

**2001 ZAMBIA DEMOGRAPHIC AND HEALTH SURVEY
QUESTIONNAIRE FOR INDIVIDUAL WOMEN
CENTRAL BOARD OF HEALTH/CENTRAL STATISTICAL OFFICE**

IDENTIFICATION	
LOCALITY NAME _____	
NAME OF HOUSEHOLD HEAD _____	
CLUSTER NUMBER	+)0)), * * *
HOUSEHOLD NUMBER	/))3))1 * * *
PROVINCE .....	.))2))3))1 * *
URBAN/RURAL (URBAN=1, RURAL=2)	/))1 * *
LUSAKA/OTHER CITY/TOWN/VILLAGE	/))1 * *
(LUSAKA=1, OTHER CITY=2, TOWN=3, VILLAGE=4)	+))3))1 * * *
NAME AND LINE NUMBER OF WOMAN _____	.))3))1 * *
WOMAN SELECTED FOR Qs. 720A - 720L? (YES = 1, NO = 2)))-

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY +)0)), * * * /))3))1 MONTH * * * +))0)3)3))1 YEAR * * * * * .))2)3)3))1
INTERVIEWER'S NAME	_____	_____	_____	NAME * * * .))3))1
RESULT*	_____	_____	_____	RESULT * * .))-
NEXT VISIT: DATE	_____	_____		TOTAL NO. +)), * * *
TIME	_____	_____		OF VISITS .))-

*RESULT CODES:

1 COMPLETED	4 REFUSED	
2 NOT AT HOME	5 PARTLY COMPLETED	7 OTHER
3 POSTPONED	6 INCAPACITATED	_____

(SPECIFY)

LANGUAGE OF QUESTIONNAIRE**	ENGLISH	+)0)), *!0!*!*
LANGUAGE OF INTERVIEW**	_____	/))3))1 * * *
RESPONDENT'S LOCAL LANGUAGE**	_____	.))3))1 * * *
TRANSLATOR USED (1=NOT AT ALL; 2=SOMETIME; 3=ALL THE TIME)	_____	.))-

** LANGUAGE CODES:

01 ENGLISH	03 KAONDE	05 LUNDA	07 NYANJA	09 OTHER
02 BEMBA	04 LOZI	06 LUVALE	08 TONGA	

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ +)))0))) * * ' *	NAME _____ +)))0))) * * ' *	+)))0))), * * * .)))2)))-	+)))0))), * * * .)))2)))-
DATE _____ .)))2))) -	DATE _____ .)))2))) -		

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with CBOH/CSO. We are conducting a national survey about the health of women and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

We hope that you will participate in this survey since your views are important.

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

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2)) ▶ END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR +)))0))), * * * /)))3)))1 MINUTES * * * .)))2)))-	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS +)))0))), * * * .)))2)))- ALWAYS 95) , VISITOR 96) ▶105	
104	Just before you moved here, did you live in Lusaka, in another city, in a town, or in a village?	LUSAKA 1 OTHER CITY 2 TOWN 3 VILLAGE 4	
105	In what month and year were you born?	MONTH +)))0))), * * * .)))2)))- DONT KNOW MONTH 98 YEAR +)))0)))0)))0))), * * * * * .)))2)))2)))2)))- DONT KNOW YEAR 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS . * * * .)))2)))-	
107	Have you ever attended school?	YES 1 NO 2) ▶111	
108	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
109	What is the highest grade you completed at that level?	GRADE +)))0))), * * * .)))2)))-	
110	CHECK 108: PRIMARY +))), SECONDARY +))), /)))- OR HIGHER .)))2))))))))))))))))))))))))))))))))))))))		▶114

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	<p>Now I would like you to read this sentence to me.</p> <p>SHOW CARD TO RESPONDENT*.</p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?</p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE 2</p> <p>ABLE TO READ WHOLE SENTENCE ... 3</p> <p>NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE)</p>	
112	<p>Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?</p>	<p>YES 1</p> <p>NO 2</p>	
113	<p>CHECK 111: CODE '2', '3' +)), OR '4' /)))- CIRCLED ▾</p>	<p>CODE '1' +)), CIRCLED .))2))</p>	<p>)>115</p>
114	<p>Do you read a newspaper almost every day, at least once week, less than once a week or not at all?</p>	<p>ALMOST EVERY DAY 1</p> <p>AT LEAST ONCE A WEEK 2</p> <p>LESS THAN ONCE A WEEK 3</p> <p>ALMOST NEVER/NOT AT ALL 4</p>	
115	<p>Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?</p>	<p>ALMOST EVERY DAY 1</p> <p>AT LEAST ONCE A WEEK 2</p> <p>LESS THAN ONCE A WEEK 3</p> <p>ALMOST NEVER/NOT AT ALL 4</p>	
116	<p>Do you watch television almost every day, at least once a week, less than once a week or not at all?</p>	<p>ALMOST EVERY DAY 1</p> <p>AT LEAST ONCE A WEEK 2</p> <p>LESS THAN ONCE A WEEK 3</p> <p>ALMOST NEVER/NOT AT ALL 4</p>	
117	<p>What is your religion?</p>	<p>CATHOLIC 1</p> <p>PROTESTANT 2</p> <p>MUSLIM 3</p> <p>OTHER _____ 6 (SPECIFY)</p>	
118	<p>What tribe do you belong to?</p>	<p>_____ +))0)), * * * .))2)))-</p>	

* Examples:

- 1 - Children should go to school.
- 2 - Today is a sunny day.
- 3 - Birds fly in the sky.
- 4 - The child is reading a book.
- 5 - The rains came late this year.

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 +)))0)), * * * /)))3)))1 DAUGHTERS AT HOME * * * .)))2)))-	
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 +)))0)), * * * /)))3)))1 DAUGHTERS ELSEWHERE * * * .)))2)))-	
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 +)))0)), * * * /)))3)))1 GIRLS DEAD * * * .)))2)))-	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL +)))0)), * * * .)))2)))-	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES +))), /)))- NO +))), PROBE AND * .)))2)) ▶ CORRECT * 201-208 AS ▼ NECESSARY.		
210	CHECK 208: ONE OR MORE +))), BIRTHS /)))- NO BIRTHS +))), ▼ .)))2))))))))) ▼ .)))2)))))))))		) ▶ 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.									
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?	IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	IF ALIVE: Is (NAME) living with you?	IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	IF DEAD: 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)?
01	SING 1 MULT 2	BOY 1 GIRL 2	MONTH . * * * .))2)- YEAR +)0)0)0), ... * * * * * .))2)2)2)-	YES . 1 NO . . 2	AGE IN YEARS +)0)0), * * * * .))2)2)- 220	YES . . 1 NO . . . 2	LINE NUMBER +)0)0), * * * * .))2)2)- * v (NEXT BIRTH)	+)0)0), DAYS . . 1 * * * *)3))1 MON . . . 2 * * * *)3))1 YEARS . . 3 * * * * .))2)2)-	
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH . * * * .))2)- YEAR +)0)0)0), ... * * * * * .))2)2)2)-	YES . 1 NO . . 2	AGE IN YEARS +)0)0), * * * * .))2)2)- 220	YES . . 1 NO . . . 2	LINE NUMBER +)0)0), * * * * .))2)2)- * v (GO TO 221)	+)0)0), DAYS . . 1 * * * *)3))1 MON . . . 2 * * * *)3))1 YEARS . . 3 * * * * .))2)2)-	YES . . . 1 NO 2
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH . * * * .))2)- YEAR +)0)0)0), ... * * * * * .))2)2)2)-	YES . 1 NO . . 2	AGE IN YEARS +)0)0), * * * * .))2)2)- 220	YES . . 1 NO . . . 2	LINE NUMBER +)0)0), * * * * .))2)2)- * v (GO TO 221)	+)0)0), DAYS . . 1 * * * *)3))1 MON . . . 2 * * * *)3))1 YEARS . . 3 * * * * .))2)2)-	YES . . . 1 NO 2
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH . * * * .))2)- YEAR +)0)0)0), ... * * * * * .))2)2)2)-	YES . 1 NO . . 2	AGE IN YEARS +)0)0), * * * * .))2)2)- 220	YES . . 1 NO . . . 2	LINE NUMBER +)0)0), * * * * .))2)2)- * v (GO TO 221)	+)0)0), DAYS . . 1 * * * *)3))1 MON . . . 2 * * * *)3))1 YEARS . . 3 * * * * .))2)2)-	YES . . . 1 NO 2
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH . * * * .))2)- YEAR +)0)0)0), ... * * * * * .))2)2)2)-	YES . 1 NO . . 2	AGE IN YEARS +)0)0), * * * * .))2)2)- 220	YES . . 1 NO . . . 2	LINE NUMBER +)0)0), * * * * .))2)2)- * v (GO TO 221)	+)0)0), DAYS . . 1 * * * *)3))1 MON . . . 2 * * * *)3))1 YEARS . . 3 * * * * .))2)2)-	YES . . . 1 NO 2
06	SING 1 MULT 2	BOY 1 GIRL 2	MONTH . * * * .))2)- YEAR +)0)0)0), ... * * * * * .))2)2)2)-	YES . 1 NO . . 2	AGE IN YEARS +)0)0), * * * * .))2)2)- 220	YES . . 1 NO . . . 2	LINE NUMBER +)0)0), * * * * .))2)2)- * v (GO TO 221)	+)0)0), DAYS . . 1 * * * *)3))1 MON . . . 2 * * * *)3))1 YEARS . . 3 * * * * .))2)2)-	YES . . . 1 NO 2
07	SING 1 MULT 2	BOY 1 GIRL 2	MONTH . * * * .))2)- YEAR +)0)0)0), ... * * * * * .))2)2)2)-	YES . 1 NO . . 2	AGE IN YEARS +)0)0), * * * * .))2)2)- 220	YES . . 1 NO . . . 2	LINE NUMBER +)0)0), * * * * .))2)2)- * v (GO TO 221)	+)0)0), DAYS . . 1 * * * *)3))1 MON . . . 2 * * * *)3))1 YEARS . . 3 * * * * .))2)2)-	YES . . . 1 NO 2

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your next baby? (NAME)	Were any of these births twins?	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)?
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH . * * * .))2)- YEAR +))0))0)), ... * * * * * .))2))2))-	YES . 1 NO . . 2 * 220	AGE IN YEARS +))0)), * * * * * .))2))-	YES . . 1 NO . . . 2	LINE NUMBER +))0)), * * * * * .))2)))- * 220 (GO TO 221)	DAYS . . . 1 * * * *)3))1 MON 2 * * * *)3))1 YEARS . . . 3 * * * *)2)))-	YES . . . 1 NO 2
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH . * * * .))2)- YEAR +))0))0)), ... * * * * * .))2))2))-	YES . 1 NO . . 2 * 220	AGE IN YEARS +))0)), * * * * * .))2))-	YES . . 1 NO . . . 2	LINE NUMBER +))0)), * * * * * .))2)))- * 220 (GO TO 221)	DAYS . . . 1 * * * *)3))1 MON 2 * * * *)3))1 YEARS . . . 3 * * * *)2)))-	YES . . . 1 NO 2
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH . * * * .))2)- YEAR +))0))0)), ... * * * * * .))2))2))-	YES . 1 NO . . 2 * 220	AGE IN YEARS +))0)), * * * * * .))2))-	YES . . 1 NO . . . 2	LINE NUMBER +))0)), * * * * * .))2)))- * 220 (GO TO 221)	DAYS . . . 1 * * * *)3))1 MON 2 * * * *)3))1 YEARS . . . 3 * * * *)2)))-	YES . . . 1 NO 2
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH . * * * .))2)- YEAR +))0))0)), ... * * * * * .))2))2))-	YES . 1 NO . . 2 * 220	AGE IN YEARS +))0)), * * * * * .))2))-	YES . . 1 NO . . . 2	LINE NUMBER +))0)), * * * * * .))2)))- * 220 (GO TO 221)	DAYS . . . 1 * * * *)3))1 MON 2 * * * *)3))1 YEARS . . . 3 * * * *)2)))-	YES . . . 1 NO 2
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH . * * * .))2)- YEAR +))0))0)), ... * * * * * .))2))2))-	YES . 1 NO . . 2 * 220	AGE IN YEARS +))0)), * * * * * .))2))-	YES . . 1 NO . . . 2	LINE NUMBER +))0)), * * * * * .))2)))- * 220 (GO TO 221)	DAYS . . . 1 * * * *)3))1 MON 2 * * * *)3))1 YEARS . . . 3 * * * *)2)))-	YES . . . 1 NO 2

222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES 1 NO 2
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223	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS +)), NUMBERS ARE +)), ARE SAME /)))- DIFFERENT .))2))> (PROBE AND RECONCILE)</p> <p>* ▼</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. +)), * * * /))1 * * * /))1 * * * /))1 * * * FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS. .)))-</p>
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224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 1996 OR LATER. IF NONE, RECORD '0'. +)), * * * .)))-
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NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8), 2*229
227	How many months pregnant are you?	MONTHS +))0)), * * * .))2))-	
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 +))0)), * * * YEAR +))0))3))3))1 * * * * * .))2))2))2))-	
231	How many months pregnant were you when the last such pregnancy ended?	MONTHS +))0)), * * * .))2))-	
232	CHECK 230: LAST PREGNANCY ENDED IN JAN. 1996 OR LATER	LAST PREGNANCY ENDED BEFORE JAN. 1996 +)), /))- .))2))))))))))))))))))))))))))))))))))))))))))	) *237
233	Have you ever had any other pregnancies that did not result in a live birth?	YES 1 NO 2	) *237
234	When did the previous such pregnancy end?	MONTH +))0)), * * * YEAR +))0))3))3))1 * * * * * .))2))2))2))-	
235	How many months pregnant were you when that pregnancy ended?	MONTHS +))0)), * * * .))2))-	
237	When did your last menstrual period start? <hr/> (DATE, IF GIVEN)	DAYS AGO 1 * * * /))3))1 WEEKS AGO 2 * * * /))3))1 MONTHS AGO 3 * * * /))3))1 YEARS AGO 4 * * * .))2))- 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 DONT KNOW 8	), 2*301

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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

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. 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.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?	302	Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2), ▼	Have you ever had an operation to avoid having any more children? YES 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2), ▼	Have you ever had a partner who had an operation to avoid having any more children? YES 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2), ▼	YES 1 NO 2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2), ▼	YES 1 NO 2
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2), ▼	YES 1 NO 2
06	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.	YES 1 NO 2), ▼	YES 1 NO 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2), ▼	YES 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2), ▼	YES 1 NO 2
09	FOAM TABLETS, DIAPHRAGM OR JELLY Women can place a suppository, a diaphragm, jelly, or cream in their vagina before intercourse.	YES 1 NO 2), ▼	YES 1 NO 2
10	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES 1 NO 2), ▼	YES 1 NO 2
11	RHYTHM OR NATURAL FAMILY PLANNING Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2), ▼	YES 1 NO 2
12	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2), ▼	YES 1 NO 2
13	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES 1 NO 2), ▼	YES 1 NO 2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	YES 1 NO 2 YES 1 NO 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	CHECK 302: NOT A SINGLE +)), AT LEAST ONE +)), "YES" /)))- "YES" .)))2)))))))))))))))))))))))))))))))))) (NEVER USED) ▾ (EVER USED)		) • 307
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	) • 329
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 +))0)), * * * .)))2)))-	
308	CHECK 302 (01): WOMAN NOT +)), WOMAN +)), STERILIZED /)))- STERILIZED .)))2)))))))))))))))))))))))))))))))))) ▾		) • 311A
309	CHECK 226: NOT PREGNANT +)), PREGNANT +)), OR UNSURE /)))- .)))2)))))))))))))))))))))))))))))))))) ▾		) • 329
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	) • 329
311A	Which method are you using? IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST. CIRCLE 'A' FOR FEMALE STERILIZATION.	FEMALE STERILIZATION A) MALE STERILIZATION B)2• 313 PILL C) IUD D) INJECTABLES E * IMPLANTS F * CONDOM G * FEMALE CONDOM H * DIAPHRAGM/FOAM/JELLY I /• 316A LACTATIONAL AMEN. METHOD J * NATURAL FAMILY PLANNING K * WITHDRAWAL L * OTHER _____ X * (SPECIFY))-	

312	<p>What brand of pills are you using?</p> <p>ASK TO SEE THE PACKAGE IF RESPONDENT DOES NOT REMEMBER NAME OF BRAND.</p>	<p>SAFEPLAN 01)</p> <p>MICROGYNON 02 *</p> <p>MICROLUT 03 *</p> <p>EUGYNON 04 *</p> <p>LOGYNON 05 /-316A</p> <p>NORDETTE 06 *</p> <p>OTHER _____ 96 *</p> <p style="text-align: center;">(SPECIFY)</p> <p>PACKAGE NOT SEEN/DK 98)-</p>
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NO.	QUESTION AND FILTERS	CODING CATEGORIES	SKIP		
313	<p>In what facility did the sterilization take place?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>OTHER PUBLIC _____ 16</p> <p style="text-align: center;">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/SURGEY 21</p> <p>MISSION HOSPITAL/CLINIC 22</p> <p>PRIVATE DOCTOR'S OFFICE 23</p> <p>WORK PLACE 24</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 26</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW 98</p>			
314	<p>CHECK 311:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>CODE 'A' +))) ,</p> <p>CIRCLED /))) -</p> <p style="text-align: center;">*</p> <p style="text-align: center;">▼</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> </td> <td style="width: 50%; vertical-align: top;"> <p>CODE 'A' +))) ,</p> <p>NOT /))) -</p> <p style="text-align: center;">CIRCLED *</p> <p style="text-align: center;">▼</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> </td> </tr> </table>	<p>CODE 'A' +))) ,</p> <p>CIRCLED /))) -</p> <p style="text-align: center;">*</p> <p style="text-align: center;">▼</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>CODE 'A' +))) ,</p> <p>NOT /))) -</p> <p style="text-align: center;">CIRCLED *</p> <p style="text-align: center;">▼</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>	
<p>CODE 'A' +))) ,</p> <p>CIRCLED /))) -</p> <p style="text-align: center;">*</p> <p style="text-align: center;">▼</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>CODE 'A' +))) ,</p> <p>NOT /))) -</p> <p style="text-align: center;">CIRCLED *</p> <p style="text-align: center;">▼</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>				

NO.	QUESTION AND FILTERS	CODING CATEGORIES	SKIP
316	In what month and year was the sterilization performed?	MONTH * * * * YEAR * * * * *	
316A	In what month and year did you start using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH * * * * * YEAR * * * * *	
317	CHECK 316/316A: YEAR IS 1996 OR LATER YEAR IS BEFORE 1996	FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM/FOAM/JELLY 09 LACTATIONAL AMEN. METHOD 10 NATURAL FAMILY PLANNING 11 WITHDRAWAL 12 OTHER METHOD 96	) • 327
319	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/FOAM/JELLY 09 LACTATIONAL AMEN. METHOD 10 NATURAL FAMILY PLANNING 11 WITHDRAWAL 12 OTHER METHOD 96	) • 331
323	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES 1 NO 2	) • 327
324	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
327	CHECK 311/311A: CIRCLE METHOD CODE:	FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTIONS 05 IMPLANTS 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM/FOAM/JELLY 09 LACTATIONAL AMEN. METHOD 10 NATURAL FAMILY PLANNING 11 WITHDRAWAL 12 OTHER _____ 96 (SPECIFY)	) • 331) • 331) • 328A / • 331

NO.	QUESTION AND FILTERS	CODING CATEGORIES	SKIP
332	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES 1 NO 2	) >401
333	Did any staff member at the health facility speak to you about family planning methods?	YES 1 NO 2	

407A	<p>Where did the first antenatal visit take place?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME YOUR HOME 11 OTHER HOME 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST 23</p> <p>OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/SURGERY ... 31 MISSION HOSPITAL/CLINIC ... 32 WORK PLACE 33 OTHER PVT. MEDICAL _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>																			
408	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>+)0)), MONTHS * * *)2))- DON'T KNOW 98</p>																			
		<p>LAST BIRTH NAME _____</p>	<p>NEXT-TO-LAST-BIRTH NAME _____</p>																		
409	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>+)0)), NO. OF TIMES * * *)2))- DON'T KNOW 98</p>																			
410	<p>CHECK 409: NUMBER OF TIMES RECEIVED ANTENATAL CARE</p>	<table border="0"> <tr> <td data-bbox="722 1122 914 1305"> <p>ONCE +)),)- ▼ (SKIP TO 412)</p> </td> <td data-bbox="914 1122 1106 1305"> <p>MORE THAN ONCE OR DK +)),)- ▼</p> </td> </tr> </table>	<p>ONCE +)),)- ▼ (SKIP TO 412)</p>	<p>MORE THAN ONCE OR DK +)),)- ▼</p>																	
<p>ONCE +)),)- ▼ (SKIP TO 412)</p>	<p>MORE THAN ONCE OR DK +)),)- ▼</p>																				
411	<p>How many months pregnant were you the last time you received antenatal care?</p>	<p>+)0)), MONTHS * * *)2))- DON'T KNOW 98</p>																			
412	<p>During this pregnancy, were any of the following done at least once?</p> <p>Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?</p>	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>WEIGHT</td> <td>1</td> <td>2</td> </tr> <tr> <td>HEIGHT</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLOOD PRESSURE</td> <td>1</td> <td>2</td> </tr> <tr> <td>URINE SAMPLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLOOD SAMPLE</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	WEIGHT	1	2	HEIGHT	1	2	BLOOD PRESSURE	1	2	URINE SAMPLE	1	2	BLOOD SAMPLE	1	2	
	YES	NO																			
WEIGHT	1	2																			
HEIGHT	1	2																			
BLOOD PRESSURE	1	2																			
URINE SAMPLE	1	2																			
BLOOD SAMPLE	1	2																			
412A	<p>During this pregnancy, were you offered counseling and testing for the virus that causes AIDS?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>																			
414A	<p>CHECK 407A: DID RESPONDENT RECEIVE ANTENATAL CARE AT HOME?</p>	<p>CARE +)), CARE AT +)), AT /))- FACILITY .))1 HOME ▼ (SKIP TO 415*)-</p>																			

		LAST BIRTH NAME _____	NEXT-TO-LAST-BIRTH NAME _____
414B	What is the main reason you did not go to a health facility for antenatal care?	COST TOO MUCH 1 DISTANCE/TRANSPORT 2 SERVICE NOT AVAILABLE AT THAT TIME 3 DID NOT FEEL NEED 4 OTHER _____ 6 (SPECIFY)	
414C	Did you ever try to go for antenatal care but the health facility staff told you to go away and come back another day?	YES 1 NO 2	
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, spasms or jerks in the first month after birth?	YES 1 NO 2 (SKIP TO 417)•))))))1 DONT KNOW 8	
416	During this pregnancy, how many times did you get this injection?	..... +))), TIMES * *)))- DONT KNOW 8	
417	During this pregnancy, were you given or did you buy any iron tablets or iron syrup or folic acid? SHOW TABLET/SYRUP.	YES 1 NO 2 (SKIP TO 421)•))))))1 DONT KNOW 8	
418	During the whole pregnancy, for how many days did you take the iron tablets or iron syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER OF +)))0)))0))), DAYS * * * *)))2)))2)))- DONT KNOW 998	
421	During this pregnancy, did you take any drugs to prevent you from getting malaria?	YES 1 NO 2 (SKIP TO 423)•))))))1 DONT KNOW 8	
422	What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	CHLOROQUINE A FANSIDAR B OTHER _____ X (SPECIFY) DONT KNOW Z	
422A	CHECK 407: DID YOU SEE ANYONE FOR ANTENATAL CARE DURING THIS PREGNANCY?	“ANY ONE” (A - X) +)),)))- •	“NO ONE” (Y) +)),)))- • (SKIP TO 423)

		LAST BIRTH NAME _____	NEXT-TO-LAST-BIRTH NAME _____
422B	Did you get these drugs during an antenatal visit, another visit to health facility or from some other source?	ANTENATAL VISIT 1 ANOTHER FACILITY VISITS 2 OTHER SOURCE _____ 6 (SPECIFY)	
423	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
424	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 426*(.....))1 DON'T KNOW 8	YES 1 NO 2 (SKIP TO 426*(.....))1 DON'T KNOW 8
425	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM +))0))0))0)), CARD 1 * * * * * .))2))2))2)))- GRAMS FROM +))0))0))0)), RECALL 2 * * * * * .))2))2))2)))- DON'T KNOW 99998	GRAMS FROM +))0))0))0)), CARD 1 * * * * * .))2))2))2)))- GRAMS FROM +))0))0))0)), RECALL 2 * * * * * .))2))2))2)))- DON'T KNOW 99998
426	Who assisted with the delivery of (NAME)? Anyone else? IF RELATIVE OR FRIEND, PROBE TO SEE IF BELONGS TO ANOTHER CATEGORY.	HEALTH PROFESSIONAL DOCTOR A CLINICAL OFFICER B NURSE/MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR A CLINICAL OFFICER B NURSE/MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE Y
427	Where did you give birth to (NAME)? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) (LAST BIRTH) _____ (NAME OF PLACE) (NEXT-TO-LAST BIRTH)	HOME YOUR HOME 11 (SKIP TO 429*(.....))1 OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 MISSION HOSPITAL/CLINIC ... 32 OTHER PVT. MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) * (SKIP TO 429*(.....)))-	HOME YOUR HOME 11 (SKIP TO 429*(.....))1 OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 MISSION HOSPITAL/CLINIC ... 32 OTHER PVT. MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) * (SKIP TO 429*(.....)))-
428	Was (NAME) delivered by caesarean section?	YES 1 NO 2	YES 1 NO 2

		LAST BIRTH NAME _____	NEXT-TO-LAST-BIRTH NAME _____
429	After (NAME) was born, did a health professional or a traditional birth attendant check on your health?	YES 1 NO 2 (SKIP TO 433)*)-)))-	YES 1 NO 2
430	How many days or weeks after delivery did the first check take place? RECORD '00' DAYS IF SAME DAY.	+)0)), DAYS AFTER DEL ... 1 * * *)3))1 WEEKS AFTER DEL .. 2 * * *)2))- DON'T KNOW 998	
431	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PROFESSIONAL DOCTOR 11 CLINICAL OFFICER 12 NURSE/MIDWIFE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 OTHER _____ 96 (SPECIFY)	
432	Where did this first check take place? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 MISSION HOSPITAL/CLINIC ... 32 OTHER PVT. MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)	
433	In the first one month after delivery, did you receive a vitamin A dose like this? SHOW CAPSULE.	YES 1 NO 2	
434	Has your period returned since the birth of (NAME)?	YES 1 (SKIP TO 436)*)-)))- NO 2 (SKIP TO 437)*)-)))-	
435	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 439)*)-)))-
436	For how many months after the birth of (NAME) did you <u>not</u> have a period?	+)0)), MONTHS * * *)2))- DON'T KNOW 98	+)0)), MONTHS * * *)2))- DON'T KNOW 98
437	CHECK 226: IS RESPONDENT PREGNANT?	NOT +)), PREGNANT +)), PREG- /))- OR UNSURE .))1 NANT ▼ (SKIP TO 439)*)-)	

		LAST BIRTH NAME _____	NEXT-TO-LAST-BIRTH NAME _____
438	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 440)*)-)	
439	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS +))0)), * * *)2))- DON'T KNOW 98	MONTHS +))0)), * * *)2))- DON'T KNOW 98
440	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 447)*)-)	YES 1 NO 2 (SKIP TO 447)*)-)
441	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 +))0)), 1 * * * DAYS /))3))1 2 * * *)2))-	IMMEDIATELY 000 HOURS +))0)), 1 * * * DAYS /))3))1 2 * * *)2))-
442	In the first three days after delivery, before your milk began flowing regularly, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 444)*)-)	YES 1 NO 2 (SKIP TO 444)*)-)
443	What was (NAME) given to drink before your milk began flowing regularly? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER ... C GRIPE WATER D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H HONEY I OTHER _____ X (SPECIFY)	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER ... C GRIPE WATER D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H HONEY I OTHER _____ X (SPECIFY)
444	CHECK 404: CHILD ALIVE?	ALIVE +)), DEAD +)),)-)1 v (SKIP TO 446)*)-)	ALIVE +)), DEAD +)),)-)1 v (SKIP TO 446)*)-)
445	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 448)*)-) NO 2	YES 1 (SKIP TO 448)*)-) NO 2
446	For how many months did you breastfeed (NAME)?	MONTHS +))0)), * * *)2))- DON'T KNOW 98	MONTHS +))0)), * * *)2))- DON'T KNOW 98
447	CHECK 404: IS CHILD LIVING?	LIVING +)), DEAD +)),)-)- * v * (GO BACK TO * 405 IN NEXT * COLUMN; OR, IF * NO MORE v BIRTHS, GO TO (SKIP TO 450) 454)	LIVING +)), DEAD +)),)-)- * v * (GO BACK TO 405 * IN LAST COLUMN * OF NEW * QUESTIONNAIRE; * OR, IF NO MORE v BIRTHS, GO TO (SKIP TO 450) 454)

		LAST BIRTH NAME _____	NEXT-TO-LAST-BIRTH NAME _____
448	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . . . +)))0))), * * * .)))2)))-	NUMBER OF NIGHTTIME FEEDINGS . . . +)))0))), * * * .)))2)))-
449	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . . . +)))0))), * * * .)))2)))-	NUMBER OF DAYLIGHT FEEDINGS . . . +)))0))), * * * .)))2)))-
450	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
451	Was sugar added to any of the foods or liquids (NAME) ate yesterday?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
452	How many <u>times</u> did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7.	NUMBER OF TIMES +))), * * .)))- DON'T KNOW 8	NUMBER OF TIMES +))), * * .)))- DON'T KNOW 8
453		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454.	GO BACK TO 405 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 454.

SECTION 4B. IMMUNIZATION, HEALTH AND NUTRITION

454	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1996 OR LATER. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES).		
455	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER +)))0))), * * * * * .)2)))-	NEXT-TO-LAST BIRTH LINE NUMBER +)))0))), * * * * * .)2)))-
456	FROM 212 AND 216	NAME _____ LIVING +)), DEAD +)), /))- /))- * * * * * * (GO TO 456 IN * NEXT COLUMN; * OR, IF NO MORE * BIRTHS, GO TO * 484)	NAME _____ LIVING +)), DEAD +)), /))- /))- * * * * * * (GO TO 456 IN * LAST COLUMN * OF NEW * QUESTION- * NAIRE; OR, IF * NO MORE * BIRTHS, GO TO * 484)
458	Do you have an Under 5 Card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 460+))))) - YES, NOT SEEN 2 (SKIP TO 462+))))) - NO CARD 3	YES, SEEN 1 (SKIP TO 460+))))) - YES, NOT SEEN 2 (SKIP TO 462+))))) - NO CARD 3
459	Did you ever have an Under 5 Card for (NAME)?	YES 1 (SKIP TO 462+))))) 1 NO 2	YES 1 (SKIP TO 462+))))) 1 NO 2
460	(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.	DAY MONTH YEAR +))0))0))0))0))0)), BCG * * 5 * 5 * * * * (/))3))3))3))3))3))1 POLIO 0 (POLIO GIVEN AT BIRTH) OPV0 * * 5 * 5 * * * * (/))3))0))3))0))3))3))1 POLIO 1 OPV1 * * 5 * 5 * * * * (/))3))0))3))0))3))3))1 POLIO 2 OPV2 * * 5 * 5 * * * * (/))3))0))3))0))3))3))1 POLIO 3 OPV3 * * 5 * 5 * * * * (/))3))0))3))0))3))3))1 DPT 1 DPT1 * * 5 * 5 * * * * (/))3))0))3))0))3))3))1 DPT 2 DPT2 * * 5 * 5 * * * * (/))3))0))3))0))3))3))1 DPT 3 DPT3 * * 5 * 5 * * * * (/))3))0))3))0))3))3))1 MEASLES MEASLES * * 5 * 5 * * * * (/))3))0))3))0))3))3))1 VITAMIN A (MOST RECENT) VIT. A * * 5 * 5 * * * * (/))2))J))2))J))2))2)))-	DAY MONTH YEAR +))0))0))0))0))0)), BCG * * 5 * 5 * * * * (/))3))0))3))0))3))3))1 POLIO 0 (POLIO GIVEN AT BIRTH) OPV0 * * 5 * 5 * * * * (/))3))0))3))0))3))3))1 POLIO 1 OPV1 * * 5 * 5 * * * * (/))3))0))3))0))3))3))1 POLIO 2 OPV2 * * 5 * 5 * * * * (/))3))0))3))0))3))3))1 POLIO 3 OPV3 * * 5 * 5 * * * * (/))3))0))3))0))3))3))1 DPT 1 DPT1 * * 5 * 5 * * * * (/))3))0))3))0))3))3))1 DPT 2 DPT2 * * 5 * 5 * * * * (/))3))0))3))0))3))3))1 DPT 3 DPT3 * * 5 * 5 * * * * (/))3))0))3))0))3))3))1 MEASLES MEASLES * * 5 * 5 * * * * (/))3))0))3))0))3))3))1 VITAMIN A (MOST RECENT) VIT. A * * 5 * 5 * * * * (/))2))J))2))J))2))2)))-

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
461	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day, "Bye Bye Polio" or in a Child Health Week campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINE(S).	YES 1 (PROBE FOR VACCINATIONS ◀)- AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460))))))) (SKIP TO 464)◀))))) NO 2 (SKIP TO 464)◀))))) DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS ◀)- AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460))))))) (SKIP TO 464)◀))))) NO 2 (SKIP TO 464)◀))))) DON'T KNOW 8
462	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day, "Bye Bye Polio" or in a Child Health Week campaign?	YES 1 NO 2 (SKIP TO 466)◀))))) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 466)◀))))) DON'T KNOW 8
463	Please tell me if (NAME) received any of the following vaccinations:		
463A	A BCG vaccination against tuberculosis, that is, an injection in the forearm that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
463B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 463E)◀))))) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 463E)◀))))) DON'T KNOW 8
463C	When was the first polio vaccine received, just after birth or later?	JUST AFTER BIRTH 1 LATER 2	JUST AFTER BIRTH 1 LATER 2
463D	How many times was the polio vaccine received?	NUMBER OF TIMES * *)-)	NUMBER OF TIMES * *)-)
463E	A DPT vaccination, that is, an injection given in the thigh, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 463G)◀))))) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 463G)◀))))) DON'T KNOW 8
463F	How many times?	NUMBER OF TIMES * *)-)	NUMBER OF TIMES * *)-)
463G	An injection in the upper arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
464	Do you remember the most recent "Bye Bye Polio" or Child Health Week campaign in February (August) this year?	YES 1 NO 2 (SKIP TO 466)◀)-	YES 1 NO 2 (SKIP TO 466)◀)-
465	Did (NAME) receive a Vitamin A supplement at this event?	YES 1 NO 2 (SKIP TO 465B)◀))))) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 465B)◀))))) DON'T KNOW 8

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
465A	How was vitamin A given? RECORD ALL MENTIONED. DO NOT READ RESPONSES TO RESPONDENT.	BLUE/RED CAPSULE TAKEN WHOLE A CAPSULE CUT WITH SCISSORS .. B CAPSULE CUT WITH RAZOR/SURGICAL BLADE C CAPSULE PRICKED WITH NEEDLE D OTHER _____ X (SPECIFY)	BLUE/RED CAPSULE TAKEN WHOLE A CAPSULE CUT WITH SCISSORS .. B CAPSULE CUT WITH RAZOR/SURGICAL BLADE C CAPSULE PRICKED WITH NEEDLE D OTHER _____ X (SPECIFY)
465B	Did (NAME) receive any immunizations during this campaign?	YES 1 NO 2 (SKIP TO 465D)•))))))1 DON'T KNOW 8	YES 1 NO 2 (SKIP TO 465D)•))))))1 DON'T KNOW 8
465C	did (NAME) receive:	YES NO DK BCG 1 2 8 POLIO 1 2 8 DPT 1 2 8 MEASLES 1 2 8	YES NO DK BCG 1 2 8 POLIO 1 2 8 DPT 1 2 8 MEASLES 1 2 8
465D	CHECK 465: "YES" IN 465 +)), /))- ▼ You told me that (NAME) received a Vitamin A capsule. Did this happen in the last six months? "NO/DON'T KNOW" IN 465 +)), /))- ▼ In the last six months, did (NAME) receive a Vitamin A red or blue capsule?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
466	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 467)•))))))1 DON'T KNOW 8	YES 1 NO 2 (SKIP TO 467)•))))))1 DON'T KNOW 8
466A	Does (NAME) have a fever now?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
467	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 469)•))))))1 DON'T KNOW 8	YES 1 NO 2 (SKIP TO 469)•))))))1 DON'T KNOW 8
468	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
469	CHECK 466 AND 467: FEVER OR COUGH?	"YES" IN 466 OR 467 +)), /))- +)), /))- ▼ (SKIP TO 475) OTHER +)), /))- * ▼	"YES" IN 466 OR 467 +)), /))- +)), /))- * ▼ (SKIP TO 475)
470	Did you seek advice or treatment for the fever/cough?	YES 1 NO 2 (SKIP TO 471A)•))))))-	YES 1 NO 2 (SKIP TO 471A)•))))))-

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
471	Where did you seek advice or treatment? Anywhere else? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B GOVT. HEALTH POST C OTHER PUBLIC _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/SURGERY E MISSION HOSPITAL/CLINIC F PHARMACY G PRIVATE DOCTOR H COMMUNITY-BASED AGENT ... I OTHER PRIVATE MEDICAL _____ J (SPECIFY) OTHER SOURCE SHOP K TRAD. PRACTITIONER L OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B GOVT. HEALTH POST C OTHER PUBLIC _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/SURGERY E MISSION HOSPITAL/CLINIC F PHARMACY G PRIVATE DOCTOR H COMMUNITY-BASED AGENT ... I OTHER PRIVATE MEDICAL _____ J (SPECIFY) OTHER SOURCE SHOP K TRAD. PRACTITIONER L OTHER _____ X (SPECIFY)
471A	Has (NAME) been ill with convulsions or fits at any time in the last 2 weeks?	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8
472A	CHECK 466 AND 471A: HAD FEVER OR CONVULSIONS OR FITS?	“YES” IN 466 OR 471A +)), /))- * ▼ (SKIP TO 475)	“NO”/“DK” IN 466 AND 471A +)), /))- * ▼ (SKIP TO 475)
473	Did (NAME) take any medicine for the (fever/convulsions/fits)?	YES 1 NO 2 (SKIP TO 474N*))))))1 DONT KNOW 8	YES 1 NO 2 (SKIP TO 474N*))))))1 DONT KNOW 8
474	What drugs did (NAME) take? RECORD ALL MENTIONED. ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN. IF TYPE OF DRUG IS STILL NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	ANTI-MALARIAL CHLOROQUINE A FANSIDAR B QUININE C OTHER DRUGS ASPIRIN D PANADOL E HERBS/TRADITIONAL MEDICINE F OTHER _____ X (SPECIFY) DONT KNOW Z	ANTI-MALARIAL CHLOROQUINE A FANSIDAR B QUININE C OTHER DRUGS ASPIRIN D PANADOL E HERBS/TRADITIONAL MEDICINE F OTHER _____ X (SPECIFY) DONT KNOW Z
474A	Did (NAME) get any injection or suppository for the (fever/convulsions/fits)?	INJECTION A SUPPOSITORY B NONE Y DONT KNOW Z	INJECTION A SUPPOSITORY B NONE Y DONT KNOW Z

		LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____
474B	CHECK 474: CHLOROQUINE?	CODE "A" CIRCLED (CHLOROQUINE) +)), /))- * ▼	CODE "A" NOT CIRCLED +)), /))- * ▼ (SKIP TO 474F)	CODE "A" CIRCLED (CHLOROQUINE) +)), /))- * ▼	CODE "A" NOT CIRCLED +)), /))- * ▼ (SKIP TO 474F)
474C	How long after the (fever/convulsions/fits) started did (NAME) first take Chloroquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER . 2 THREE OR MORE DAYS AFTER THE FEVER 3 DONT KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER . 2 THREE OR MORE DAYS AFTER THE FEVER 3 DONT KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER . 2 THREE OR MORE DAYS AFTER THE FEVER 3 DONT KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER . 2 THREE OR MORE DAYS AFTER THE FEVER 3 DONT KNOW 8
474D	For how many days did (NAME) take the Chloroquine? IF 7 OR MORE DAYS, RECORD '7'.	DAYS +))), * * .))))- DONT KNOW 8	DAYS +))), * * .))))- DONT KNOW 8	DAYS +))), * * .))))- DONT KNOW 8	DAYS +))), * * .))))- DONT KNOW 8
474E	Did you have the chloroquine at home or you got it from somewhere else?	AT HOME 1 OTHER SOURCE 2 DONT KNOW 8	AT HOME 1 OTHER SOURCE 2 DONT KNOW 8	AT HOME 1 OTHER SOURCE 2 DONT KNOW 8	AT HOME 1 OTHER SOURCE 2 DONT KNOW 8
474F	CHECK 474: FANSIDAR?	CODE "B" CIRCLED (FANSIDAR) +)), /))- * ▼	CODE "B" NOT CIRCLED +)), /))- * ▼ (SKIP TO 474J)	CODE "B" CIRCLED (FANSIDAR) +)), /))- * ▼	CODE "B" NOT CIRCLED +)), /))- * ▼ (SKIP TO 474J)
474G	How long after the (fever/convulsions/fits) started did (NAME) first take Fansidar?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER . 2 THREE OR MORE DAYS AFTER THE FEVER 3 DONT KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER . 2 THREE OR MORE DAYS AFTER THE FEVER 3 DONT KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER . 2 THREE OR MORE DAYS AFTER THE FEVER 3 DONT KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER . 2 THREE OR MORE DAYS AFTER THE FEVER 3 DONT KNOW 8
474H	For how many days did (NAME) take Fansidar? IF 7 OR MORE DAYS, RECORD '7'.	DAYS +))), * * .))))- DONT KNOW 8	DAYS +))), * * .))))- DONT KNOW 8	DAYS +))), * * .))))- DONT KNOW 8	DAYS +))), * * .))))- DONT KNOW 8
474I	Did you have the Fansidar at home or you got it from somewhere else? IF MORE THAN ONE SOURCE MENTIONED, ASK WHERE DID YOU GET THE FANSIDAR FIRST.	AT HOME 1 OTHER SOURCE 2 DONT KNOW 8	AT HOME 1 OTHER SOURCE 2 DONT KNOW 8	AT HOME 1 OTHER SOURCE 2 DONT KNOW 8	AT HOME 1 OTHER SOURCE 2 DONT KNOW 8
474J	CHECK 474: QUININE?	CODE "C" CIRCLED (QUININE) +)), /))- * ▼	CODE "C" NOT CIRCLED +)), /))- * ▼ (SKIP TO 474N)	CODE "C" CIRCLED (QUININE) +)), /))- * ▼	CODE "C" NOT CIRCLED +)), /))- * ▼ (SKIP TO 474N)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
474K	How long after the (fever/convulsions/fits) started did (NAME) first take Quinine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER . 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER . 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8
474L	For how many days did (NAME) take Quinine? IF 7 OR MORE DAYS, RECORD '7'.	..... +))), DAYS * *))))- DON'T KNOW 8	..... +))), DAYS * *))))- DON'T KNOW 8
474M	Did you have the Quinine at home or you got it from somewhere else?	AT HOME 1 OTHER SOURCE 2 DON'T KNOW 8	AT HOME 1 OTHER SOURCE 2 DON'T KNOW 8
474N	Was anything else done about (NAME)'s (fever/convulsions/fits)?	YES 1 NO 2 (SKIP TO 475) *))) 1 DON'T KNOW 8	YES 1 NO 2 (SKIP TO 475) *))) 1 DON'T KNOW 8
474O	What was done about (NAME)'s (fever/convulsions/fits)?	CONSULTED TRADITIONAL HEALER A GAVE TEPID SPONGING B GAVE HERBS C OTHER _____ X (SPECIFY)	CONSULTED TRADITIONAL HEALER A GAVE TEPID SPONGING B GAVE HERBS C OTHER _____ X (SPECIFY)
475	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 482A) *))) 1 DON'T KNOW 8	YES 1 NO 2 (SKIP TO 482A) *))) 1 DON'T KNOW 8
476	Now I would like to know how much (NAME) was offered to drink during the diarrhea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she offered 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
477	When (NAME) had diarrhea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she offered 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
478	Was he/she given a fluid made from a special packet called Madzi-a-Moyo or ORS?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
479	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 481) *))) 1 DON'T KNOW 8	YES 1 NO 2 (SKIP TO 481) *))) 1 DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
480	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS MENTIONED.	PILL OR SYRUP A INJECTION B (I.V.) INTRAVENOUS C HOME REMEDIES/ HERBAL MEDICINES D OTHER _____ X (SPECIFY)	PILL OR SYRUP A INJECTION B (I.V.) INTRAVENOUS C HOME REMEDIES/ HERBAL MEDICINES D OTHER _____ X (SPECIFY)
481	Did you seek advice or treatment for the diarrhea?	YES 1 NO 2 (SKIP TO 482A)•))))))-	YES 1 NO 2 (SKIP TO 482A)•))))))-
482	Where did you seek advice or treatment? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) (LAST BIRTH) _____ (NAME OF PLACE) (NEXT-TO-LAST BIRTH) Anywhere else? RECORD ALL PLACES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B GOVT. HEALTH POST C OTHER PUBLIC _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/SURGERY E MISSION HOSPITAL/CLINIC F PHARMACY G PRIVATE DOCTOR H COMMUNITY-BASED AGENT ... I OTHER PRIVATE MEDICAL _____ J (SPECIFY) OTHER SOURCE SHOP K TRAD. PRACTITIONER L OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B GOVT. HEALTH POST C OTHER PUBLIC _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/SURGERY E MISSION HOSPITAL/CLINIC F PHARMACY G PRIVATE DOCTOR H COMMUNITY-BASED AGENT ... I OTHER PRIVATE MEDICAL _____ J (SPECIFY) OTHER SOURCE SHOP K TRAD. PRACTITIONER L OTHER _____ X (SPECIFY)
482A	Has (NAME) received any injection in the past 3 months?	YES 1 NO 2 (SKIP TO 483)•))))))1 DON'T KNOW 8	YES 1 NO 2 (SKIP TO 483)•))))))1 DON'T KNOW 8
482B	Did you bring your own syringe and needle for this injection or was it provided at the facility?	CLIENT PROVIDED 1 HLTH FACILITY PROVIDED 2 DON'T KNOW 8	CLIENT PROVIDED 1 HLTH FACILITY PROVIDED 2 DON'T KNOW 8
482C	Had the syringe and needle been used before or was it a new syringe and needle?	USED SYRINGE/NEEDLE 1 NEW SYRINGE/NEEDLE 2 DON'T KNOW 8	USED SYRINGE/NEEDLE 1 NEW SYRINGE/NEEDLE 2 DON'T KNOW 8
482D	Did you keep this needle and syringe after it was used?	YES 1 NO 2	YES 1 NO 2
483		GO BACK TO 456 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484.	GO BACK TO 456 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 484.

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
492	<p>Now I would like to ask you about liquids (NAME FROM Q. 491) drank yesterday.</p> <p>In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) drink (ITEM)?</p> <p>a Plain water?</p> <p>b Commercially produced infant formula?</p> <p>c Any other milk such as tinned, powdered, or fresh animal milk?</p> <p>d Fruit juice?</p> <p>e Any other liquids such as sugar water, tea, coffee, carbonated drinks, or soup broth?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>YESTERDAY/LAST NIGHT</p> <p>a <input type="checkbox"/></p> <p>b <input type="checkbox"/></p> <p>c <input type="checkbox"/></p> <p>d <input type="checkbox"/></p> <p>e <input type="checkbox"/></p>	
493	<p>Now I would like to ask you about the types of foods (NAME FROM Q. 491) ate yesterday.</p> <p>In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) eat (ITEM)?</p> <p>a Any food made from grains like maize, millet, sorghum, rice, wheat, or other grains?</p> <p>b Pumpkin, red or yellow yams or squash, carrots, or yellow or orange sweet potatoes?</p> <p>c Any other food made from roots or tubers like white potatoes, white yams, manioc, cassava, or other local roots/tuber?</p> <p>d Any green leafy vegetables like spinach, wild spinach, cassava leaves, sweet potato leaves, pumpkin leaves, black jack leaves, bean leaves?</p> <p>e Mango or papaya?</p> <p>f Any other fruits and vegetables like bananas, apples/sauce, green beans, avocados, tomatoes, oranges, mandarines, citrus fruits, lemons, wild fruits and vegetables?</p> <p>g Meat, chicken, fish, kapenta, chisense, caterpillars, or eggs?</p> <p>h Legumes, lentils, beans, soybeans, pulses, peanuts, or pounded pumpkin seeds?</p> <p>i Any food prepared with oil, fat, or butter?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>YESTERDAY/LAST NIGHT</p> <p>a <input type="checkbox"/></p> <p>b <input type="checkbox"/></p> <p>c <input type="checkbox"/></p> <p>d <input type="checkbox"/></p> <p>e <input type="checkbox"/></p> <p>f <input type="checkbox"/></p> <p>g <input type="checkbox"/></p> <p>h <input type="checkbox"/></p> <p>i <input type="checkbox"/></p>	
494	<p>In your whole life, how many tetanus injections have you received?</p>	<p>+)))0))), NO OF TIMES . * * * * .)))2))) - DON'T KNOW 98</p>	
496	<p>Do you currently smoke cigarettes or tobacco?</p> <p>IF YES: What type of tobacco do you smoke?</p> <p>RECORD ALL TYPES MENTIONED.</p>	<p>YES, CIGARETTES A YES, PIPE B YES, OTHER TOBACCO C NO Y</p>	
497	<p>CHECK 496:</p> <p>CODE 'A' CIRCLED +))), CODE 'A' NOT +))), /))) - CIRCLED .)))2))))))))))))))))))))))))))))))))))</p>		<p>)) - 499 A</p>
498	<p>In the last 24 hours, how many cigarettes did you smoke?</p>	<p>+)))0))), CIGARETTES . * * * * .)))2))) -</p>	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
499A	Have you ever drunk alcohol?	YES 1 NO 2	) *501
499B	In the last month, on how many days did you drink alcohol? IF EVERY DAY: RECORD '30'.	+))0)), NO OF DAYS . * * * .))2)))- NONE 95	
499C	Have you ever gotten "drunk" from drinking alcohol?	YES 1 NO 2	) *501
499D	CHECK 499B: DRANK ALCOHOL ON +), AT LEAST ONE DAY /)- ▼ NONE +), .2))))))))))))))))))))))))))))))))))		) *501
499E	In the last month, on how many occasions did you get "drunk"?	+))0)), NO OF TIMES . * * * .))2)))- NONE/NEVER 95	

SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Are you currently married or living with a man?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	), 2)*505
502	Have you ever been married or lived with a man?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	),)*510)*)514
504	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	), 3)*510)-
505	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
506	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 _____ +)))0))), * * * LINE NO. .... .)))2)))-	
507	Does your husband/partner have any other wives besides yourself?	YES 1 NO 2	),)*510
508	How many other wives does he have?	+)))0))), NUMBER * * * .)))2)))- DON'T KNOW 98	),)*510
509	Are you the first, second, ... wife?	+)))0))), RANK * * * .)))2)))-	
510	Have you been married or lived with a man only once, or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
511	CHECK 510: MARRIED/ +))), MARRIED/ +))), LIVED WITH A MAN /)))- LIVED WITH A MAN /)))- ONLY ONCE * MORE THAN ONCE * ▼ ▼ In what month and year did you start living with your husband/partner? Now we will talk about your first husband/partner. In what month and year did you start living with him?	+)))0))), MONTH * * * .)))2)))- DON'T KNOW MONTH 98 +)))0)))0)))0))), YEAR * * * * * .)))2)))2)))2)))- DON'T KNOW YEAR 9998	),)*514
512	How old were you when you started living with him?	+)))0))), AGE * * * .)))2)))-	
514	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse (if ever)?	NEVER 00 +)))0))), AGE IN YEARS * * * .)))2)))- FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER .. 95	),)*524
515	When was the last time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	+)))0))), DAYS AGO 1 * * *))))3)))1 WEEKS AGO 2 * * *))))3)))1 MONTHS AGO 3 * * *))))3)))1 YEARS AGO 4 * * * .)))2)))-	),)*524

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
516	<p>The last time you had sexual intercourse, was a condom used?</p> <p>IF YES, PROBE FOR TYPE OF CONDOM USED.</p>	<p>YES, MALE 1</p> <p>YES, FEMALE 2</p> <p>NO 3</p>	<p>) * 516</p> <p>B</p>
516A	<p>What was the main reason you used a condom on that occasion?</p>	<p>RESPONDENT WANTED TO PREVENT STD/HIV 01</p> <p>RESPONDENT WANTED TO PREVENT PREGNANCY 02</p> <p>RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY . 03</p> <p>DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS 04</p> <p>PARTNER REQUESTED/INSISTED 05</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>,</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>/* 517</p> <p>*</p> <p>*</p> <p>*</p> <p>*</p> <p>-</p>
516B	<p>What is the main reason you did <u>not</u> use a condom that time?</p>	<p>NOT AVAILABLE 01</p> <p>COST TOO MUCH 02</p> <p>USED FAMILY PLANNING METHOD .. 03</p> <p>TRUSTED PARTNER 04</p> <p>PARTNER TESTS NEGATIVE/ NO RISK 05</p> <p>RESPONDENT DOESNT LIKE 06</p> <p>PARTNER REFUSED/OBJECTED 07</p> <p>PARTNER DRUNK/ON DRUGS 08</p> <p>WANTED TO GET PREGNANT 09</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
517	<p>What is your relationship to the man with whom you last had sex?</p> <p>IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex?</p> <p>IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.</p>	<p>SPOUSE/COHABITING PARTNER 01</p> <p>MAN IS BOYFRIEND/FIANCÉ 02</p> <p>OTHER FRIEND 03</p> <p>CASUAL ACQUAINTANCE 04</p> <p>RELATIVE 05</p> <p>COMMERCIAL SEX WORKER 06</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>) * 519</p>
518	<p>For how long have you had sexual relations with this man?</p>	<p>DAYS 1</p> <p>WEEKS 2</p> <p>MONTHS 3</p> <p>YEARS 4</p>	<p>+)))0)),</p> <p>* * *</p> <p>/))3))1</p> <p>* * *</p> <p>/))3))1</p> <p>* * *</p> <p>/))3))1</p> <p>* * *</p> <p>.))2))-</p>
519	<p>Have you had sex with any other man in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p>	<p>) * 524</p>
520	<p>The last time you had sexual intercourse with another man, was a condom used?</p> <p>IF YES, PROBE FOR TYPE OF CONDOM USED.</p>	<p>YES, MALE 1</p> <p>YES, FEMALE 2</p> <p>NO 3</p>	<p>) * 520</p> <p>B</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
520A	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 01 RESPONDENT WANTED TO PREVENT PREGNANCY 02 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY . 03 DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS 04 PARTNER REQUESTED/INSISTED 05 OTHER _____ 96 (SPECIFY) DONT KNOW 98	), * * * * * / * 521 * * * * * * * * * -
520B	What is the main reason you did <u>not</u> use a condom that time?	NOT AVAILABLE 01 COST TOO MUCH 02 USED FAMILY PLANNING METHOD .. 03 TRUSTED PARTNER 04 PARTNER TESTS NEGATIVE/ NO RISK 05 RESPONDENT DOESNT LIKE 06 PARTNER REFUSED/OBJECTED 07 PARTNER DRUNK/ON DRUGS 08 WANTED TO GET PREGNANT 09 OTHER _____ 96 (SPECIFY)	
521	What is your relationship to this man? IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex with him? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER 01 MAN IS BOYFRIEND/FIANCÉ 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX WORKER 06 OTHER _____ 96 (SPECIFY)	) * 522 A
522	For how long have you had sexual relations with this man?	DAYS 1 * * * WEEKS 2 * * * MONTHS 3 * * * YEARS 4 * * * .)))2)))-	+)))0))), /)))3)))1 /)))3)))1 /)))3)))1 /)))3)))1
522A	Other than these two men, have you had sex with any other man in the last 12 months?	YES 1 NO 2	) * 524
522B	The last time you had sex with this other man, was a condom used?	YES, MALE 1 YES, FEMALE 2 NO 3	) * 522D

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
522C	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 01 RESPONDENT WANTED TO PREVENT PREGNANCY 02 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY . 03 DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS 04 PARTNER REQUESTED/INSISTED 05 OTHER _____ 96 (SPECIFY) DONT KNOW 98	), * * * * * / * 522E * * * -
522D	What is the main reason you did <u>not</u> use a condom that time?	NOT AVAILBALE 01 COST TOO MUCH 02 USED FAMILY PLANNING METHOD .. 03 TRUSTED PARTNER 04 PARTNER TESTS NEGATIVE/ NO RISK 05 RESPONDENT DOESNT LIKE 06 PARTNER REFUSED/OBJECTED 07 PARTNER DRUNK/ON DRUGS 08 WANTED TO GET PREGNANT 09 OTHER _____ 96 (SPECIFY)	
522E	What is your relationship to this man? IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex with him? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER 01 MAN IS BOYFRIEND/FIANCÉ 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX WORKER 06 OTHER _____ 96 (SPECIFY)	) * 523
522F	For how long have you had sexual relations with this man?	DAYS 1 * * * +))0)), WEEKS 2 * * * /))3))1 MONTHS 3 * * * /))3))1 YEARS 4 * * * /))3))1 .))2))-	
523	In total, with how many different men have you had sex in the last 12 months?	NUMBER OF PARTNERS * * * +))0)), .))2))-	
524	Do you know of a place where a person can get male condoms?	YES 1 NO 2	) * 526 B

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
525	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. HEALTH POST C</p> <p>OTHER PUBLIC _____ D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/SURGERY E</p> <p>MISSION HOSPITAL/CLINIC F</p> <p>PHARMACY G</p> <p>PRIVATE DOCTOR H</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ I</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP J</p> <p>COMMUNITY-BASED AGENT/ HEALTH WORKER K</p> <p>FRIEND/RELATIVE L</p> <p>SCHOOL M</p> <p>BAR, HOTEL N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
526	If you wanted to, could you yourself get a male condom?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	) • 526 B
526A	Why not?	<p>NO MONEY/TOO EXPENSIVE 1</p> <p>TOO EMBARRASSED 2</p> <p>NO TRANSPORT 3</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p>	
526B	Do you think you could ask your partner to use a condom?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/NOT SURE 8</p>	
527	<p>CHECK 301(08): EVER HEARD OF FEMALE CONDOM</p> <p>CODE '1' +)), CODE '2' +)),</p> <p>CIRCLED /)))- CIRCLED .))2))))))))))))))))))))))))))))))))))))))))))</p> <p>▼</p>		) • 601
528	Do you know of a place where a person can get female condoms?	<p>YES 1</p> <p>NO 2</p>	) • 530

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
529	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. HEALTH POST C</p> <p>OTHER PUBLIC _____ D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/SURGERY E</p> <p>MISSION HOSPITAL/CLINIC F</p> <p>PHARMACY G</p> <p>PRIVATE DOCTOR H</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ I</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP J</p> <p>COMMUNITY-BASED AGENT/ HEALTH WORKER K</p> <p>FRIEND/RELATIVE..... L</p> <p>SCHOOL M</p> <p>BAR, HOTEL N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
530	<p>Which brand of female condom have you heard of?</p> <p>RECORD ALL MENTIONED.</p> <p>ASK Q. 531 IF 'CARE' IS MENTIONED.</p>	<p>CARE A</p> <p>FEMIDOM..... B</p> <p>NONE C</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	), /•601)-
531	<p>Where have you seen or heard messages about the CARE female condom?</p> <p>RECORD ALL MENTIONED.</p>	<p>RADIO A</p> <p>TV B</p> <p>SHOP C</p> <p>LEAFLETS/BOOKLETS D</p> <p>POSTER E</p> <p>COMMUNITY-BASED AGENT/ HEALTH WORKER F</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
601	CHECK 311/311A: NEITHER +))), STERILIZED /))) - * ▼	HE OR SHE +))), STERILIZED .)))2))))))))))))))))))))))))))))))))))))))))))	)) • 614
602	CHECK 226: NOT PREGNANT +))), OR UNSURE /))) - * ▼ Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	PREGNANT +))), /))) - * ▼ 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)) • 604 SAYS SHE CAN'T GET PREGNANT ... 3)) • 614 UNDECIDED/DONT KNOW: AND PREGNANT 4)) • 610 AND NOT PREGNANT OR UNSURE 5)) • 608	
603	CHECK 226: NOT PREGNANT +))), OR UNSURE /))) - * ▼ How long would you like to wait from now before the birth of (a/another) child?	PREGNANT +))), /))) - * ▼ After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	+)))0))), MONTHS 1 * * * /)))3)))1 YEARS 2 * * * .)))2))) - SOON/NOW 993)) • 609 SAYS SHE CAN'T GET PREGNANT . 994)) • 614 AFTER MARRIAGE 995) * OTHER _____ 996 *) • 609 (SPECIFY) DONT KNOW 998) -	
604	CHECK 226: NOT PREGNANT +))), OR UNSURE /))) - * ▼	PREGNANT +))), .)))2))))))))))))))))))))))))))))))))))))))))))	)) • 610
605	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT NOT +))), ASKED /))) - * ▼	CURRENTLY +))), USING /))) - * ▼	CURRENTLY +))), USING .)))2)))) • 608
606	CHECK 603: NOT +))), ASKED /))) - * ▼	24 OR MORE MONTHS +))), OR 02 OR MORE YEARS /))) - * ▼	00-23 MONTHS +))), OR 00-01 YEAR .)))2)))) • 610

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
607	<p>CHECK 602:</p> <p>WANTS TO HAVE +)), WANTS NO MORE/ +)), A/ANOTHER CHILD /))- NONE /))- ▼ ▼</p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why?</p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why?</p> <p>Any other reason? Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY.... D</p> <p>INFERTILE E</p> <p>POSTPARTUM AMENORRHEIC F</p> <p>BREASTFEEDING G</p> <p>FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS O</p> <p>FEAR OF SIDE EFFECTS P</p> <p>LACK OF ACCESS/TOO FAR Q</p> <p>COSTS TOO MUCH R</p> <p>INCONVENIENT TO USE S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES T</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
608	<p>In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?</p>	<p>BIG PROBLEM 1</p> <p>SMALL PROBLEM 2</p> <p>NO PROBLEM 3</p> <p>SAYS SHE CAN'T GET PREGNANT/ NOT HAVING SEX 4</p>	
609	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <p>NOT +)), NO, NOT +)), YES, CURRENTLY +)), ASKED /))- CURRENTLY /))- USING .)))2))))))))))))))))))))))</p> <p>▼ USING ▼</p>		) • 614
610	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	), ) • 612
611	<p>Which contraceptive method would you prefer to use?</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM..... 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM/FOAM/JELLY 09</p> <p>LACTATIONAL AMEN. METHOD 10</p> <p>NATURAL FAMILY PLANNING 11</p> <p>WITHDRAWAL 12</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>UNSURE 98</p>	), *, *, *, *, *, *, */ • 614 *, *, *, *, *, *, *, * *) -

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED 11 FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX 22) MENOPAUSAL/HYSTERECTOMY .. 23 * INFERTILE 24 * WANTS AS MANY CHILDREN AS POSSIBLE 26 * OPPOSITION TO USE RESPONDENT OPPOSED 31 * HUSBAND/PARTNER OPPOSED ... 32 * OTHERS OPPOSED 33 * RELIGIOUS PROHIBITION 34 * LACK OF KNOWLEDGE KNOWS NO METHOD 41 / *614 KNOWS NO SOURCE 42 * METHOD-RELATED REASONS HEALTH CONCERNS 51 * FEAR OF SIDE EFFECTS 52 * LACK OF ACCESS/TOO FAR 53 * COSTS TOO MUCH 54 * INCONVENIENT TO USE 55 * INTERFERES WITH BODY'S NORMAL PROCESSES 56 * OTHER 96 * (SPECIFY) DON'T KNOW 98)-	
613	Would you ever use a contraceptive method if you were married?	YES 1 NO 2 DON'T KNOW 8	
614	CHECK 216: HAS LIVING CHILDREN +)), /))- NO LIVING CHILDREN +)), /))- ▼ 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.	NUMBER +)))0))), * * * .)))2)))- .)))2)))- .)))2)))- OTHER 96) *616 (SPECIFY)	
615	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 +)))0))), +)))0))), +)))0))), NUMBER .. * * * * * * * * * * .)))2)))- .)))2)))- .)))2)))- OTHER 96 (SPECIFY)	
616	Would you say that you approve or disapprove of couples using a contraceptive method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 DON'T KNOW/UNSURE 8	
617	In the last few months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES 1 NO 2) *619	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
628	In the last six months, have you seen any of the following programs on television? Your health matters? Lifeline? Soul city? X-plosion?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>YOUR HEALTH MATTERS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>LIFELINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SOUL CITY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>X-PLOSION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	YOUR HEALTH MATTERS	1	2	LIFELINE	1	2	SOUL CITY	1	2	X-PLOSION	1	2	
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LIFELINE	1	2																
SOUL CITY	1	2																
X-PLOSION	1	2																
629	Have you ever seen a newspaper called "Trendsetters" aimed at young people?	YES 1 NO 2 DON'T KNOW 8																
630	Is there a Neighborhood Health Committee (NHC) in your neighborhood?	YES 1 NO 2 DON'T KNOW 8), 2-632															
631	Have you ever attended a meeting organized by the NHC?	YES 1 NO 2																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
632	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: She knows her husband has a sexually transmitted disease? She knows her husband has sex with other women? She has recently given birth? She is tired or not in the mood?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>HAS STD</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>OTHER WOMEN</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>RECENT BIRTH</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>TIREDMOOD</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	HAS STD	1	2	8	OTHER WOMEN	1	2	8	RECENT BIRTH	1	2	8	TIREDMOOD	1	2	8	
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SECTION 7. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	<p>CHECK 501 AND 502:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p>	<p>NEVER MARRIED AND NEVER LIVED WITH A MAN</p>	<p>703</p> <p>707</p>
702	<p>How old was your husband/partner on his last birthday?</p>	<p>AGE IN COMPLETED YEARS</p>	
703	<p>Did your (last) husband/partner ever attend school?</p>	<p>YES 1 NO 2</p>	<p>706</p>
704	<p>What was the highest level of school he attended: primary, secondary, or higher?</p>	<p>PRIMARY 1 SECONDARY 2 HIGHER 3 DONT KNOW 8</p>	<p>706</p>
705	<p>What was the highest grade he completed at that level?</p>	<p>GRADE * * * DONT KNOW 98</p>	
706	<p>CHECK 701:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <p>What is your husband's/partner's occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) husband's/partner's occupation? That is, what kind of work did he mainly do?</p>	<p>_____</p> <p>_____</p> <p>_____</p>	
707	<p>Aside from your own housework, are you currently working?</p>	<p>YES 1 NO 2</p>	<p>710</p>
708	<p>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. Are you currently doing any of these things or any other work?</p>	<p>YES 1 NO 2</p>	<p>710</p>
709	<p>Have you done any work in the last 12 months?</p>	<p>YES 1 NO 2</p>	<p>719</p>
710	<p>What is your occupation, that is, what kind of work do you mainly do?</p>	<p>_____</p> <p>_____</p> <p>_____</p>	
711	<p>CHECK 710:</p> <p>WORKS IN AGRICULTURE</p> <p>DOES NOT WORK IN AGRICULTURE</p>	<p>_____</p>	<p>713</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
712	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
713	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	
714	Do you usually work at home or away from home?	HOME 1 AWAY 2	
715	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	
716	Are you paid or do you earn 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	2-719
717	Who mainly decides how the money you earn will be used?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 RESPONDENT AND SOMEONE ELSE JOINTLY 5	
718	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE 1 LESS THAN HALF 2 ABOUT HALF 3 MORE THAN HALF 4 ALL 5 NONE, HER INCOME IS ALL SAVED. ... 6	
719	Who in your family usually has the final say on the following decisions: Your own health care? Making large household purchases? Deciding when to visit family, friends or relatives? Deciding how many children to have and when?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 DECISION NOT MADE/NOT APPLICABLE = 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6	
720	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT) YRS = YEARS	PRES/ PRES/ NOT LISTEN. NOT PRES LISTEN. CHILDREN <10 YRS . 1 2 8 HUSBAND 1 2 8 OTHER MALES 1 2 8 OTHER FEMALES ... 1 2 8	
720A	CHECK 720 FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL RESPONDENT IS ALONE. RESPONDENT +))), RESPONDENT +))), ALONE /)))- NOT ALONE .)))2))) >721 AND ELIGIBLE FOR ▾ OR NOT ELIGIBLE Qs. 720A-720L FOR Qs. 720A-720L		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	<p>READ TO ALL RESPONDENTS:</p> <p>Now I would like to ask you some personal questions. I know that these questions are very personal. However, your answers are crucial for helping to understand how women are treated in their household. Your answers are completely confidential and will not be told to anyone in this household.</p>		
720B	<p>CHECK 501 AND 502::</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN/ FORMERLY MARRIED/ WITH A MAN</p> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN</p>		720E
720C	<p>CHECK 720B:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <p>Has your husband/partner ever slapped you, hit you, kicked you, thrown things at you, or done anything else to physically hurt you?</p> <p>Has your last husband/partner ever slapped you, hit you, kicked you, thrown things at you, or done anything else to physically hurt you?</p>	<p>YES 1</p> <p>NO 2</p> <p>NO ANSWER 6</p>	720E
720D	<p>In the last 12 months, how many times did this happen?</p>	<p>NUMBER OF TIMES 0, 1, 2, 3, 4, 5, 6, 7, 8, 9</p>	
720E	<p>CHECK 701:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN/ FORMERLY MARRIED/ LIVED WITH A MAN</p> <p>NEVER MARRIED/ NEVER LIVED WITH A MAN</p> <p>From the time you were 15 years old has anyone other than your (current/last) husband/partner slapped you, hit you, kicked you, thrown things at you, or done anything else to physically hurt you?</p> <p>From the time you were 15 years old has anyone slapped you, hit you, kicked you, thrown things at you, or done anything else to physically hurt you?</p>	<p>YES 1</p> <p>NO 2</p> <p>NO ANSWER 6</p>	720E

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
720-EX	Who did this to you? RECORD ALL MENTIONED.	FATHER A MOTHER B FATHER-IN-LAW C MOTHER-IN-LAW D BROTHER E SISTER F SON G DAUGHTER H LATE/EX-HUSBAND/EX-PARTNER I CURRENT BOYFRIEND J FORMER BOYFRIEND K OTHER MALE RELATIVE L OTHER FEMALE RELATIVE M MALE FRIEND N FEMALE FRIEND O TEACHER P EMPLOYER Q STRANGER R OTHER _____ X (SPECIFY)	
720F	In the last 12 months, how many times did this happen?	NUMBER OF TIMES * * *))2)))-	
720G	Have you ever been forced by a man to have sexual intercourse with him when you did not want to?	YES 1 NO 2	) > 720J
720H	Who did this to you? RECORD ALL MENTIONED. Anyone else?	HUSBAND/LIVE-IN PARTNER A BOYFRIEND B FATHER C BROTHER D OTHER MALE RELATIVE E MALE FRIEND F TEACHER G EMPLOYER H STRANGER I FATHER-IN-LAW J FORMER HUSBAND/LIVE-IN PARTNER K FORMER BOYFRIEND L OTHER _____ X (SPECIFY)	
720I	In the last 12 months, how many times did this happen?	NUMBER OF TIMES * * *))2)))-	
720J	Has anyone ever made you have sexual intercourse with some other person when you did not want to?	YES 1 NO 2	) > 721

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
720K	<p>Who was the person that made you have sexual intercourse with some other person?</p> <p>RECORD ALL MENTIONED.</p> <p>Anyone else?</p>	<p>HUSBAND/LIVE-IN PARTNER A</p> <p>BOYFRIEND B</p> <p>FATHER C</p> <p>MOTHER D</p> <p>BROTHER E</p> <p>SISTER F</p> <p>OTHER MALE RELATIVE..... G</p> <p>OTHER FEMALE RELATIVE..... H</p> <p>MALE FRIEND I</p> <p>FEMALE FRIEND J</p> <p>TEACHER K</p> <p>EMPLOYER L</p> <p>STRANGER M</p> <p>MOTHER-IN-LAW N</p> <p>FATHER-IN-LAW O</p> <p>FORMER HUSBAND/LIVE-IN PARTNER P</p> <p>FORMER BOYFRIEND Q</p> <p>OTHER _____ X (SPECIFY)</p>																									
720L	<p>In the last 12 months, how many times did this happen?</p>	<p>NUMBER OF TIMES +)))0))), * * * .)))2)))-</p>																									
721	<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>If she goes out with another man?</p> <p>If she neglects the children?</p> <p>If she argues with him?</p> <p>If she refuses to have sex with him?</p> <p>If she cooks bad food or food is late?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>GOES WITH MAN</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>BAD/LATE FOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	GOES WITH MAN	1	2	8	NEGL. CHILDREN	1	2	8	ARGUES	1	2	8	REFUSES SEX	1	2	8	BAD/LATE FOOD	1	2	8	
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SECTION 8: AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
801	Now I would like to talk about something else. Have you ever heard of a disease called AIDS?	YES 1 NO 2) • 817																
802	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8), 2 • 809																
803	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS ... G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES ... K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z																	
804	Can people reduce their chances of getting the AIDS virus by having just one sex partner who has no other partners?	YES 1 NO 2 DON'T KNOW 8																	
805	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
806	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
807	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
809	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
810	Do you know someone personally who has the virus that causes AIDS or someone who died of AIDS?	YES 1 NO 2																	
811	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8), 2 • 813																
812	Can the virus that causes AIDS be transmitted from a mother to a child: During pregnancy? During delivery? By breastfeeding?	<table border="0" style="width: 100%;"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>DURING PREG.</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>DURING DELIVERY ...</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>BREASTFEEDING.</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY ...	1	2	8	BREASTFEEDING.	1	2	8	
	YES	NO	DK																
DURING PREG.	1	2	8																
DURING DELIVERY ...	1	2	8																
BREASTFEEDING.	1	2	8																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812A	Is there anything that can be done to reduce the chances that a mother would transmit the AIDS virus to her child?	YES 1 NO 2 DON'T KNOW 8	
813	CHECK 501: YES, CURRENTLY MARRIED/ +))), LIVING WITH A MAN /)))- ▼	NO, NOT IN UNION +))), .)))2)))))))))	) *814A
814	Have you ever talked with (your husband/the man you are living with) about ways to prevent getting the virus that causes AIDS?	YES 1 NO 2	
814A	In your opinion, is it acceptable or unacceptable for condoms to be discussed: on the radio? on the TV? in newspapers?	ACCEPT- NOT ABLE- ACCEPT- ABLE ON THE RADIO 1 2 ON THE TV 1 2 IN NEWSPAPERS 1 2	
815	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES 1 NO 2 DK/NOT SURE 8	
816	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
816A	If a worker is sick with AIDS, should he/she be allowed to work?	ALLOWED 1 NOT ALLOWED 2 DK/NOT SURE/DEPENDS 8	
816B	If you knew that a shopkeeper or food seller has the AIDS virus, would you buy food items from them?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
816C	In the last six months, have you seen any adverts about sexual abstinence, condom use or HIV/AIDS?	YES 1 NO 2 DON'T KNOW/NOT SURE 8	) , 2 *816E
816D	Can you describe which ones? DO NOT READ RESPONSES TO RESPONDENT. RECORD ALL MENTIONED.	YOU CLEVER GIRL A BOYS SAYING WHY THEY ABSTAIN FROM SEX B SAY NO TO SEX/VIRGIN POWER/ VIRGIN PRIDE C ICE IS AT BRAII/ ICE GETS STD D ICE FIXING CAR/FRIEND TELLS HIM TO USE CONDOM EVERY TIME E CHRISTINE BRAIDING HAIR/FRIENDS SAY USE CONDOM F BOYS PLAYING BASKETBALL/ONE HIV+/ CAN'T TELL WHICH ONE G GIRLS WALKING/ONE HIV+/ CAN'T TELL WHICH ONE H OTHER _____ X (SPECIFY)	
816E	Should youth age 12-14 be taught about using a condom to avoid AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
816F	Do you think your chances of getting AIDS are small, moderate, great, or do you think that you have no chance of getting it at all?	SMALL 1 MODERATE 2 GREAT 3 NO RISK AT ALL 4 HAS AIDS 5	) *816H) *816H) *816H

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
816G	Why do you think your chances of getting AIDS are low? RECORD ALL MENTIONED.	ABSTAINS FROM SEX A USES CONDOMS B HAS ONLY 1 SEX PARTNER C LIMITED NUMBER OF PARTNERS D PARTNER HAS NO OTHER PARTNERS E NO TRANSFUSIONS/INJECTIONS F OTHER _____ X (SPECIFY)	
816H	Have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	) • 816K X
816I	Would you want to be tested for the AIDS virus?	YES 1 NO 2 DON'T KNOW/UNSURE 8	
816J	Do you know a place where you could go to get an AIDS test?	YES 1 NO 2	) • 817
816K	Where can you go for the test? RECORD ONLY FIRST RESPONSE GIVEN.	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER .. 12 GOVERNMENT HEALTH POST 13 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/SURGERY ... 21 MISSION HOSPITAL 22 PHARMACY 23 PRIVATE DOCTOR 24 WORK PLACE 25 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY)	
816KX	Where did you go for the test? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)		
817	(Apart from AIDS), have you heard about other infections that can be transmitted through sexual contact?	YES 1 NO 2	) • 819C
818	If a man has a sexually transmitted disease, what symptoms might he have? Any others? RECORD ALL SYMPTOMS MENTIONED.	ABDOMINAL PAIN A GENITAL DISCHARGE/DRIPPING B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K IMPOTENCE L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMS Y DON'T KNOW Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
819	<p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>HARD TO GET PREGNANT/HAVE A CHILD L</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS Y</p> <p>DON'T KNOW Z</p>	
819A	<p>CHECK 514:</p> <p>HAS HAD SEXUAL INTERCOURSE +), /)-</p> <p>HAS NOT HAD SEXUAL INTERCOURSE +), .)2))))))))))))))))))))))))))))))))))))))))))</p>		) )•901
819B	<p>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 sexually-transmitted disease?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
819C	<p>Sometimes, women experience a heavy or bad smelling genital discharge.</p> <p>During the last 12 months, have you had a heavy or bad smelling genital discharge?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
819D	<p>Sometimes women have a genital sore or ulcer.</p> <p>During the last 12 months, have you had a genital sore or ulcer?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
819E	<p>CHECK 819B, 819C, 819D:</p> <p>HAS HAD AN INFECTION +), /)-</p> <p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW +), .)2))))))))))))))))))))))))))))))))))))))))))</p>		) )•901
819F	<p>The last time you had (PROBLEM FROM 819B/819C//819D), did you seek any kind of advice or treatment?</p>	<p>YES 1</p> <p>NO 2</p>	) )•819H
819G	<p>The last time you had (PROBLEM FROM 819B/819C/819D), did you do any of the following? Did you....</p> <p>Go to a clinic, hospital or private doctor?</p> <p>Consult a traditional healer?</p> <p>Seek advice or buy medicines in a shop or pharmacy?</p> <p>Ask for advice from friends or relatives?</p>	<p>YES NO</p> <p>CLINIC/HOSPITAL 1 2</p> <p>TRADITIONAL HEALER 1 2</p> <p>SHOP/PHARMACY 1 2</p> <p>FRIENDS/RELATIVES 1 2</p>	
819H	<p>When you had (PROBLEM FROM 819B/819C/819D), did you inform the person with whom you were having sex?</p>	<p>YES 1</p> <p>NO 2</p> <p>SOME/ NOT ALL 3</p> <p>DID NOT HAVE PARTNER 4</p>	) )•901

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
819I	When you had (PROBLEM FROM 819B/819C/819D), did you do something to avoid infecting your sexual partner(s)?	YES 1 NO 2 PARTNER ALREADY INFECTED 3), 2-901												
819J	What did you do to avoid infecting your partner(s)? Did you.... Use medicine? Stop having sex? Use a condom when having sex?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>USE MEDICINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>STOP SEX</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>USE CONDOM</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	USE MEDICINE	1	2	STOP SEX	1	2	USE CONDOM	1	2	
	YES	NO													
USE MEDICINE	1	2													
STOP SEX	1	2													
USE CONDOM	1	2													

SECTION 9. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
901	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER * * * * (.)))2)))-						
902	CHECK 901: TWO OR MORE BIRTHS (.)))2)))- ONLY ONE BIRTH (.)))2)))- (RESPONDENT ONLY)) * 914
903	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS * * * * (.)))2)))-						
904	What was the name given to your oldest (next oldest) brother or sister?	[1] _____	[2] _____	[3] _____	[4] _____	[5] _____	[6] _____	
905	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	
906	Is (NAME) still alive?	YES 1 NO 2) * GO TO 908 DK 8) * GO TO [2]	YES 1 NO 2) * GO TO 908 DK 8) * GO TO [3]	YES 1 NO 2) * GO TO 908 DK 8) * GO TO [4]	YES 1 NO 2) * GO TO 908 DK 8) * GO TO [5]	YES 1 NO 2) * GO TO 908 DK 8) * GO TO [6]	YES 1 NO 2) * GO TO 908 DK 8) * GO TO [7]	
907	How old is (NAME)?	(.)))0))) * * * (.)))2)))- GO TO [2]	(.)))0))) * * * (.)))2)))- GO TO [3]	(.)))0))) * * * (.)))2)))- GO TO [4]	(.)))0))) * * * (.)))2)))- GO TO [5]	(.)))0))) * * * (.)))2)))- GO TO [6]	(.)))0))) * * * (.)))2)))- GO TO [7]	
908	How many years ago did (NAME) die?	(.)))0))) * * * (.)))2)))-	(.)))0))) * * * (.)))2)))-	(.)))0))) * * * (.)))2)))-	(.)))0))) * * * (.)))2)))-	(.)))0))) * * * (.)))2)))-	(.)))0))) * * * (.)))2)))-	
909	How old was (NAME) when he/she died?	(.)))0))) * * * (.)))2)))- IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [2]	(.)))0))) * * * (.)))2)))- IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [3]	(.)))0))) * * * (.)))2)))- IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [4]	(.)))0))) * * * (.)))2)))- IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [5]	(.)))0))) * * * (.)))2)))- IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [6]	(.)))0))) * * * (.)))2)))- IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [7]	
910	Was (NAME) pregnant when she died?	YES 1 GO TO 913*)- NO 2	YES 1 GO TO 913*)- NO 2	YES 1 GO TO 913*)- NO 2	YES 1 GO TO 913*)- NO 2	YES 1 GO TO 913*)- NO 2	YES 1 GO TO 913*)- NO 2	
911	Did (NAME) die during childbirth?	YES 1 GO TO 913*)- NO 2	YES 1 GO TO 913*)- NO 2	YES 1 GO TO 913*)- NO 2	YES 1 GO TO 913*)- NO 2	YES 1 GO TO 913*)- NO 2	YES 1 GO TO 913*)- NO 2	
912	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	

913	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	+)))0)), * * * .)))2)))-	+)))0)), * * * .)))2)))-	+)))0)), * * * .)))2)))-	+)))0)), * * * .)))2)))-	+)))0)), * * * .)))2)))-	+)))0)), * * * .)))2)))-
IF NO MORE BROTHERS OR SISTERS, GO TO 914							

904	What was name given to your oldest (next oldest) brother or sister?	[7] _____	[8] _____	[9] _____	[10] _____	[11] _____	[12] _____	
905	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	
906	Is (NAME) still alive?	YES 1 NO 2 .) ▶ GO TO 908 DK 8 .) ▶ GO TO [8]	YES 1 NO 2 .) ▶ GO TO 908 DK 8 .) ▶ GO TO [9]	YES 1 NO 2 .) ▶ GO TO 908 DK 8 .) ▶ GO TO [10]	YES 1 NO 2 .) ▶ GO TO 908 DK 8 .) ▶ GO TO [11]	YES 1 NO 2 .) ▶ GO TO 908 DK 8 .) ▶ GO TO [12]	YES 1 NO 2 .) ▶ GO TO 908 DK 8 .) ▶ GO TO [13]	
907	How old is (NAME)?	+)))0)), * * * .)))2))) - GO TO [8]	+)))0)), * * * .)))2))) - GO TO [9]	+)))0)), * * * .)))2))) - GO TO [10]	+)))0)), * * * .)))2))) - GO TO [11]	+)))0)), * * * .)))2))) - GO TO [12]	+)))0)), * * * .)))2))) - GO TO [13]	
908	How many years ago did (NAME) die?	+)))0)), * * * .)))2))) -	+)))0)), * * * .)))2))) -	+)))0)), * * * .)))2))) -	+)))0)), * * * .)))2))) -	+)))0)), * * * .)))2))) -	+)))0)), * * * .)))2))) -	
909	How old was (NAME) when he/she died?	+)))0)), * * * .)))2))) - IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8]	+)))0)), * * * .)))2))) - IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [9]	+)))0)), * * * .)))2))) - IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [10]	+)))0)), * * * .)))2))) - IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [11]	+)))0)), * * * .)))2))) - IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [12]	+)))0)), * * * .)))2))) - IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [13]	
910	Was (NAME) pregnant when she died?	YES 1 GO TO 913*) - NO 2	YES 1 GO TO 913*) - NO 2	YES 1 GO TO 913*) - NO 2	YES 1 GO TO 913*) - NO 2	YES 1 GO TO 913*) - NO 2	YES 1 GO TO 913*) - NO 2	
911	Did (NAME) die during childbirth?	YES 1 GO TO 913*) - NO 2	YES 1 GO TO 913*) - NO 2	YES 1 GO TO 913*) - NO 2	YES 1 GO TO 913*) - NO 2	YES 1 GO TO 913*) - NO 2	YES 1 GO TO 913*) - NO 2	
912	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	
913	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	+)))0)), * * * .)))2))) -	+)))0)), * * * .)))2))) -	+)))0)), * * * .)))2))) -	+)))0)), * * * .)))2))) -	+)))0)), * * * .)))2))) -	+)))0)), * * * .)))2))) -	
IF NO MORE BROTHERS OR SISTERS, GO TO 914								
914	RECORD THE TIME.	HOURS * * * MINUTES * * *					+)))0)), * * * .)))2))) - +)))0)), * * * .)))2))) -	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____

..... DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____
..... DATE: _____