTHS <input type="checkbox"/> _____	922 922
914	CHECK 407 FOR LAST BIRTH: HAD ANTENATAL CARE <input type="checkbox"/>	NO ANTENATAL CARE <input type="checkbox"/> _____	922

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
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: a) Babies getting the AIDS virus from their mother? b) Things that you can do to prevent getting the AIDS virus? c) Getting tested for the AIDS virus?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>AIDS FROM MOTHER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>THINGS TO DO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>TESTED FOR AIDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </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																
918	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2																	
919	Where was the test done?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12 STAND-ALONE VCT CENTER ..... 13 FAMILY PLANNING CLINIC ..... 14 OUTREACH ..... 15 GOVT COMMUNITY BASED WORKER ..... 16 OTHER PUBLIC ..... 17 (SPECIFY)  <b>PRIVATE/NGO MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... 21 STAND-ALONE VCT CENTER ..... 22 PHARMACY/DRUG SHOP ..... 23 PRIVATE DOCTOR/NURSE/MIDWIFE ..... 24 OUTREACH ..... 25 TASO ..... 26 AIDS INFORMATION CENTER ..... 27 OTHER PRIVATE/NGO MEDICAL ..... 28 (SPECIFY)  OTHER ..... 96 (SPECIFY)																	
920	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES ..... 1 NO ..... 2	→ 923																
921	When was the last time you were tested for the AIDS virus?	LESS THAN 12 MONTHS AGO ..... 1 12 - 23 MONTHS AGO ..... 2 2 OR MORE YEARS AGO ..... 3	→ 929																
922	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES ..... 1 NO ..... 2	→ 927																
923	When was the last time you were tested?	LESS THAN 12 MONTHS AGO ..... 1 12 - 23 MONTHS AGO ..... 2 2 OR MORE YEARS AGO ..... 3																	
924	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST ..... 1 OFFERED AND ACCEPTED ..... 2 REQUIRED ..... 3																	
925	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
926	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>GOVT. HEALTH CENTER ..... 12</p> <p>STAND-ALONE VCT CENTER ..... 13</p> <p>FAMILY PLANNING CLINIC ..... 14</p> <p>OUTREACH ..... 15</p> <p>GOVT COMMUNITY BASED WORKER ..... 16</p> <p>OTHER PUBLIC _____ 17 (SPECIFY)</p> <p><b>PRIVATE/NGO MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... 21</p> <p>STAND-ALONE VCT CENTER ..... 22</p> <p>PHARMACY/DRUG SHOP ..... 23</p> <p>PRIVATE DOCTOR/NURSE/ MIDWIFE ..... 24</p> <p>OUTREACH ..... 25</p> <p>TASO ..... 26</p> <p>AIDS INFORMATION CENTER ..... 27</p> <p>OTHER PRIVATE/NGO MEDICAL _____ 28 (SPECIFY)</p> <p>OTHER _____ 96 (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 EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>GOVT. HEALTH CENTER ..... B</p> <p>STAND-ALONE VCT CENTER ..... C</p> <p>FAMILY PLANNING CLINIC ..... D</p> <p>OUTREACH ..... E</p> <p>GOVT COMMUNITY BASED WORKER ..... F</p> <p>OTHER PUBLIC _____ G (SPECIFY)</p> <p><b>PRIVATE/NGO MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... H</p> <p>STAND-ALONE VCT CENTER ..... I</p> <p>PHARMACY/DRUG SHOP ..... J</p> <p>PRIVATE DOCTOR/NURSE/ MIDWIFE ..... K</p> <p>OUTREACH ..... L</p> <p>TASO ..... M</p> <p>AIDS INFORMATION CENTER ..... N</p> <p>OTHER PRIVATE/NGO MEDICAL _____ O (SPECIFY)</p> <p>OTHER _____ 96 (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>	
931A	<p>Should a child of primary school going age who has the AIDS virus go to school?</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	
933	Do you personally know someone who has been denied health services in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES ..... 1 NO ..... 2 DK ANYONE WITH AIDS ..... 8	→ 942
934	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES ..... 1 NO ..... 2	
935	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES ..... 1 NO ..... 2	
936	CHECK 933, 934, AND 935: NOT A SINGLE <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/>		942
937	Do you personally know someone who has or is suspected to have the AIDS virus?	YES ..... 1 NO ..... 2	
938	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/NO OPINION ..... 8	
939	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/NO OPINION ..... 8	
942	CHECK 901: HEARD ABOUT AIDS <input type="checkbox"/> NOT HEARD ABOUT AIDS <input type="checkbox"/> Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? 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	
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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
950	<p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>GOVT. HEALTH CENTER ..... B</p> <p>STAND-ALONE VCT CENTER ..... C</p> <p>FAMILY PLANNING CLINIC ..... D</p> <p>OUTREACH ..... E</p> <p>GOVT. COMMUNITY BASED WORKER ..... F</p> <p>OTHER PUBLIC _____ G</p> <p>(SPECIFY)</p> <p><b>PRIVATE/NGO MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... H</p> <p>STAND-ALONE VCT CENTER ..... I</p> <p>PHARMACY/DRUG SHOP ..... J</p> <p>PRIVATE DOCTOR/NURSE/MIDWIFE ..... K</p> <p>OUTREACH ..... L</p> <p>TASO ..... M</p> <p>AIDS INFORMATION CENTER ..... N</p> <p>OTHER PRIVATE/NGO MEDICAL _____ O</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... P</p> <p>OTHER _____ Q</p> <p>(SPECIFY)</p>	
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?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
953	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
954	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
955	<p>CHECK 601:</p> <p>CURRENTLY MARRIED/ <input type="checkbox"/> LIVING WITH A PARTNER <input type="checkbox"/></p> <p>NOT IN UNION <input type="checkbox"/></p>		959
956	Can you say no to your husband/partner if you do not want to have sexual intercourse?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DEPENDS/NOT SURE ..... 8</p>	
957	Could you ask your husband/partner to use a condom if you wanted him to?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DEPENDS/NOT SURE ..... 8</p>	
959	Do you think that most young men you know wait until they are married to have sexual intercourse?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	
963	Do you think that most married men you know have sex only with their wives?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	
965	Do you think that most young women you know wait until they are married to have sexual intercourse?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	
969	Do you think that most married women you know have sex only with their husbands?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Have you ever heard of an illness called tuberculosis or TB?	YES ..... 1 NO ..... 2	→ 1005
1002	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING ..... A THROUGH SHARING UTENSILS ..... B THROUGH TOUCHING A PERSON WITH TB ..... C THROUGH FOOD ..... D THROUGH SEXUAL CONTACT ..... E THROUGH MOSQUITO BITES ..... F  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
1003	Can tuberculosis be cured?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1004	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET ..... 1 NO ..... 2 DON'T KNOW/NOT SURE/ DEPENDS ..... 8	
1005	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? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/>  NONE ..... 00	→ 1009
1006	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/>  NONE ..... 00	→ 1009
1007	The last time you had an injection given to you by a health worker, where did you go to get the injection?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12  OTHER PUBLIC _____ 16 (SPECIFY) <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... 21 DENTAL CLINIC/OFFICE ..... 22 PHARMACY/DRUG SHOP ..... 23 OFFICE OR HOME OF NURSE/ HEALTH WORKER ..... 24 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) <b>OTHER PLACE</b> AT HOME ..... 31  OTHER _____ 96 (SPECIFY)	
1008	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1009	Do you currently smoke cigarettes?	YES ..... 1 NO ..... 2	→ 1011

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1010	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES ..... <input type="text"/> <input type="text"/>	
1011	Do you currently smoke or use any other type of tobacco?	YES ..... 1 NO ..... 2	→ 1013
1012	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE ..... A CHEWING TOBACCO ..... B SNUFF ..... C OTHER _____ X (SPECIFY)	
1013	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?	BIG NOT A BIG PROB- PROB- LEM LEM	
	a) Getting permission to go?	PERMISSION TO GO ... 1 2	
	b) Getting money needed for treatment?	GETTING MONEY ..... 1 2	
	c) The distance to the health facility?	DISTANCE ..... 1 2	
	d) Having to take transport?	TAKING TRANSPORT ... 1 2	
	e) Not wanting to go alone?	GO ALONE ..... 1 2	
	f) Concern that there may not be a female health provider?	NO FEMALE PROV.... 1 2	
	g) Concern that there may not be any health provider?	NO PROVIDER ... 1 2	
	h) Concern that there may be no drugs available?	NO DRUGS ... 1 2	
1016	CHECK 217: (YOUNGEST) CHILD <input type="checkbox"/> OTHER <input type="checkbox"/> IS AGE 0-17 ↓		→ 1018
1017	Now I would like to ask you about your own child(ren) whc (is/are) under the age of 18. Have you made arrangements for someone to care for (him/her/them) in the event that you fall sick or are unable to care for (him/her/them)?	YES ..... 1 NO ..... 2 UNSURE ..... 8	
1018	(Besides your own child/children), are you the primary caregiver for any children under the age of 18?	YES ..... 1 NO ..... 2	→ 1100
1019	Have you made arrangements for someone to care for (this child/these children) in the event that you fall sick or are unable to care for (him/her/them)?	YES ..... 1 NO ..... 2 UNSURE ..... 8	



SECTION 11. DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
1100	<p>CHECK FRONT COVER:</p> <p>WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/> ↓</p> <p>WOMAN NOT SELECTED <input type="checkbox"/> →</p>		1201A																												
1101	<p>CHECK FOR PRESENCE OF OTHERS:</p> <p>DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED.</p> <p>PRIVACY OBTAINED ..... 1 ↓</p> <p>PRIVACY NOT POSSIBLE ..... 2 →</p>		1134																												
	<p>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 Uganda. 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>																														
1102	<p>CHECK 601 AND 602:</p> <p>CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> ↓</p> <p>FORMERLY MARRIED/LIVED WITH A MAN (READ IN PAST TENSE) <input type="checkbox"/> ↓</p> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> →</p>		1114																												
1103	<p>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?</p> <p>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?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>JEALOUS .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ACCUSES .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NOT MEET FRIENDS .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NO FAMILY .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WHERE YOU ARE ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MONEY .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </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	
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1104	<p>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.</p> <p>A (Does/did) your (last) husband/partner ever:</p> <p>a) say or do something to humiliate you in front of others? YES 1 → NO 2 ↓</p> <p>b) threaten to hurt or harm you or someone close to you? YES 1 → NO 2 ↓</p> <p>c) insult you or make you feel bad about yourself? YES 1 → NO 2 ↓</p>	<p>B <b>CHECK 603: ASK ONLY IF RESPONDENT IS NOT A WIDOW</b></p> <p>How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="0"> <thead> <tr> <th></th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT AT ALL</th> </tr> </thead> <tbody> <tr> <td>a) 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		OFTEN	SOME-TIMES	NOT AT ALL	a) 1 →	1	2	3	b) 1 →	1	2	3	c) 1 →	1	2	3													
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																								
1105	<p>A (Does/did) your (last) husband/partner ever do any of the following things to you:</p> <p>a) push you, shake you, or throw something at you? YES 1 → NO 2 ↓</p> <p>b) slap you? YES 1 → NO 2 ↓</p> <p>c) twist your arm or pull your hair? YES 1 → NO 2 ↓</p> <p>d) punch you with his fist or with something that could hurt you? YES 1 → NO 2 ↓</p> <p>e) kick you, drag you or beat you up? YES 1 → NO 2 ↓</p> <p>f) try to choke you or burn you on purpose? YES 1 → NO 2 ↓</p> <p>g) threaten or attack you with a knife, gun, or any other weapon? YES 1 → NO 2 ↓</p> <p>h) physically force you to have sexual intercourse with him even when you did not want to? YES 1 → NO 2 ↓</p> <p>i) force you to perform any sexual acts you did not want to? YES 1 → NO 2 ↓</p>	<p>B</p> <div style="border: 1px solid black; padding: 2px; width: fit-content;">CHECK 603: ASK ONLY IF RESPONDENT IS NOT A WIDOW</div> <p>How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;"></th> <th style="width: 33%; text-align: center;">OFTEN</th> <th style="width: 33%; text-align: center;">SOME-TIMES</th> <th style="width: 33%; text-align: center;">NOT AT ALL</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>b)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>c)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>d)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>e)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>f)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>g)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>h)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>i)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>		OFTEN	SOME-TIMES	NOT AT ALL	a)	1	2	3	b)	1	2	3	c)	1	2	3	d)	1	2	3	e)	1	2	3	f)	1	2	3	g)	1	2	3	h)	1	2	3	i)	1	2	3	
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1106	<p>CHECK 1105A (a-i):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>	<p>→ 1109</p>																																									
1107	<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 style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>BEFORE MARRIAGE/BEFORE LIVING TOGETHER ..... 95</p>																																									
1108	<p>Did the following ever happen as a result of what your (last) husband/partner did to you:</p> <p>a) You had cuts, bruises or aches?</p> <p>b) You had eye injuries, sprains, dislocations, or burns?</p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</p>	<p>YES ..... 1 NO ..... 2</p> <p>YES ..... 1 NO ..... 2</p> <p>YES ..... 1 NO ..... 2</p>																																									
1109	<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>	→ 1112																																								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1110	CHECK 603:  RESPONDENT IS <input type="checkbox"/> NOT A WIDOW RESPONDENT IS <input type="checkbox"/> A WIDOW		1112
1111	In the last 12 months, how often have you done this to your husband/partner: often, only sometimes, or not at all?	OFTEN ..... 1 SOMETIMES ..... 2 NOT AT ALL ..... 3	
1112	Does (did) your husband/partner drink alcohol?	YES ..... 1 NO ..... 2	1114
1113	How often does (did) he get drunk: often, only sometimes, or never?	YES OFTEN ..... 1 YES SOMETIMES ..... 2 NEVER ..... 3	
1114	CHECK 601 AND 602:  EVER MARRIED/LIVED WITH A MAN <input type="checkbox"/> NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/>  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? From the time you were 15 years old has anyone ever hit slapped, kicked, or done anything else to hurt you physically?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	1117
1115	Who has hurt you in this way?  Anyone else?  RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER ..... A FATHER/STEP-FATHER ..... B SISTER/BROTHER ..... C DAUGHTER/SON ..... D OTHER RELATIVE ..... E FORMER HUSBAND/PARTNER ..... F CURRENT BOYFRIEND ..... G FORMER BOYFRIEND ..... H MOTHER-IN-LAW ..... I FATHER-IN-LAW ..... J OTHER IN-LAW ..... K TEACHER ..... L EMPLOYER/SOMEONE AT WORK ..... M POLICE/SOLDIER ..... N  OTHER _____ X (SPECIFY)	
1116	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?	OFTEN ..... 1 SOMETIMES ..... 2 NOT AT ALL ..... 3	
1117	CHECK 201, 226, AND 229:  EVER BEEN PREGNANT (YES ON 201 OR 226 OR 229) <input type="checkbox"/> NEVER BEEN PREGNANT <input type="checkbox"/>		1120
1118	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES ..... 1 NO ..... 2	1120

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1119	<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/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/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>	
1120	<p>CHECK 618: EVER HAD SEX?</p> <p>HAS EVER HAD SEX <input type="checkbox"/></p> <p>NEVER HAD SEX <input type="checkbox"/></p>		1125
1121	<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>	
1122	<p>CHECK 601 AND 602:</p> <p>EVER MARRIED/LIVED WITH A MAN <input type="checkbox"/></p> <p>In the last 12 months, has anyone other than your (current/last) husband/partner forced you to have sexual intercourse against your will?</p> <p>NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>In the last 12 months has anyone forced you to have sexual intercourse against your will?</p>	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p> <p>REFUSED TO ANSWER/ NO ANSWER . . . . . 3</p>	
1123	<p>CHECK 1121 AND 1122:</p> <p>1121 = '1' OR '3' AND 1122 = '2' OR '3' <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>		1126
1124	<p>CHECK 1105(h) and 1105(i):</p> <p>1105(h) IS NOT '1' AND 1105(i) IS NOT '1' <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>		1128
1125	<p>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?</p>	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p> <p>REFUSED TO ANSWER/ NO ANSWER . . . . . 3</p>	1128
1126	<p>How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?</p>	<p>AGE IN COMPLETED YEARS . . . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW . . . . . 98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1127	Who was the person who was forcing you at that time?	CURRENT HUSBAND/PARTNER . 01 FORMER HUSBAND/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)	
1128	CHECK 1105A (a-i), 1114, 1118, 1122 AND 1125:  AT LEAST ONE <input type="checkbox"/> NOT A SINGLE <input type="checkbox"/> 'YES' ↓ 'YES' →		→ 1132
1129	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	→ 1132
1130	From whom have you sought help?  Anyone else?  RECORD ALL MENTIONED.	OWN FAMILY . . . . . A HUSBAND/PARTNER'S FAMILY . . . B CURRENT/LAST/LATE HUSBAND/PARTNER . . . . . C CURRENT/FORMER BOYFRIEND . . D FRIEND . . . . . E NEIGHBOR . . . . . F RELIGIOUS LEADER . . . . . G DOCTOR/MEDICAL PERSONNEL . . H POLICE . . . . . I LAWYER . . . . . J SOCIAL SERVICE ORGANIZATION . K  OTHER _____ X (SPECIFY)	
1132	As far as you know, did your father ever beat your mother?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . . . 8	

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

1133	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?	<table border="1"> <thead> <tr> <th></th> <th>YES ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND . . . . .</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT . . . . .</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT . . . . .</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>CHILD . . . . .</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND . . . . .	1	2	3	OTHER MALE ADULT . . . . .	1	2	3	FEMALE ADULT . . . . .	1	2	3	CHILD . . . . .	1	2	3
	YES ONCE	YES, MORE THAN ONCE	NO																			
HUSBAND . . . . .	1	2	3																			
OTHER MALE ADULT . . . . .	1	2	3																			
FEMALE ADULT . . . . .	1	2	3																			
CHILD . . . . .	1	2	3																			
1134	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE  _____  _____  _____																					

SECTION 12. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1201A	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. Did your mother give birth to any children other than yourself?	YES ..... 1 NO ..... 2	→ 1201H
1201B	How many sons did your mother have who are still alive?	BOYS LIVING ..... <input type="text"/>	
1201C	Besides yourself, how many daughters did your mother have who are still alive?	GIRLS LIVING ..... <input type="text"/>	
1201D	How many sons did your mother have who have died?	BOYS DEAD ..... <input type="text"/>	
1201E	How many daughters did your mother have who have died?	GIRLS DEAD ..... <input type="text"/>	
1201F	Has your mother given birth to other children for whom you do not know whether they are still alive or have died?	YES ..... 1 NO ..... 2	→ 1201H
1201G	How many other children has your mother had for whom you do not know whether they are still alive or have died?	OTHER CHILDREN ..... <input type="text"/>	
1201H	SUM ANSWERS TO 1201B, 1201C, 1201D, 1201E, AND 1201G, ADD 1 (THE RESPONDENT) AND RECORD THE TOTAL	TOTAL ..... <input type="text"/>	
1201I	CHECK 1201H  Just to make sure that I have this right: your mother gave birth to ____ child(ren), including yourself. Is that correct?  YES <input type="checkbox"/> NO <input type="checkbox"/>	PROBE AND CORRECT 1201A - 1201H AS NECESSARY	
1202	CHECK 1201 H: TWO OR MORE BIRTHS <input type="checkbox"/>	ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>	→ 1214
1203	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS ..... <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
		(1)	(2)	(3)	(4)	(5)	(6)
1204	What was the name given to your oldest (next oldest) brother or sister?	_____	_____	_____	_____	_____	_____
1205	Is (NAME) male or female?	MALE ..... 1 FEMALE ..... 2	MALE ..... 1 FEMALE ..... 2	MALE ..... 1 FEMALE ..... 2	MALE ..... 1 FEMALE ..... 2	MALE ..... 1 FEMALE ..... 2	MALE ..... 1 FEMALE ..... 2
1206	Is (NAME) still alive?	YES ..... 1 NO ..... 2 GO TO 1208 ↵ DK ..... 8 GO TO (2) ↵	YES ..... 1 NO ..... 2 GO TO 1208 ↵ DK ..... 8 GO TO (3) ↵	YES ..... 1 NO ..... 2 GO TO 1208 ↵ DK ..... 8 GO TO (4) ↵	YES ..... 1 NO ..... 2 GO TO 1208 ↵ DK ..... 8 GO TO (5) ↵	YES ..... 1 NO ..... 2 GO TO 1208 ↵ DK ..... 8 GO TO (6) ↵	YES ..... 1 NO ..... 2 GO TO 1208 ↵ DK ..... 8 GO TO (7) ↵
1207	How old is (NAME)?	<input type="text"/> GO TO (2)	<input type="text"/> GO TO (3)	<input type="text"/> GO TO (4)	<input type="text"/> GO TO (5)	<input type="text"/> GO TO (6)	<input type="text"/> GO TO (7)
1208	How many years ago did (NAME) die?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1209	How old was (NAME) when he/she died?	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)
1210	Was (NAME) pregnant when she died?	YES ..... 1 GO TO 1213 ↵ NO ..... 2	YES ..... 1 GO TO 1213 ↵ NO ..... 2	YES ..... 1 GO TO 1213 ↵ NO ..... 2	YES ..... 1 GO TO 1213 ↵ NO ..... 2	YES ..... 1 GO TO 1213 ↵ NO ..... 2	YES ..... 1 GO TO 1213 ↵ NO ..... 2
1211	Did (NAME) die during childbirth?	YES ..... 1 GO TO 1213 ↵ NO ..... 2	YES ..... 1 GO TO 1213 ↵ NO ..... 2	YES ..... 1 GO TO 1213 ↵ NO ..... 2	YES ..... 1 GO TO 1213 ↵ NO ..... 2	YES ..... 1 GO TO 1213 ↵ NO ..... 2	YES ..... 1 GO TO 1213 ↵ NO ..... 2
1212	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
1213	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IF NO MORE BROTHERS OR SISTERS, GO TO 1214.							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
1204	What was the name given to your oldest (next oldest) brother or sister?	(7)	(8)	(9)	(10)	(11)	(12)
1205	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1206	Is (NAME) still alive?	YES ..... 1 NO ..... 2 GO TO 1208 ← DK ..... 8 GO TO (8) ←	YES ..... 1 NO ..... 2 GO TO 1208 ← DK ..... 8 GO TO (9) ←	YES ..... 1 NO ..... 2 GO TO 1208 ← DK ..... 8 GO TO (10) ←	YES ..... 1 NO ..... 2 GO TO 1208 ← DK ..... 8 GO TO (11) ←	YES ..... 1 NO ..... 2 GO TO 1208 ← DK ..... 8 GO TO (12) ←	YES ..... 1 NO ..... 2 GO TO 1208 ← DK ..... 8 GO TO (13) ←
1207	How old is (NAME)?	<input type="text"/> GO TO (8)	<input type="text"/> GO TO (9)	<input type="text"/> GO TO (10)	<input type="text"/> GO TO (11)	<input type="text"/> GO TO (12)	<input type="text"/> GO TO (13)
1208	How many years ago did (NAME) die?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1209	How old was (NAME) when he/she died?	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
1210	Was (NAME) pregnant when she died?	YES ..... 1 GO TO 1213 ← NO ..... 2	YES ..... 1 GO TO 1213 ← NO ..... 2	YES ..... 1 GO TO 1213 ← NO ..... 2	YES ..... 1 GO TO 1213 ← NO ..... 2	YES ..... 1 GO TO 1213 ← NO ..... 2	YES ..... 1 GO TO 1213 ← NO ..... 2
1211	Did (NAME) die during childbirth?	YES ..... 1 GO TO 1213 ← NO ..... 2	YES ..... 1 GO TO 1213 ← NO ..... 2	YES ..... 1 GO TO 1213 ← NO ..... 2	YES ..... 1 GO TO 1213 ← NO ..... 2	YES ..... 1 GO TO 1213 ← NO ..... 2	YES ..... 1 GO TO 1213 ← NO ..... 2
1212	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
1213	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CHECK (X) HERE IF CONTINUATION SHEET USED		<input type="checkbox"/>					
IF NO MORE BROTHERS OR SISTERS, GO TO 1214.							
1214	RECORD THE TIME.	HOURS ..... <input type="text"/>					<input type="text"/>
		MINUTES ..... <input type="text"/>					<input type="text"/>



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 PILL
  - 4 IUD
  - 5 INJECTABLES
  - 6 IMPLANTS
  - 7 CONDOM
  - 8 FEMALE CONDOM
  - 9 DIAPHRAGM
  - J FOAM OR JELLY
  - K LACTATIONAL AMENORRHEA METHOD
  - L RHYTHM METHOD
  - M WITHDRAWAL
  - X OTHER \_\_\_\_\_  
 (SPECIFY)

			1			
12	DEC	01				
11	NOV	02				
10	OCT	03				
09	SEP	04				
2	08	AUG	05		2	
0	07	JUL	06		0	
0	06	JUN	07		0	
6	05	MAY	08		6	
	04	APR	09			
	03	MAR	10			
	02	FEB	11			
	01	JAN	12			
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	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	
5	05	MAY	20		5	
	04	APR	21			
	03	MAR	22			
	02	FEB	23			
	01	JAN	24			
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	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	
4	05	MAY	32		4	
	04	APR	33			
	03	MAR	34			
	02	FEB	35			
	01	JAN	36			
<hr/>						
	12	DEC	37			
	11	NOV	38			
	10	OCT	39			
	09	SEP	40			
2	08	AUG	41		2	
0	07	JUL	42		0	
0	06	JUN	43		0	
3	05	MAY	44		3	
	04	APR	45			
	03	MAR	46			
	02	FEB	47			
	01	JAN	48			
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	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	
2	05	MAY	56		2	
	04	APR	57			
	03	MAR	58			
	02	FEB	59			
	01	JAN	60			
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	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	
1	05	MAY	68		1	
	04	APR	69			
	03	MAR	70			
	02	FEB	71			
	01	JAN	72			