

2007 ZAMBIA DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE
WITH HIV/AIDS

MINISTRY OF HEALTH/CENTRAL STATISTICAL OFFICE

IDENTIFICATION																																				
LOCALITY NAME _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																																			
NAME OF HOUSEHOLD HEAD _____																																				
CLUSTER NUMBER																																				
HOUSEHOLD NUMBER																																				
PROVINCE																																				
URBAN/RURAL (URBAN=1, RURAL=2)																																				
LUSAKA=1, OTHER CITY=2, TOWN=3, VILLAGE=4																																				
NAME AND LINE NUMBER OF WOMAN _____																																				
IS WOMAN SELECTED FOR QUESTIONS ON DOMESTIC VIOLENCE (SECTION 12)? (YES=1, NO=2) <input type="checkbox"/>																																				
INTERVIEWER VISITS																																				
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DATE _____	_____	_____	_____	DAY <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>																																
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1 COMPLETED 4 REFUSED																																				
2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____																																				
3 POSTPONED 6 INCAPACITATED (SPECIFY)																																				
LANGUAGE OF QUESTIONNAIRE** ENGLISH				<table border="1" style="margin: auto;"> <tr><td>0</td><td>1</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	0	1																														
0	1																																			
LANGUAGE OF INTERVIEW**																																				
RESPONDENT'S LOCAL LANGUAGE**																																				
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 _____	NAME _____		_____	_____																																
DATE _____	DATE _____		_____	_____																																

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

<p>INFORMED CONSENT</p> <p>Hello. My name is _____ and I am working with MOH in conjunction with Central Statistical Office (CSO). We are conducting a national survey that asks women (and men) about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The interview usually takes between 30 and 60 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.</p> <p>Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.</p> <p>At this time, do you want to ask me anything about the survey? May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END</p>	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→ 104
103	Just before you moved here, did you live in Lusaka, another city, in a town, or in a village?	LUSAKA 1 OTHER CITY 2 TOWN 3 VILLAGE 4	
104	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS <input type="text"/> <input type="text"/> NONE 00	→ 106
105	In the last 12 months, have you been away from your home community for more than one month at a time?	YES 1 NO 2	
106	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
108	Have you ever attended school?	YES 1 NO 2	→ 112
109	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
110	What is the highest grade you completed at that level?	GRADE/FORM/YEAR <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	CHECK 109: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→ 115
112	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE.. 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
113	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	
114	CHECK 112: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED CODE '1' OR '5' <input type="checkbox"/> CIRCLED		→ 116
115	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
116	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
117	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
118	What is your religion?	CATHOLIC 1 PROTESTANT..... 2 MUSLIM 3 OTHER _____ 6 (SPECIFY)	
119	What tribe do you belong to?	_____ <input type="checkbox"/>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" data-bbox="1203 390 1297 491" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" data-bbox="1203 491 1297 592" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" data-bbox="1203 642 1297 743" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE <table border="1" data-bbox="1203 743 1297 844" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" data-bbox="1203 970 1297 1071" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" data-bbox="1203 1071 1297 1171" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" data-bbox="1203 1142 1297 1197" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> →	→ 226									

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

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

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221	
What name was given to your next baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?	
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH	
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH	
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH	
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH	
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH	
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					YES 1 NO 2				
223	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH BIRTH SINCE JANUARY 2002: MONTH AND YEAR OF BIRTH ARE RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>									
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2002 OR LATER. IF NONE, RECORD '0' AND SKIP TO 226.									<input type="text"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 2002, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 229
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
228	At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 LATER 2 NOT AT ALL 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 237
230	When did the last such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
231	CHECK 230: LAST PREGNANCY ENDED IN <input type="checkbox"/> LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JAN. 2002 OR LATER JAN. 2002		→ 237
232	How many months pregnant were you when the last such pregnancy ended? ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
233	Since January 2002, have you had any other pregnancies that did not result in a live birth?	YES 1 NO 2	→ 235
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2002 ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any miscarriages, abortions or stillbirths that ended before 2002?	YES 1 NO 2	→ 237
236	When did the last such pregnancy that terminated before 2002 end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
237	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <table border="1" data-bbox="1203 205 1297 254"> <tr><td></td><td></td></tr> </table> WEEKS AGO 2 <table border="1" data-bbox="1203 254 1297 302"> <tr><td></td><td></td></tr> </table> MONTHS AGO 3 <table border="1" data-bbox="1203 302 1297 350"> <tr><td></td><td></td></tr> </table> YEARS AGO 4 <table border="1" data-bbox="1203 350 1297 399"> <tr><td></td><td></td></tr> </table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996									
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 301								
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8									

SECTION 3. CONTRACEPTION

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 306
305	ENTER '0' IN THE CALENDAR IN EACH BLANK MONTH. → 333		
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN <input type="text"/> <input type="text"/>	
308	CHECK 302 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 311A
309	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 322
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 322
311	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTABLES E IMPLANTS F MALE CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMEN. METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER _____ X (SPECIFY)	→ 316 → 312 → 315 → 311B → 315 → 313 → 313 → 315 → 315 → 319A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.		
311B	What name/type of injectables are you using?	NORIGYNON (2 MONTHS) 1 NORISTERAT (2 MONTHS) 2 DEPO PROVERA (3 MONTHS) 3 OTHER _____ 6 (SPECIFY)	→ 315
312	What brand of pills are you using? ASK TO SEE THE PACKAGE IF RESPONDENT DOES NOT REMEMBER NAME OF BRAND.	SAFE PLAN 01 MICROGYNON 02 MICROLUT 03 EUGYNON 04 LOGYNON 05 NORDETTE 06 ORALCON F 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 314

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																													
319	In what month and year was the sterilization performed?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>													<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr></table> → 320																																	
319A	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																																														
320	CHECK 319/319A, 215 AND 230: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A YES <input type="checkbox"/> NO <input type="checkbox"/> GO BACK TO 319/319A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).																																															
321	CHECK 319/319A: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> YEAR IS 2002 OR LATER <input type="checkbox"/> ↓ ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. THEN CONTINUE TO 322. </td> <td style="width: 50%; border: none; vertical-align: top;"> YEAR IS 2001 OR EARLIER <input type="checkbox"/> ↓ ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2002. THEN SKIP TO → 331 </td> </tr> </table>		YEAR IS 2002 OR LATER <input type="checkbox"/> ↓ ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. THEN CONTINUE TO 322.	YEAR IS 2001 OR EARLIER <input type="checkbox"/> ↓ ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2002. THEN SKIP TO → 331																																												
YEAR IS 2002 OR LATER <input type="checkbox"/> ↓ ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. THEN CONTINUE TO 322.	YEAR IS 2001 OR EARLIER <input type="checkbox"/> ↓ ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2002. THEN SKIP TO → 331																																															
322	I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years. USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2002 USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS. ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH. ILLUSTRATIVE QUESTIONS: * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then?																																															
323	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	<table style="border: none;"> <tr><td>NO CODE CIRCLED</td><td>00</td><td>→ 333</td></tr> <tr><td>FEMALE STERILIZATION</td><td>01</td><td>→ 326</td></tr> <tr><td>MALE STERILIZATION</td><td>02</td><td>→ 335</td></tr> <tr><td>PILL</td><td>03</td><td></td></tr> <tr><td>IUD</td><td>04</td><td></td></tr> <tr><td>INJECTABLES</td><td>05</td><td></td></tr> <tr><td>IMPLANTS</td><td>06</td><td></td></tr> <tr><td>MALE CONDOM</td><td>07</td><td></td></tr> <tr><td>FEMALE CONDOM</td><td>08</td><td></td></tr> <tr><td>DIAPHRAGM</td><td>09</td><td></td></tr> <tr><td>FOAM/JELLY</td><td>10</td><td></td></tr> <tr><td>LACTATIONAL AMEN. METHOD ...</td><td>11</td><td>→ 324A</td></tr> <tr><td>RHYTHM METHOD</td><td>12</td><td>→ 324A</td></tr> <tr><td>WITHDRAWAL</td><td>13</td><td>→ 335</td></tr> <tr><td>OTHER METHOD</td><td>96</td><td>→ 335</td></tr> </table>	NO CODE CIRCLED	00	→ 333	FEMALE STERILIZATION	01	→ 326	MALE STERILIZATION	02	→ 335	PILL	03		IUD	04		INJECTABLES	05		IMPLANTS	06		MALE CONDOM	07		FEMALE CONDOM	08		DIAPHRAGM	09		FOAM/JELLY	10		LACTATIONAL AMEN. METHOD ...	11	→ 324A	RHYTHM METHOD	12	→ 324A	WITHDRAWAL	13	→ 335	OTHER METHOD	96	→ 335	
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WITHDRAWAL	13	→ 335																																														
OTHER METHOD	96	→ 335																																														

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
324	Where did you obtain (CURRENT METHOD) when you started using it?	PUBLIC SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CENTER 12 HEALTH POST 13 OTHER PUBLIC 16 (SPECIFY)	
324A	Where did you learn to use the lactational amenorrhea/rhythm method? IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/SURGERY .. 21 MISSION HOSPITAL/CLINIC 22 PHARMACY 23 PRIVATE DOCTOR 24 WORK PLACE 25 OTHER PRIVATE MEDICAL 26 (SPECIFY) OTHER SOURCE SHOP 31 CHURCH 32 FRIEND/RELATIVE 33 OTHER 96 (SPECIFY)	
325	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 MALE CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMEN. METHOD ... 11 RHYTHM METHOD 12	→ 332 → 329
326	You obtained (CURRENT METHOD FROM 323) from (SOURCE OF METHOD FROM 316 OR 324) in (DATE FROM 319/319A). At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 328
327	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	→ 329
328	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
329	CHECK 323: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> CODE '01' CIRCLED <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> CODE '01' NOT CIRCLED <input type="checkbox"/> ↓ </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="width: 45%;"> At that time, were you told about other methods of family planning that you could use? </div> <div style="width: 45%;"> When you obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM 316 OR 324) were you told about other methods of family planning that you could use? </div> </div>	YES 1 NO 2	→ 331
330	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
331	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>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>MALE CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD ... 11</p> <p>RHYTHM METHOD 12</p> <p>WITHDRAWAL 13</p> <p>OTHER METHOD 96</p>	<p>→ 335</p> <p>→ 335</p>
332	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>HEALTH POST 13</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/SURGERY .. 21</p> <p>MISSION HOSPITAL/CLINIC 22</p> <p>PHARMACY 23</p> <p>PRIVATE DOCTOR 24</p> <p>WORK PLACE 25</p> <p>OTHER PRIVATE MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>CHURCH 32</p> <p>FRIEND/RELATIVE 33</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→ 335</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
333	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2	→ 335
334	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <hr/> <p>(NAME OF PLACE(S))</p> <hr/> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>MOBILE CLINIC D</p> <p>FIELDWORKER E</p> <p>OTHER PUBLIC _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>MISSION HOSPITAL/CLINIC H</p> <p>PHARMACY I</p> <p>PRIVATE DOCTOR J</p> <p>COMMUNITY WORKPLACE K</p> <p>WORKPLACE L</p> <p>MOBILE CLINIC M</p> <p>FIELDWORKER N</p> <p>OTHER PRIVATE MEDICAL _____ O (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP P</p> <p>CHURCH Q</p> <p>FRIEND/RELATIVE R</p> <p>OTHER _____ X (SPECIFY)</p>	
335	In the last 12 months, were you visited by a fieldworker who talked to you about family planning?	YES 1 NO 2	
336	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES 1 NO 2	→ 401
337	Did any staff member at the health facility speak to you about family planning methods?	YES 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE & BREASTFEEDING

401	CHECK 224: ONE OR MORE BIRTHS IN 2002 OR LATER <input type="checkbox"/> NO BIRTHS IN 2002 OR LATER <input type="checkbox"/>	→ 576		
402	CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2002 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)			
403	LINE NUMBER FROM 212	LAST BIRTH LINE NO. <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NO. <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH LINE NO. <input type="text"/> <input type="text"/>
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 (SKIP TO 407) <input type="checkbox"/> LATER 2 NOT AT ALL 3 (SKIP TO 407) <input type="checkbox"/>	THEN 1 (SKIP TO 432) <input type="checkbox"/> LATER 2 NOT AT ALL 3 (SKIP TO 432) <input type="checkbox"/>	THEN 1 (SKIP TO 432) <input type="checkbox"/> LATER 2 NOT AT ALL 3 (SKIP TO 432) <input type="checkbox"/>
406	How much longer would you have liked to wait?	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW 998
407	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A CLINICAL OFFICER .. B NURSE/MIDWIFE .. C OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 414) <input type="checkbox"/>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
408	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>HOME</p> <p>YOUR HOME A</p> <p>OTHER HOME B</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL C</p> <p>GOVT. HEALTH CENTER D</p> <p>GOVT. HEALTH POST E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ SURGERY G</p> <p>MISSION HOSPITAL/ CLINIC H</p> <p>WORK PLACE I</p> <p>OTHER PRIVATE MED. _____ J</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>		
409	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>MONTHS . . . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>		
410	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>		
411	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once?</p> <p>Were you weighed?</p> <p>Was your height measured?</p> <p>Was your blood pressure measured?</p> <p>Did you give a urine sample?</p> <p>Did you give a blood sample?</p>	<p>YES NO</p> <p>WEIGHT . . . 1 2</p> <p>HEIGHT . . . 1 2</p> <p>BP 1 2</p> <p>URINE 1 2</p> <p>BLOOD . . . 1 2</p>		
411A	<p>During this pregnancy were you offered counselling and testing for the virus that causes AIDS?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>		
412	<p>During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 414) ←</p> <p>DON'T KNOW 8</p>		
413	<p>Were you told where to go if you had any of these complications?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH								
		NAME _____	NAME _____	NAME _____								
413A	Did you discuss a birth preparedness plan with a health provider including: Where you will deliver the baby What you will do if a complication arises Who will be there to help you during birth	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>	YES	NO	1	2	1	2	1	2		
YES	NO											
1	2											
1	2											
1	2											
414	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 417) ← DON'T KNOW 8										
415	During this pregnancy, how many times did you get this tetanus injection?	TIMES <input style="width: 40px; height: 20px;" type="text"/> DON'T KNOW 8										
416	CHECK 415:	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">2 OR MORE TIMES <input style="width: 20px; height: 20px;" type="checkbox"/></td> <td style="text-align: center;">OTHER <input style="width: 20px; height: 20px;" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">↓</td> <td style="text-align: center;">↓</td> </tr> <tr> <td style="text-align: center;">(SKIP TO 421)</td> <td></td> </tr> </table>	2 OR MORE TIMES <input style="width: 20px; height: 20px;" type="checkbox"/>	OTHER <input style="width: 20px; height: 20px;" type="checkbox"/>	↓	↓	(SKIP TO 421)					
2 OR MORE TIMES <input style="width: 20px; height: 20px;" type="checkbox"/>	OTHER <input style="width: 20px; height: 20px;" type="checkbox"/>											
↓	↓											
(SKIP TO 421)												
417	At any time before this pregnancy, did you receive any tetanus injections, either to protect yourself or another baby?	YES 1 NO 2 (SKIP TO 421) ← DON'T KNOW 8										
418	Before this pregnancy, how many other times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input style="width: 40px; height: 20px;" type="text"/> DON'T KNOW 8										
419	In what month and year did you receive the last tetanus injection before this pregnancy?	MONTH ... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DK MONTH 98 YEAR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> (SKIP TO 421) ← DK YEAR 9998										
420	How many years ago did you receive that tetanus injection?	YEARS AGO <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>										
421	During this pregnancy, were you given or did you buy any iron tablets or iron syrup or folic acid? SHOW TABLETS/SYRUP.	YES 1 NO 2 (SKIP TO 423) ← DON'T KNOW 8										

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
422	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998		
423	During this pregnancy, did you take any drug for intestinal worms?	YES 1 NO 2 DON'T KNOW 8		
424	During this pregnancy, did you have difficulty with your vision during daylight?	YES 1 NO 2 DON'T KNOW 8		
425	During this pregnancy, did you suffer from night blindness	YES 1 NO 2 DON'T KNOW 8		
426	During this pregnancy, did you take any drugs to keep you from getting malaria?	YES 1 NO 2 (SKIP TO 432) ← DON'T KNOW 8		
427	What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR A CHLOROQUINE B COARTEM C OTHER _____ X (SPECIFY) DON'T KNOW Z		
428	CHECK 427: DRUGS TAKEN FOR MALARIA PREVENTION.	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 431A) ←		
429	How many times did you take (SP/Fansidar) during this pregnancy?	TIMES <input type="text"/> <input type="text"/>		
430	CHECK 407: ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE 'A', 'B' OR 'C' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 431A) ←		
431	Did you get the (SP/Fansidar) during any antenatal care visit, during another visit to a health facility or from another source?	ANTENATAL VISIT .. 1 ANOTHER FACILITY VISIT 2 OTHER SOURCE _____ 6 Specify		
431A	Did you use the birth plan?	YES 1 NO 2		

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
432	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
433	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 435) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 435) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 435) ← DON'T KNOW 8
434	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW . 9.998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW . 9.998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW . 9.998
435	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR A CLINICAL OFFICER . B NURSE/MIDWIFE .. C OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D RELATIVE/FRIEND . E OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PERSONNEL DOCTOR A CLINICAL OFFICER . B NURSE/MIDWIFE .. C OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D RELATIVE/FRIEND . E OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PERSONNEL DOCTOR A CLINICAL OFFICER . B NURSE/MIDWIFE .. C OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D RELATIVE/FRIEND . E OTHER _____ X (SPECIFY) NO ONE Y

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH																																				
		NAME _____	NAME _____	NAME _____																																				
436	<p>Where did you give birth to (NAME)?</p> <p>IF SOURCE IS HOSPITAL HEALTH CENTRE OR CLINIC WRITE THE NAME OF THE PLACE PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE</p> <p>_____ (NAME OF PLACE - LAST BIRTH)</p> <p>_____ (NAME OF PLACE - NEXT TO LAST)</p> <p>_____ (NAME OF PLACE SECOND FROM - LAST BIRTH)</p>	<p>HOME</p> <p>YOUR HOME 11 (SKIP TO 443) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 21</p> <p>GOVT. HEALTH CENTER 22</p> <p>GOVT. HEALTH POST 23</p> <p>OTHER PUBLIC 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC 31</p> <p>MISSION HOSPITAL/CLINIC 32</p> <p>OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 443) ←</p>	<p>HOME</p> <p>YOUR HOME 11 (SKIP TO 444) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 21</p> <p>GOVT. HEALTH CENTER 22</p> <p>GOVT. HEALTH POST 23</p> <p>OTHER PUBLIC 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC 31</p> <p>MISSION HOSPITAL/CLINIC 32</p> <p>OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 444) ←</p>	<p>HOME</p> <p>YOUR HOME 11 (SKIP TO 444) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 21</p> <p>GOVT. HEALTH CENTER 22</p> <p>GOVT. HEALTH POST 23</p> <p>OTHER PUBLIC 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC 31</p> <p>MISSION HOSPITAL/CLINIC 32</p> <p>OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 444) ←</p>																																				
437	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DON'T KNOW 998</p>													<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DON'T KNOW 998</p>													<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DON'T KNOW 998</p>												
438	Was (NAME) delivered by caesarean section?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2																																				
439	Before you were discharged after (NAME) was born, did any health care provider check on your health?	YES 1 NO 2 (SKIP TO 442) ←	YES 1 (SKIP TO 455) ← NO 2	YES 1 (SKIP TO 455) ← NO 2																																				

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH												
		NAME _____	NAME _____	NAME _____												
440	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW 998														
441	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 CLINICAL OFFICER ... 12 NURSE/MIDWIFE . 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 21 COMMUNITY/VILLAGE HEALTH WORKER 22 OTHER _____ 96 (SPECIFY) (SKIP TO 453) ←														
442	After you were discharged, did any health care provider or a traditional birth attendant check on your health?	YES 1 (SKIP TO 445) ← NO 2 (SKIP TO 453) ←	YES 1 (SKIP TO 453) ← NO 2	YES 1 (SKIP TO 455) ← NO 2												
443	Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED.	COST TOO MUCH . . . A FACILITY NOT OPEN . . B TOO FAR/ NO TRANS-PORTATION . . C DON'T TRUST FACILITY/POOR QUALITY SERVICE . . D NO FEMALE PROVIDER AT FACILITY .. E HUSBAND/FAMILY DID NOT ALLOW .. F NOT NECESSARY .. G NOT CUSTOMARY .. H OTHER _____ X (SPECIFY) X														
444	In the two months after (NAME) was born, did any health care provide or a traditional birth attendant check on your health?	YES 1 NO 2 (SKIP TO 449) ←	YES 1 NO 2	YES 1 NO 2												
445	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW 998														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
446	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 CLINICAL OFFICER ... 12 NURSE/MIDWIFE .. 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 21 COMMUNITY/VILLAGE HEALTH WORKER 22 OTHER _____ 96 (SPECIFY)								
447	Where did this first check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	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 MED. SECTOR PVT. HOSPITAL/CLINIC 31 MISSION HOSPITAL/CLINIC 32 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)								
448	CHECK 442:	YES NOT ASKED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 453)								
449	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES 1 NO 2 (SKIP TO 453) ← DON'T KNOW 8								
450	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="787 1522 906 1564"><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" data-bbox="787 1564 906 1606"><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" data-bbox="787 1606 906 1669"><tr><td> </td><td> </td></tr></table> DON'T KNOW 998								

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
451	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 CLINICAL OFFICER ... 12 NURSE/MIDWIFE .. 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 21 COMMUNITY/VILLAGE HEALTH WORKER 22 OTHER _____ 96 (SPECIFY)		
452	Where did this first check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	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 MED. SECTOR PVT. HOSPITAL/ CLINIC 31 MISSION HOSPITAL/ CLINIC 32 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)		
453	In the first two months after delivery, did you receive a vitamin A dose (like this/any of these)? SHOW CAPSULES	YES 1 NO 2 DON'T KNOW 8		
454	Has your menstrual period returned since the birth of (NAME)?	YES 1 (SKIP TO 456) ← NO 2 (SKIP TO 457) ←		
455	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 459) ←	YES 1 NO 2 (SKIP TO 459) ←
456	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH			
		NAME _____	NAME _____	NAME _____			
457	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- NANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 459) ←					
458	Have you begun to have sexual intercourse again since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 460) ←					
459	For how many months after the birth of (NAME) did you <u>not</u> have sexual intercourse?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98				MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
460	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 467) ←				YES 1 NO 2 (SKIP TO 467) ←	YES 1 NO 2 (SKIP TO 467) ←
461	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>					
462	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 464) ←					
463	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLU- COSE WATER C GRIPE WATER D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H HONEY I OTHER _____ X (SPECIFY)					
464	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 466) ←					
465	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 468) ← NO 2					
466	For how many months did you breastfeed (NAME)?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> STILL BF 95 DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> STILL BF 95 DON'T KNOW 98			

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	
467	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> ↓ (SKIP TO 470)	DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING <input type="checkbox"/> ↓ (SKIP TO 470)	DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)
468	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/>			
469	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . <input type="text"/>			
470	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	
471		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.	

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

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2002 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).																																																																																																																																																																																																																																			
502	LAST BIRTH LINE NUMBER <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	SECOND-FROM-LAST BIRTH LINE NUMBER <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>																																																																																																																																																																																																																																	
503	FROM 212 AND 216 NAME _____ LIVING <input style="width:20px;" type="checkbox"/> DEAD <input style="width:20px;" type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573)	NAME _____ LIVING <input style="width:20px;" type="checkbox"/> DEAD <input style="width:20px;" type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573)	NAME _____ LIVING <input style="width:20px;" type="checkbox"/> DEAD <input style="width:20px;" type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 573)																																																																																																																																																																																																																																	
504	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please? YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 508) ← NO CARD 3	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 508) ← NO CARD 3	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 508) ← NO CARD 3																																																																																																																																																																																																																																	
505	Did you ever have a vaccination card for (NAME)? YES 1 (SKIP TO 508) ← NO 2	YES 1 (SKIP TO 508) ← NO 2	YES 1 (SKIP TO 508) ← NO 2																																																																																																																																																																																																																																	
506	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. (3) IF MORE THAN TWO VITAMIN 'A' DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES.																																																																																																																																																																																																																																			
	LAST BIRTH DAY MONTH YEAR	NEXT-TO-LAST BIRTH DAY MONTH YEAR	SECOND-FROM-LAST BIRTH DAY MONTH YEAR																																																																																																																																																																																																																																	
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NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
507	<p>Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign?</p> <p>RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-4, DPT 1-3, AND/OR MEASLES VACCINES.</p>	<p>YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506)] (SKIP TO 510) ←</p> <p>NO 2 (SKIP TO 510) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506)] (SKIP TO 510) ←</p> <p>NO 2 (SKIP TO 510) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506)] (SKIP TO 510) ←</p> <p>NO 2 (SKIP TO 510) ←</p> <p>DON'T KNOW 8</p>
508	<p>Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization campaign?</p>	<p>YES 1 NO 2 (SKIP TO 512) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1 NO 2 (SKIP TO 512) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1 NO 2 (SKIP TO 512) ←</p> <p>DON'T KNOW 8</p>
509	<p>Please tell me if (NAME) received any of the following vaccinations:</p>			
509A	<p>A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>
509B	<p>Polio vaccine, that is, drops in the mouth?</p>	<p>YES 1 NO 2 (SKIP TO 509E) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1 NO 2 (SKIP TO 509E) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1 NO 2 (SKIP TO 509E) ←</p> <p>DON'T KNOW 8</p>
509C	<p>Was the first polio vaccine received in the first two weeks after birth or later?</p>	<p>FIRST 2 WEEKS ... 1 LATER 2</p>	<p>FIRST 2 WEEKS ... 1 LATER 2</p>	<p>FIRST 2 WEEKS ... 1 LATER 2</p>
509D	<p>How many times was the polio vaccine received?</p>	<p>NUMBER OF TIMES <input type="text"/></p>	<p>NUMBER OF TIMES <input type="text"/></p>	<p>NUMBER OF TIMES <input type="text"/></p>
509E	<p>A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?</p>	<p>YES 1 NO 2 (SKIP TO 509G) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1 NO 2 (SKIP TO 509G) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1 NO 2 (SKIP TO 509G) ←</p> <p>DON'T KNOW 8</p>
509F	<p>How many times was a DPT vaccination received?</p>	<p>NUMBER OF TIMES <input type="text"/></p>	<p>NUMBER OF TIMES <input type="text"/></p>	<p>NUMBER OF TIMES <input type="text"/></p>
509G	<p>A measles injection or that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>
510	<p>Were any of the vaccinations (NAME) received during the last two years given as part of a national immunization day campaign?</p>	<p>YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW ... 8</p>	<p>YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW ... 8</p>	<p>YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW ... 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____
512	CHECK 506: DATE SHOWN FOR VITAMIN A DOSE	DATE FOR MOST RECENT VITAMIN A DOSE []	NO CARD/ CODE '44' FOR MOST RECENT VITAMIN A DOSE [] (SKIP TO 514)	DATE FOR MOST RECENT VITAMIN A DOSE []	NO CARD/ CODE '44' FOR MOST RECENT VITAMIN A DOSE [] (SKIP TO 514)	DATE FOR MOST RECENT VITAMIN A DOSE []	NO CARD/ CODE '44' FOR MOST RECENT VITAMIN A DOSE [] (SKIP TO 514)
513	According to (NAME)'s health card, he/she received a vitamin A dose (like this/any of these) in (MONTH AND YEAR OF MOST RECENT DOSE FROM CARD). Has (NAME) received another vitamin A dose since then? SHOW COMMON TYPES OF CAPSULES.	YES 1 (SKIP TO 515) ←	YES 1 (SKIP TO 515) ←	YES 1 (SKIP TO 515) ←	YES 1 (SKIP TO 515) ←	YES 1 (SKIP TO 515) ←	YES 1 (SKIP TO 515) ←
		NO 2 (SKIP TO 517) ←	NO 2 (SKIP TO 517) ←	NO 2 (SKIP TO 517) ←	NO 2 (SKIP TO 517) ←	NO 2 (SKIP TO 517) ←	NO 2 (SKIP TO 517) ←
		DON'T KNOW 8	DON'T KNOW 8	DON'T KNOW 8	DON'T KNOW 8	DON'T KNOW 8	DON'T KNOW 8
514	HAS (NAME) ever received a vitamin A dose (like this/ any of these)? SHOW COMMON TYPES OF CAPSULES.	YES 1 NO 2 (SKIP TO 517) ←	YES 1 NO 2 (SKIP TO 517) ←	YES 1 NO 2 (SKIP TO 517) ←	YES 1 NO 2 (SKIP TO 517) ←	YES 1 NO 2 (SKIP TO 517) ←	YES 1 NO 2 (SKIP TO 517) ←
515	Did (NAME) receive a vitamin A dose within the last six months?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
517	Has (NAME) taken any drug for intestinal worms in the last six months?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
518	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 533) ←	YES 1 NO 2 (SKIP TO 533) ←	YES 1 NO 2 (SKIP TO 533) ←	YES 1 NO 2 (SKIP TO 533) ←	YES 1 NO 2 (SKIP TO 533) ←	YES 1 NO 2 (SKIP TO 533) ←
519	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
520	<p>Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk).</p> <p>Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?</p>	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
521	<p>When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?</p>	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
522	<p>Did you seek advice or treatment for the diarrhea from any source?</p>	YES 1 NO 2 (SKIP TO 527) ←	YES 1 NO 2 (SKIP TO 527) ←	YES 1 NO 2 (SKIP TO 527) ←
523	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE(S))</p> <p>_____ (NAME OF PLACE(S))</p>	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 TRADITIONAL 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 TRADITIONAL 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 TRADITIONAL PRACTITIONER L OTHER _____ X (SPECIFY) _____

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
524	CHECK 523:	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED (SKIP TO 526) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED (SKIP TO 526) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED (SKIP TO 526) ←
525	Where did you first seek advice or treatment? USE LETTER CODE FROM 523.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
526	How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
527	Does (NAME) still have diarrhea?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
528	Was he/she given any of the following to drink at any time since he/she started having the diarrhea: a) A fluid made from a special packet called [LOCAL NAME FOR ORS PACKET]? b) A pre-packaged ORS liquid? c) A government-recommended homemade fluid?	YES NO DK FLUID FROM ORS PKT .. 1 2 8 ORS LQD .. 1 2 8 HOMEMADE FLUID ... 1 2 8	YES NO DK FLUID FROM ORS PKT .. 1 2 8 ORS LQD .. 1 2 8 HOMEMADE FLUID ... 1 2 8	YES NO DK FLUID FROM ORS PKT .. 1 2 8 ORS LQD .. 1 2 8 HOMEMADE FLUID ... 1 2 8
529	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8
530	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY . B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY) C UNKNOWN PILL OR SYRUP ... D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC . F UNKNOWN INJECTION ... G (IV) INTRAVENOUS . H HOME REMEDY/ HERBAL MEDICINE I OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY . B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY) C UNKNOWN PILL OR SYRUP ... D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC . F UNKNOWN INJECTION ... G (IV) INTRAVENOUS . H HOME REMEDY/ HERBAL MEDICINE I OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY . B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY) C UNKNOWN PILL OR SYRUP ... D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC . F UNKNOWN INJECTION ... G (IV) INTRAVENOUS . H HOME REMEDY/ HERBAL MEDICINE I OTHER _____ X (SPECIFY)

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
533	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
534	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8
535	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES 1 NO 2 (SKIP TO 538) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 538) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 538) ← DON'T KNOW 8
536	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 538) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 538) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 538) ←
537	CHECK 533: HAD FEVER?	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)
538	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
539	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
540	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 545) ←	YES 1 NO 2 (SKIP TO 545) ←	YES 1 NO 2 (SKIP TO 545) ←
541	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ NAME OF PLACE(S) LAST-BIRTH _____ NAME OF PLACE(S) NEXT TO LAST-BIRTH _____ NAME OF PLACE(S) NEXT TO SECOND LAST-BIRTH	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 AGENTS I OTHER PRIVATE MEDICAL _____ J (SPECIFY) OTHER SOURCE SHOP K TRADITIONAL 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 AGENTS I OTHER PRIVATE MEDICAL _____ J (SPECIFY) OTHER SOURCE SHOP K TRADITIONAL 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 AGENTS I OTHER PRIVATE MEDICAL _____ J (SPECIFY) OTHER SOURCE SHOP K TRADITIONAL PRACTITIONER L OTHER _____ X (SPECIFY)
542	CHECK 541:	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 544) ←	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 544) ←	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 544) ←
543	Where did you first seek advice or treatment? USE LETTER CODE FROM 541.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
544	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
545	Is (NAME) still sick with a (fever/ cough)?	FEVER ONLY 1 COUGH ONLY 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DON'T KNOW 8	FEVER ONLY 1 COUGH ONLY 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DON'T KNOW 8	FEVER ONLY 1 COUGH ONLY 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DON'T KNOW 8
546	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573) DON'T KNOW 8	YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573) DON'T KNOW 8	YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573) DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
547	<p>What drugs did (NAME) take?</p> <p>Any other drugs?</p> <p>RECORD ALL MENTIONED.</p>	<p>ANTIMALARIAL DRUGS</p> <p>SP/FANSIDAR ... A</p> <p>CHLOROQUINE . B</p> <p>AMODIAQUINE . C</p> <p>QUININE D</p> <p>COARTEM E</p> <p>ARINATE F</p> <p>OTHER ANTI-MALARIAL _____ ... G (SPECIFY)</p> <p>ANTIBIOTIC DRUGS</p> <p>PILL/SYRUP ... H</p> <p>INJECTION ... I</p> <p>OTHER DRUGS</p> <p>ASPRIN J</p> <p>PARACETAMOL (PANADOL) ... K</p> <p>ACETA-MINOPHEN ... L</p> <p>IBUPROFEN ... M</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	<p>ANTIMALARIAL DRUGS</p> <p>SP/FANSIDAR ... A</p> <p>CHLOROQUINE . B</p> <p>AMODIAQUINE . C</p> <p>QUININE D</p> <p>COARTEM E</p> <p>ARINATE F</p> <p>OTHER ANTI-MALARIAL _____ ... G (SPECIFY)</p> <p>ANTIBIOTIC DRUGS</p> <p>PILL/SYRUP ... H</p> <p>INJECTION ... I</p> <p>OTHER DRUGS</p> <p>ASPRIN J</p> <p>PARACETAMOL (PANADOL) ... K</p> <p>ACETA-MINOPHEN ... L</p> <p>IBUPROFEN ... M</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	<p>ANTIMALARIAL DRUGS</p> <p>SP/FANSIDAR ... A</p> <p>CHLOROQUINE . B</p> <p>AMODIAQUINE . C</p> <p>QUININE D</p> <p>COARTEM E</p> <p>ARINATE F</p> <p>OTHER ANTI-MALARIAL _____ ... G (SPECIFY)</p> <p>ANTIBIOTIC DRUGS</p> <p>PILL/SYRUP ... H</p> <p>INJECTION ... I</p> <p>OTHER DRUGS</p> <p>ASPRIN J</p> <p>PARACETAMOL (PANADOL) ... K</p> <p>ACETA-MINOPHEN ... L</p> <p>IBUPROFEN ... M</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>
548	CHECK 547: ANY CODE A-I CIRCLED?	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)</p>
549	<p>Did you already have (NAME OF DRUG FROM 547) at home when the child became ill?</p> <p>ASK SEPARATELY FOR EACH OF THE DRUGS 'A' THROUGH 'I' THAT THE CHILD IS RECORDED AS HAVING TAKEN IN 547.</p> <p>IF YES FOR ANY DRUG, CIRCLE CODE FOR THAT DRUG.</p> <p>IF NO FOR ALL DRUGS, CIRCLE 'Y'.</p>	<p>ANTIMALARIAL DRUGS</p> <p>SP/FANSIDAR ... A</p> <p>CHLOROQUINE . B</p> <p>AMODIAQUINE . C</p> <p>QUININE D</p> <p>COARTEM E</p> <p>ARINATE F</p> <p>OTHER ANTI-MALARIAL _____ ... G (SPECIFY)</p> <p>ANTIBIOTIC DRUGS</p> <p>PILL/SYRUP ... H</p> <p>INJECTION ... I</p> <p>NO DRUGS AT HOME Y</p> <p>DON'T KNOW Z</p>	<p>ANTIMALARIAL DRUGS</p> <p>SP/FANSIDAR ... A</p> <p>CHLOROQUINE . B</p> <p>AMODIAQUINE . C</p> <p>QUININE D</p> <p>COARTEM E</p> <p>ARINATE F</p> <p>OTHER ANTI-MALARIAL _____ ... G (SPECIFY)</p> <p>ANTIBIOTIC DRUGS</p> <p>PILL/SYRUP ... H</p> <p>INJECTION ... I</p> <p>NO DRUGS AT HOME Y</p> <p>DON'T KNOW Z</p>	<p>ANTIMALARIAL DRUGS</p> <p>SP/FANSIDAR ... A</p> <p>CHLOROQUINE . B</p> <p>AMODIAQUINE . C</p> <p>QUININE D</p> <p>COARTEM E</p> <p>ARINATE F</p> <p>OTHER ANTI-MALARIAL _____ ... G (SPECIFY)</p> <p>ANTIBIOTIC DRUGS</p> <p>PILL/SYRUP ... H</p> <p>INJECTION ... I</p> <p>NO DRUGS AT HOME Y</p> <p>DON'T KNOW Z</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____
550	CHECK 547: ANY CODE A-G CIRCLED?	YES <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	NO <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	YES <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	NO <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	YES <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	NO <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)
551	CHECK 547: SP/FANSIDAR ('A') GIVEN	CODE 'A' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 554)	CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 554)	CODE 'A' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 554)	CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 554)	CODE 'A' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 554)	CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 554)
552	How long after the fever started did (NAME) first take SP/Fansidar?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8
553	For how many days did (NAME) take the (SP/Fansidar)? IF 7 DAYS OR MORE, RECORD 7.	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8
554	CHECK 547: CHLOROQUINE ('B') GIVEN	CODE 'B' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 557)	CODE 'B' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 557)	CODE 'B' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 557)	CODE 'B' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 557)	CODE 'B' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 557)	CODE 'B' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 557)
555	How long after the fever started did (NAME) first take chloroquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8
556	For how many days did (NAME) take the chloroquine? IF 7 DAYS OR MORE, RECORD 7.	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8
557	CHECK 547: AMODIAQUINE ('C') GIVEN	CODE 'C' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 560)	CODE 'C' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 560)	CODE 'C' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 560)	CODE 'C' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 560)	CODE 'C' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 560)	CODE 'C' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 560)

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
558	How long after the fever started did (NAME) first take Amodiaquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8
559	For how many days did (NAME) take the Amodiaquine? IF 7 DAYS OR MORE, RECORD 7.	DAYS <input type="text"/> DON'T KNOW . . . 8	DAYS <input type="text"/> DON'T KNOW . . . 8	DAYS <input type="text"/> DON'T KNOW . . . 8
560	CHECK 547: QUININE ('D') GIVEN	CODE 'D' CODE 'D' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 563) ←	CODE 'D' CODE 'D' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 563) ←	CODE 'D' CODE 'D' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 563) ←
561	How long after the fever started did (NAME) first take quinine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8
562	For how many days did (NAME) take the quinine? IF 7 DAYS OR MORE, RECORD 7.	DAYS <input type="text"/> DON'T KNOW . . . 8	DAYS <input type="text"/> DON'T KNOW . . . 8	DAYS <input type="text"/> DON'T KNOW . . . 8
563	CHECK 547: COARTEM	CODE 'E' CODE 'E' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 566) ←	CODE 'E' CODE 'E' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 566) ←	CODE 'E' CODE 'E' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 566) ←
564	How long after the fever started did (NAME) first take COARTEM	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8
565	For how many days did (NAME) take the COARTEM (COMBINATION WITH ARTEMISININ)? IF 7 DAYS OR MORE, RECORD 7.	DAYS <input type="text"/> DON'T KNOW . . . 8	DAYS <input type="text"/> DON'T KNOW . . . 8	DAYS <input type="text"/> DON'T KNOW . . . 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
566	CHECK 547: ARINATE ('F') GIVEN	CODE 'F' CODE 'F' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 569) ←	CODE 'F' CODE 'F' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 569) ←	CODE 'F' CODE 'F' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 569) ←
567	How long after the fever started did (NAME) first take ARINATE	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW . . . 8
568	For how many days did (NAME) take the ARINATE IF 7 DAYS OR MORE, RECORD 7.	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8
569	CHECK 547: OTHER ANTIMALARIAL ('G') GIVEN	CODE 'G' CODE 'G' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	CODE 'G' CODE 'G' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	CODE 'G' CODE 'G' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)
570	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW . . . 8
571	For how many days did (NAME) take the (OTHER ANTIMALARIAL)? IF 7 DAYS OR MORE, RECORD 7.	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8
572		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
573	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2002 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/>		576																				
574	The last time (NAME OF YOUNGEST CHILD) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE ... 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER _____ 96 (SPECIFY)																					
575	CHECK 528(a) AND 528(b), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/>		577																				
576	Have you ever heard of a special product called [LOCAL NAME FOR ORS PACKET] you can get for the treatment of diarrhea?	YES 1 NO 2																					
577	CHECK 215 AND 218, ALL ROWS: HAS AT LEAST ONE CHILD BORN IN 2004 OR LATER AND LIVING WITH HER <input type="checkbox"/> DOES NOT HAVE ANY CHILDREN BORN IN 2004 OR LATER AND LIVING WITH HER <input type="checkbox"/> RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 578) _____ (NAME)		601																				
578	Now I would like to ask you about liquids or foods (NAME FROM 577) had yesterday during the day or at night. Did (NAME FROM 577) (drink/eat): Plain water? Commercially produced infant formula? Any [BRAND NAME OF COMMERCIALLY FORTIFIED BABY FOOD, E.G., Vitaso and Cerelac]? ASK TO SEE THE PACKET Any (other) porridge?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>PLAIN WATER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FORMULA</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BABY CEREAL</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER PORRIDGE...</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	PLAIN WATER	1	2	8	FORMULA	1	2	8	BABY CEREAL	1	2	8	OTHER PORRIDGE...	1	2	8	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																																																												
579	<p>Now I would like to ask you about (other) liquids or foods that (NAME FROM 577)/you may have had yesterday during the day or at night. I am interested in whether your child/you had the item even if it was combined with other foods.</p> <p>Did (NAME FROM 577)/you drink (eat):</p> <p>a) Milk such as tinned, powdered, or fresh animal milk?</p> <p>b) Tea or coffee?</p> <p>c) Any other liquids?</p> <p>d) Bread, rice, noodles, or other foods made from grains?</p> <p>e) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?</p> <p>f) White potatoes, white yams, manioc, cassava, or any other foods made from roots?</p> <p>g) Any dark green, leafy vegetables (eg pumpkin leaves or rape)?</p> <p>h) Ripe mangoes, papayas, apricot, watermelon?</p> <p>i) Any other fruits or vegetables? (E.g. carrots, bananas and tomato)</p> <p>j) Liver, kidney, heart or other organ meats?</p> <p>k) Any meat, such as beef, pork, lamb, goat, chicken, or duck?</p> <p>l) Eggs?</p> <p>m) Fresh or dried fish or shellfish?</p> <p>n) Any foods made from beans, peas, lentils, or nuts?</p> <p>o) Cheese, yogurt or other milk products?</p> <p>p) Any oil, fats, or butter, or foods made with any of these?</p> <p>q) Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?</p> <p>r) Any other solid or semi-solid food?</p>	<table border="1"> <thead> <tr> <th></th> <th colspan="3">CHILD</th> <th colspan="3">MOTHER</th> </tr> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>h</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>i</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>j</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>k</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>l</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>m</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>n</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>o</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>p</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>q</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>r</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		CHILD			MOTHER				YES	NO	DK	YES	NO	DK	a	1	2	8	1	2	8	b	1	2	8	1	2	8	c	1	2	8	1	2	8	d	1	2	8	1	2	8	e	1	2	8	1	2	8	f	1	2	8	1	2	8	g	1	2	8	1	2	8	h	1	2	8	1	2	8	i	1	2	8	1	2	8	j	1	2	8	1	2	8	k	1	2	8	1	2	8	l	1	2	8	1	2	8	m	1	2	8	1	2	8	n	1	2	8	1	2	8	o	1	2	8	1	2	8	p	1	2	8	1	2	8	q	1	2	8	1	2	8	r	1	2	8	1	2	8	
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r	1	2	8	1	2	8																																																																																																																																									
580	<p>CHECK 578 (LAST 2 CATEGORIES) AND 579 (CATEGORIES d THROUGH r FOR CHILD):</p> <p>AT LEAST ONE "YES" <input type="checkbox"/></p>	<p>NOT A SINGLE "YES" <input type="checkbox"/></p>	601																																																																																																																																												
581	<p>How many times did (NAME FROM 577) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES <input type="checkbox"/></p> <p>DON'T KNOW 8</p>																																																																																																																																													

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	→ 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 617
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 609
604	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
606	Does your husband/partner have other wives or does he live with other women as if married?	YES 1 NO 2 DON'T KNOW 8	→ 609
607	Including yourself, in total, how many wives or partners does your husband live with now as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/> DON'T KNOW 98	
608	Are you the first, second, ... wife/partner?	RANK <input type="text"/> <input type="text"/>	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	→ 611
610	CHECK 603: IS RESPONDENT CURRENTLY WIDOWED? NOT ASKED OR CURRENTLY DIVORCED/SEPARATED <input type="checkbox"/> → CURRENTLY WIDOWED <input type="checkbox"/> →		→ 615 → 613
611	CHECK 603: IS RESPONDENT CURRENTLY WIDOWED? NOT ASKED <input type="checkbox"/> ↓ CURRENTLY WIDOWED <input type="checkbox"/> → CURRENTLY DIVORCED/SEPARATED <input type="checkbox"/> →		→ 613 → 615
612	How did your previous marriage or union end?	DEATH 1 DIVORCE 2 SEPARATION 3	→ 615
613	To whom did most of your late husband's property go?	RESPONDENT 1 OTHER WIFE 2 SPOUSE'S CHILDREN 3 SPOUSE'S FAMILY 4 NO PROPERTY 5 OTHER _____ 6 (SPECIFY)	→ 615
614	Did you receive any of your late husband's assets or valuables?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
615	<p>CHECK 609:</p> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> <p>In what month and year did you start living with your husband/partner?</p> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>Now I would like to ask about when you started living with your first husband/partner. In what month and year was that?</p>	<p>MONTH <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	→ 617
616	How old were you when you first started living with him?	AGE <input type="text"/>	
617	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
618	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95</p>	→ 621 → 621
619	CHECK 107: AGE <input type="checkbox"/> 15-24 AGE <input type="checkbox"/> 25-49		→ 641
620	Do you intend to wait until you get married to have sexual intercourse for the first time?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	→ 641
621	CHECK 107: AGE <input type="checkbox"/> 15-24 AGE <input type="checkbox"/> 25-49		→ 625A
622	The <u>first</u> time you had sexual intercourse, was a condom used?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/DON'T REMEMBER ... 8</p>	
623	How old was the person you first had sexual intercourse with?	<p>AGE OF PARTNER <input type="text"/></p> <p>DON'T KNOW 98</p>	→ 625A
624	Was this person older than you, younger than you, or about the same age as you?	<p>OLDER 1</p> <p>YOUNGER 2</p> <p>ABOUT THE SAME AGE 3</p> <p>DON'T KNOW/DON'T REMEMBER ... 8</p>	→ 625A
625	Would you say this person was ten or more years older than you or less than ten years older than you?	<p>TEN OR MORE YEARS OLDER 1</p> <p>LESS THAN TEN YEARS OLDER ... 2</p> <p>OLDER, UNSURE HOW MUCH 3</p>	
625A	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.		
626	<p>When was the <u>last</u> time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p> <p>WHEN IS LESS THAN A DAY RECORD "00"</p>	<p>DAYS AGO 1 <input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/></p>	→ 628 → 640

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
627	When was the last time you had sexual intercourse with this person?		DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>
628	The last time you had sexual intercourse with this (second/third) person, was a condom used?	YES 1 NO 2 (SKIP TO 630) ←	YES 1 NO 2 (SKIP TO 630) ←	YES 1 NO 2 (SKIP TO 630) ←
629	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
630	What was your relationship to this (second/third) person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	HUSBAND 1 (SKIP TO 636) ← LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 SEX WORKER 5 OTHER 6 (SPECIFY)	HUSBAND 1 (SKIP TO 636) ← LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 SEX WORKER 5 OTHER 6 (SPECIFY)	HUSBAND 1 (SKIP TO 636) ← LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 SEX WORKER 5 OTHER 6 (SPECIFY)
631	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>
632	CHECK 107:	AGE 15-24 <input type="checkbox"/> AGE 25-49 <input type="checkbox"/> (SKIP TO 636) ←	AGE 15-24 <input type="checkbox"/> AGE 25-49 <input type="checkbox"/> (SKIP TO 636) ←	AGE 15-24 <input type="checkbox"/> AGE 25-49 <input type="checkbox"/> (SKIP TO 636) ←
633	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 636) ← DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 636) ← DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 636) ← DON'T KNOW 98
634	Is this person older than you, younger than you, or about the same age?	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 636) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 636) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 636) ←
635	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
636	The last time you had sexual intercourse with this(second/third) person, did you or this person drink alcohol?	YES 1 NO 2 (SKIP TO 638) ←	YES 1 NO 2 (SKIP TO 638) ←	YES 1 NO 2 (SKIP TO 639) ←
637	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4
638	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 627 ← IN NEXT COLUMN) NO 2 (SKIP TO 640) ←	YES 1 (GO BACK TO 627 ← IN NEXT COLUMN) NO 2 (SKIP TO 640) ←	
639	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS LAST 12 MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
640	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>	<p>NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
641	<p>Do you know of a place where a person can get male condoms?</p>	<p>YES 1</p> <p>NO 2</p>	→ 644
642	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT 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>PRIVATE HOSPITAL/SURGERY .. E</p> <p>MISSION HOSPITAL/CLINIC F</p> <p>PHARMACY G</p> <p>PRIVATE DOCTOR H</p> <p>COMMUNITY BASED</p> <p>AGENT I</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ J</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP K</p> <p>FRIENDS/RELATIVES L</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
643	<p>If you wanted to, could you yourself get a condom?</p>	<p>YES 1</p> <p>NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
644	Do you know of a place where a person can get female condoms?	YES 1 NO 2	→ 701
645	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S)) _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B GOVT HEALTH POST C OTHER PUBLIC _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE 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 FRIENDS/RELATIVES L OTHER _____ X (SPECIFY)	
646	If you wanted to, could you yourself get a female condom?	YES 1 NO 2	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
701	<p>CHECK 311/311A: CODE A OR B NOT CIRCLED CODE A OR B CIRCLED</p> <p>NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/></p>		→ 713								
702	<p>CHECK 226:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>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?</p> <p>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?</p>	<p>HAVE (A/ANOTHER) CHILD 1</p> <p>NO MORE/NONE 2 → 704</p> <p>SAYS SHE CAN'T GET PREGNANT . . 3 → 713</p> <p>UNDECIDED/DON'T KNOW AND PREGNANT 4 → 709</p> <p>UNDECIDED/DON'T KNOW AND NOT PREGNANT OR UNSURE 5 → 708</p>									
703	<p>CHECK 226:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>How long would you like to wait from now before the birth of (a/another) child?</p> <p>After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?</p>	<p>MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table></p> <p>YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table></p> <p>SOON/NOW 993 → 708</p> <p>SAYS SHE CAN'T GET PREGNANT AFTER MARRIAGE 994 → 713</p> <p>OTHER _____ 996 → 708</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 998</p>									
704	<p>CHECK 226:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p>		→ 709								
705	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/></p>		→ 713								
706	<p>CHECK 703:</p> <p>NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/></p>		→ 709								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	<p>CHECK 702:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> <p>WANTS NO MORE/ NONE <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>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>SUBFECUND/INFECUND 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</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	
708	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>↓</p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>↓</p> <p>YES, CURRENTLY USING <input type="checkbox"/></p>		<p>→ 713</p>
709	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 711</p> <p>→ 713</p>
710	<p>Which contraceptive method would you prefer to use?</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>NATURAL FAMILY PLANNING (RHYTHM METHOD) 12</p> <p>WITHDRAWAL 13</p> <p>CYCLE BEADS 14</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>UNSURE 98</p>	<p>→ 713</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED 11 FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX ... 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND 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 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	→ 713
712	Would you ever use a contraceptive method if you were married?	YES 1 NO 2 DON'T KNOW 8	
713	CHECK 216: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE 00 NUMBER <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	→ 715 → 715
714	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	
715	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE ... 1 2	
716A	In the last six months, have you listened to the following programmes on the radio? Your Health Matters Sister Evalina Our Neighbourhood Other health related programmes	YES NO YOUR HEALTH MATTERS 1 2 SISTER EVALINA 1 2 OUR NEIGHBOURHOOD 1 2 OTHER _____ 1 2 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
716B	In the last six months, have you seen any of the following programmes on television? Your Health Matters Soul City Insight Other health related programmes	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>YOUR HEALTH MATTERS</td> <td style="text-align: right;">.....</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: right;">.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>INSIGHT</td> <td style="text-align: right;">...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER</td> <td style="text-align: right;">_____</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="4" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>			YES	NO	YOUR HEALTH MATTERS	1	2	SOUL CITY	1	2	INSIGHT	...	1	2	OTHER	_____	1	2	(SPECIFY)				
		YES	NO																								
YOUR HEALTH MATTERS	1	2																								
SOUL CITY	1	2																								
INSIGHT	...	1	2																								
OTHER	_____	1	2																								
(SPECIFY)																											
717	CHECK 601: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>	→ 801																									
718	CHECK 311/311A: CODE B, G, OR M CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>	→ 720 → 722																									
719	Does your husband/partner know that you are using a method of family planning?	YES 1 NO 2 DON'T KNOW 8																									
720	Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER _____ 6 (SPECIFY)																									
721	CHECK 311/311A: CODE A OR B NOT CIRCLED CODE A OR B CIRCLED NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>	→ 801																									
722	Does your husband/partner want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8																									

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 601 AND 602: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/>	NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/>	→ 803 → 807
802	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/>	
803	Did your (last) husband/partner ever attend school?	YES 1 NO 2	→ 806
804	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3 DON'T KNOW 8	→ 806
805	What was the highest (grade/form/year) he completed at that level? (GRADE/FORM/YEAR IS EQUAL TO NUMBER OF COMPLETED YEARS SPENT IN SCHOOL)	GRADE <input type="text"/> DON'T KNOW 98	
806	CHECK 801: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> What is your husband's/partner's occupation? That is, what kind of work does he mainly do? What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?	_____ <input type="text"/> _____ _____	
807	Aside from your own housework, have you done any work in the last seven days?	YES 1 NO 2	→ 811
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES 1 NO 2	→ 811
809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	YES 1 NO 2	→ 811
810	Have you done any work in the last 12 months?	YES 1 NO 2	→ 818
811	What is your occupation, that is, what kind of work do you mainly do?	_____ <input type="text"/> _____ _____	
812	CHECK 811: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 814
813	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
815	Do you usually work at home or away from home?	HOME 1 AWAY 2	
816	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR . 2 ONCE IN A WHILE 3	
817	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
818	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 827
819	CHECK 817: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 822
820	Who usually decides how the money that you earn will be used: you, your husband/partner, or you and your husband/partner jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 OTHER _____ 6 (SPECIFY)	
821	Would you say that the money that you earn is more than what your husband/partner earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY 4 DON'T KNOW 8	→ 823
822	Who usually decides how your husband's/partner's earnings will be used: you, your husband/partner, or you and your husband/partner jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 HUSBAND/PARTNER HAS NO EARNINGS 4 OTHER _____ 6 (SPECIFY)	
823	Who usually makes decisions about health care for yourself: you, your husband/partner, you and your husband/partner jointly, or someone else?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 6 1 2 3 4 6	
824	Who usually makes decisions about making major household purchases?	1 2 3 4 6	
825	Who usually makes decisions about making purchases for daily household needs?	1 2 3 4 6	
826	Who usually makes decisions about visits to your family or relatives?	1 2 3 4 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
827	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="0"> <thead> <tr> <th></th> <th>PRES./ LISTEN.</th> <th>PRES./ NOT LISTEN.</th> <th>NOT PRES.</th> </tr> </thead> <tbody> <tr> <td>CHILDREN < 10</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER FEMALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.	CHILDREN < 10	1	2	3	HUSBAND	1	2	3	OTHER MALES	1	2	3	OTHER FEMALES	1	2	3					
	PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.																								
CHILDREN < 10	1	2	3																								
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OTHER MALES	1	2	3																								
OTHER FEMALES	1	2	3																								
828	<p>Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:</p> <p>If she goes out without telling him?</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 burns the food?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. CHILDREN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS FOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	GOES OUT	1	2	8	NEGL. CHILDREN	1	2	8	ARGUES	1	2	8	REFUSES SEX	1	2	8	BURNS FOOD	1	2	8	
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SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 942
902	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DONT KNOW 8	
903	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DONT KNOW 8	
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DONT KNOW 8	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DONT KNOW 8	
906	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES 1 NO 2 DONT KNOW 8	
907	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DONT KNOW 8	
908	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DONT KNOW 8	
908A	Do you think your risk of getting infected with HIV is low, medium or high, or do you have no risk at all?	LOW 1 MEDIUM 2 HIGH 3 NO RISK 4 OTHER 6 DONT KNOW 8	
909	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. 1 2 8 DURING DELIVERY ... 1 2 8 BREASTFEEDING ... 1 2 8	
910	CHECK 909: AT LEAST <input type="checkbox"/> ONE "YES" ↓	OTHER <input type="checkbox"/>	→ 912
911	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES 1 NO 2 DONT KNOW 8	
912	Have you heard about special antiretroviral drugs (USE LOCAL NAME) that people infected with the AIDS virus can get from a doctor or a nurse to help them live longer?	YES 1 NO 2 DONT KNOW 8	
913	CHECK 208 AND 215: LAST BIRTH SINCE <input type="checkbox"/> JANUARY 2004 ↓	NO BIRTHS <input type="checkbox"/> LAST BIRTH BEFORE <input type="checkbox"/> JANUARY 2004	→ 922 → 922
914	CHECK 407 FOR LAST BIRTH: HAD <input type="checkbox"/> ANTENATAL CARE ↓	NO <input type="checkbox"/> ANTENATAL CARE	→ 922
914A	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
915	During any of the antenatal visits for your last birth, did anyone talk to you about: Babies getting the AIDS virus from their mother? Things that you can do to prevent getting the AIDS virus? Getting tested for the AIDS virus?	YES NO DK AIDS FROM MOTHER 1 2 8 THINGS TO DO . 1 2 8 TESTED FOR AIDS . 1 2 8	
916	Were you offered a test for the AIDS virus as part of your antenatal care?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
917	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	YES 1 NO 2	→ 922
918	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
919	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 10 GOVT. HEALTH CENTER 11 STAND-ALONE VCT CENTER ... 12 FAMILY PLANNING CLINIC 13 MOBILE CLINIC 14 FIELDWORKER 15 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 20 MISSION HOSPITAL/CLINIC 21 STAND-ALONE VCT CENTER ... 22 MOBILE CLINIC 23 COMMUNITY/FIELDWORKER 24 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY)	
920	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES 1 NO 2	→ 923
921	When was the last time you were tested for the AIDS virus?	LESS THAN 12 MONTHS AGO 1 12 - 23 MONTHS AGO 2 2 OR MORE YEARS AGO 3	→ 929
922	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→ 927
923	When was the last time you were tested?	LESS THAN 12 MONTHS AGO 1 12 - 23 MONTHS AGO 2 2 OR MORE YEARS AGO 3	
924	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST 1 OFFERED AND ACCEPTED 2 REQUIRED 3	
925	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
926	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 10</p> <p>GOVT. HEALTH CENTER 11</p> <p>STAND-ALONE VCT CENTER ... 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>MOBILE CLINIC 14</p> <p>FIELDWORKER 15</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR 20</p> <p>MISSION HOSPITAL/CLINIC 21</p> <p>STAND-ALONE VCT CENTER ... 22</p> <p>MOBILE CLINIC 23</p> <p>COMMUNITY/FIELDWORKER 24</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→ 929</p>
927	<p>Do you know of a place where people can go to get tested for the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 929</p>
928	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>STAND-ALONE VCT CENTER ... C</p> <p>FAMILY PLANNING CLINIC D</p> <p>MOBILE CLINIC E</p> <p>COMMUNITY/FIELDWORKER F</p> <p>OTHER PUBLIC _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR H</p> <p>MISSION HOSPITAL/CLINIC I</p> <p>STAND-ALONE VCT CENTER ... J</p> <p>MOBILE CLINIC K</p> <p>COMMUNITY/FIELDWORKER L</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ M</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
929	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DONT KNOW 8</p>	
930	<p>If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DONT KNOW 8</p>	
931	<p>If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?</p>	<p>YES 1</p> <p>NO 2</p> <p>DONT KNOW 8</p>	
932	<p>In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?</p>	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DONT KNOW 8</p>	
933	<p>Do you personally know someone who has been denied health services in the last 12 months because he or she has or is suspected to have the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DONT KNOW 8</p>	<p>→ 938</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
934	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES 1 NO 2	
935	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES 1 NO 2	
936	CHECK 933, 934, AND 935: NOT A SINGLE <input type="checkbox"/> YES' <input type="checkbox"/>	AT LEAST <input type="checkbox"/> ONE 'YES' <input type="checkbox"/>	→ 938
937	Do you personally know someone who has or is suspected to have the AIDS virus?	YES 1 NO 2	
938	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE 1 DISAGREE 2 DONT KNOW 8	
939	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE 1 DISAGREE 2 DONT KNOW 8	
940	Should children aged 12-14 be taught about using a condom to avoid getting AIDS?	YES 1 NO 2 DONT KNOW 8	
941	Should children aged 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid getting AIDS?	YES 1 NO 2 DONT KNOW 8	
941A	Some individuals would choose not to go for HIV testing. Why in your opinion is this so? (CIRCLE ALL THAT ARE MENTIONED) (MORE THAN ONE ANSWER IS POSSIBLE)	FEEL THEY ARE NOT AT RISK A FEAR OF RESULTS B FEAR OF STIGMA/DISCRIMINATION .. C DONT KNOW WHERE TO GO D OTHER _____ X (SPECIFY)	
942	CHECK 901: HEARD ABOUT AIDS <input type="checkbox"/> ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	
943	CHECK 618: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 951
944	CHECK 942: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 946
945	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DONT KNOW 8	
946	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES 1 NO 2 DONT KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
947	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DON'T KNOW 8	
948	CHECK 945, 946, AND 947: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 951
949	The last time you had (PROBLEM FROM 945/946/947), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 951
950	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S)) _____ (NAME OF PLACE(S)) _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B STAND-ALONE VCT CENTER C FAMILY PLANNING CLINIC D MOBILE CLINIC E FIELDWORKER F OTHER PUBLIC _____ G (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR H MISSION HOSPITAL/CLINIC I STAND-ALONE VCT CENTER J MOBILE CLINIC K COMMUNITY/FIELDWORKER L OTHER PRIVATE MEDICAL _____ M (SPECIFY) OTHER SOURCE SHOP N OTHER _____ X (SPECIFY)	
951	Husbands and wives do not always agree on everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	YES 1 NO 2 DON'T KNOW 8	
952	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DON'T KNOW 8	
953	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	YES 1 NO 2 DON'T KNOW 8	
954	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?	YES 1 NO 2 DON'T KNOW 8	
955	CHECK 601: CURRENTLY MARRIED/ LIVING WITH A PARTNER <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 958
956	Can you say no to your husband/partner if you do not want to have sexual intercourse?	YES 1 NO 2 DEPENDS/NOT SURE 8	
957	Could you ask your husband/partner to use a condom if you wanted him to?	YES 1 NO 2 DEPENDS/NOT SURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
958	Do you believe that young men should wait until they are married to have sexual intercourse?	YES 1 NO 2 DONT KNOW 8	
959	Do you think that most young men you know wait until they are married to have sexual intercourse?	YES 1 NO 2 DONT KNOW 8	
960	Do you believe that men who are not married and are having sex should only have sex with one partner?	YES 1 NO 2 DONT KNOW 8	
961	Do you think that most men you know who are not married and are having sex, have sex with only one partner?	YES 1 NO 2 DONT KNOW 8	
962	Do you believe that married men should only have sex with their wives?	YES 1 NO 2 DONT KNOW 8	
963	Do you think that most married men you know have sex only with their wives?	YES 1 NO 2 DONT KNOW 8	
964	Do you believe that young women should wait until they are married to have sexual intercourse?	YES 1 NO 2 DONT KNOW 8	
965	Do you think that most young women you know wait until they are married to have sexual intercourse?	YES 1 NO 2 DONT KNOW 8	
966	Do you believe that women who are not married and are having sex should only have sex with one partner?	YES 1 NO 2 DONT KNOW 8	
967	Do you think that most women you know who are not married and are having sex, have sex with only one partner?	YES 1 NO 2 DONT KNOW 8	
968	Do you believe that married women should only have sex with their husbands?	YES 1 NO 2 DONT KNOW 8	
969	Do you think that most married women you know have sex only with their husbands?	YES 1 NO 2 DONT KNOW 8	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 1005
1002	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS B THROUGH TOUCHING A PERSON WITH TB C THROUGH FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER _____ X (SPECIFY) DON'T KNOW Z	
1003	Can tuberculosis be cured?	YES 1 NO 2 DON'T KNOW 8	
1004	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DON'T KNOW 8	
1004A	If a member of your family got tuberculosis, would you care for them?	YES 1 NO 2 DON'T KNOW 8	
1005	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00	→ 1009
1006	Among these injections, how many were administered by a trained health worker (doctor, a nurse, a dentist, or any other health worker)? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00	→ 1009
1007	The last time you had an injection given to you by a trained health worker where did you go to get the injection? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER 12 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 20 MISSION HOSPITAL/CLINIC 21 DENTAL CLINIC/OFFICE 22 PHARMACY 23 OFFICE OR HOME OF NURSE/ HEALTH WORKER 24 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER PLACE AT HOME 31 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1008	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES 1 NO 2 DON'T KNOW 8	
1009	Do you currently smoke cigarettes?	YES 1 NO 2	→ 1011
1010	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/> <input type="text"/>	
1011	Do you currently smoke or use any other type of tobacco?	YES 1 NO 2	→ 1012A
1012	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE A CHEWING TOBACCO B SNUFF C OTHER _____ X (SPECIFY)	
1012A	Do you drink alcohol?	YES 1 NO 2	→ 1013
1012B	In the last one week how many days did you drink?	NUMBER OF DAYS <input type="text"/> <input type="text"/>	
1013	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?		
	Getting permission to go?	PERMISSION TO GO ... 1 2	
	Getting money needed for treatment?	GETTING MONEY 1 2	
	The distance to the health facility?	DISTANCE 1 2	
	Having to take transport?	TAKING TRANSPORT ... 1 2	
	Not wanting to go alone?	GO ALONE 1 2	
	Concern that there may not be a female health provider?	NO FEMALE PROV. ... 1 2	
	Concern that there may not be any health provider?	NO PROVIDER ... 1 2	
	Concern that there may be no drugs available?	NO DRUGS ... 1 2	
1014	Are you covered by any health insurance/scheme?	YES 1 NO 2	→ 1016
1015	What type of health insurance/scheme? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B SOCIAL SECURITY C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE. D LOW COST PRE-PAYMENT SCHEME E HIGH COST PRE-PAYMENT SCHEME F OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1016	CHECK 217: (YOUNGEST) CHILD <input type="checkbox"/> OTHER <input type="checkbox"/> IS AGE 0-17		→ 1018
1017	Now I would like to ask you about your own child(ren) who (is/are) under the age of 18. Have you made arrangements for someone to care for (him/her/them) in the event that you fall sick or are unable to care for (him/her/them)?	YES 1 NO 2	
1018	Besides your own child/children, are you the primary caregiver for any children under the age of 18?	YES 1 NO 2	→ 1101
1019	Have you made arrangements for someone to care for this child/these children in the event that you fall sick or are unable to care for (him/her/them)?	YES 1 NO 2	

SECTION 11. MATERNAL AND ADULT MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1101	<p>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.</p> <p>How many children did your mother give birth to, including you?</p>	NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/> <input type="text"/>						
1102	<p>CHECK 1101:</p> <p>TWO OR MORE BIRTHS <input type="checkbox"/></p> <p>ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/></p>							1201
1103	<p>How many of these births did your mother have before you were born?</p>	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>						
1104	<p>What was the name given to your oldest (next oldest) brother or sister?</p>	(1)	(2)	(3)	(4)	(5)	(6)	
1105	<p>Is (NAME) male or female?</p>	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1106	<p>Is (NAME) still alive?</p>	YES ... 1 NO ... 2 (GO TO 1108) ← DK ... 8 (GO TO (2)) ←	YES ... 1 NO ... 2 (GO TO 1108) ← DK ... 8 (GO TO (3)) ←	YES ... 1 NO ... 2 (GO TO 1108) ← DK ... 8 (GO TO (4)) ←	YES ... 1 NO ... 2 (GO TO 1108) ← DK ... 8 (GO TO (5)) ←	YES ... 1 NO ... 2 (GO TO 1108) ← DK ... 8 (GO TO (6)) ←	YES ... 1 NO ... 2 (GO TO 1108) ← DK ... 8 (GO TO (7)) ←	
1107	<p>How old is (NAME)?</p>	<input type="text"/> <input type="text"/> GO TO (2)	<input type="text"/> <input type="text"/> GO TO (3)	<input type="text"/> <input type="text"/> GO TO (4)	<input type="text"/> <input type="text"/> GO TO (5)	<input type="text"/> <input type="text"/> GO TO (6)	<input type="text"/> <input type="text"/> GO TO (7)	
1108	<p>How many years ago did (NAME) die?</p>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
1109	<p>How old was (NAME) when he/she died?</p>	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)	
1110	<p>Was (NAME) pregnant when she died?</p>	YES ... 1 (GO TO 1113) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1113) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1113) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1113) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1113) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1113) ← NO ... 2 DK ... 8	
1111	<p>Did (NAME) die during childbirth?</p>	YES ... 1 (GO TO 1113) ← NO ... 2	YES ... 1 (GO TO 1113) ← NO ... 2	YES ... 1 (GO TO 1113) ← NO ... 2	YES ... 1 (GO TO 1113) ← NO ... 2	YES ... 1 (GO TO 1113) ← NO ... 2	YES ... 1 (GO TO 1113) ← NO ... 2	
1112	<p>Did (NAME) die within two months after the end of a pregnancy or childbirth?</p>	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
1113	<p>Was (NAME)'S death due to an accident or violence?</p>	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
IF NO MORE BROTHERS OR SISTERS, GO TO 1201								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
1104	What was the name given to your oldest (next oldest) brother or sister?	(7)	(8)	(9)	(10)	(11)	(12)
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1106	Is (NAME) still alive?	YES ... 1 NO ... 2 (GO TO 1108) ← DK ... 8 (GO TO (8)) ←	YES ... 1 NO ... 2 (GO TO 1108) ← DK ... 8 (GO TO (9)) ←	YES ... 1 NO ... 2 (GO TO 1108) ← DK ... 8 (GO TO (10)) ←	YES ... 1 NO ... 2 (GO TO 1108) ← DK ... 8 (GO TO (11)) ←	YES ... 1 NO ... 2 (GO TO 1108) ← DK ... 8 (GO TO (12)) ←	YES ... 1 NO ... 2 (GO TO 1108) ← DK ... 8 (GO TO (13)) ←
1107	How old is (NAME)?	<input type="text"/> GO TO (8)	<input type="text"/> GO TO (9)	<input type="text"/> GO TO (10)	<input type="text"/> GO TO (11)	<input type="text"/> GO TO (12)	<input type="text"/> GO TO (13)
1108	How many years ago did (NAME) die?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1109	How old was (NAME) when he/she died?	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
1110	Was (NAME) pregnant when she died?	YES ... 1 (GO TO 1113) ← NO ... 2	YES ... 1 (GO TO 1113) ← NO ... 2	YES ... 1 (GO TO 1113) ← NO ... 2	YES ... 1 (GO TO 1113) ← NO ... 2	YES ... 1 (GO TO 1113) ← NO ... 2	YES ... 1 (GO TO 1113) ← NO ... 2
1111	Did (NAME) die during childbirth?	YES ... 1 (GO TO 1113) ← NO ... 2	YES ... 1 (GO TO 1113) ← NO ... 2	YES ... 1 (GO TO 1113) ← NO ... 2	YES ... 1 (GO TO 1113) ← NO ... 2	YES ... 1 (GO TO 1113) ← NO ... 2	YES ... 1 (GO TO 1113) ← NO ... 2
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2
1113	Was (NAME)'S death due to an accident or violence?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2
IF NO MORE BROTHERS OR SISTERS, GO TO 1201							
TICK HERE IF CONTINUATION SHEET USED <input type="checkbox"/>							

SECTION 12. DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
1201	CHECK FRONT COVER: WOMAN SELECTED FOR THIS SECTION? YES <input type="checkbox"/> NO <input type="checkbox"/>		1232																												
1202	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED. PRIVACY OBTAINED 1 PRIVACY NOT POSSIBLE 2		1231																												
	READ TO THE RESPONDENT Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Zambia. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.																														
1203	CHECK 601: CURRENTLY MARRIED <input type="checkbox"/> FORMERLY MARRIED (READ IN PAST TENSE) <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		1215																												
1204	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband? a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times? f) He (does/did) not trust you with any money?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>JEALOUS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ACCUSES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NOT MEET FRIENDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NO FAMILY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WHERE YOU ARE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MONEY</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	JEALOUS	1	2	8	ACCUSES	1	2	8	NOT MEET FRIENDS	1	2	8	NO FAMILY	1	2	8	WHERE YOU ARE	1	2	8	MONEY	1	2	8	
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WHERE YOU ARE	1	2	8																												
MONEY	1	2	8																												
1205A	Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband. A (Does/did) your (last) husband ever: a) say or do something to humiliate you in front of others? b) threaten to hurt or harm you or someone close to you? c) insult you or make you feel bad about yourself?	<table border="0"> <tr> <td></td> <td>OFTEN</td> <td>SOME-TIMES</td> <td>NOT AT ALL</td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2</td> <td></td> <td></td> <td></td> </tr> </table>		OFTEN	SOME-TIMES	NOT AT ALL	YES 1 →	1	2	3	NO 2				YES 1 →	1	2	3	NO 2				YES 1 →	1	2	3	NO 2				<p>1205B CHECK 603: ASK ONLY IF RESPONDENT IS NOT A WIDOW</p> <p>How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>
	OFTEN	SOME-TIMES	NOT AT ALL																												
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YES 1 →	1	2	3																												
NO 2																															

1206A	(Does/did) your (last) husband ever do any of the following things to you:	CHECK 603: ASK ONLY IF RESPONDENT IS NOT A WIDOW How often did this happen during the last 12 months : often, only sometimes, or not at all?																																																			
		<table border="1"> <thead> <tr> <th></th> <th></th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT AT ALL</th> </tr> </thead> <tbody> <tr> <td>a) slap you?</td> <td>YES 1 → NO 2</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) twist your arm or pull your hair?</td> <td>YES 1 → NO 2</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) push you, shake you, or throw something at you?</td> <td>YES 1 → NO 2</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>d) punch you with his fist or with something that could hurt you?</td> <td>YES 1 → NO 2</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>e) kick you, drag you or beat you up?</td> <td>YES 1 → NO 2</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>f) try to choke you or burn you on purpose?</td> <td>YES 1 → NO 2</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>g) threaten or attack you with a knife, gun, or any other weapon?</td> <td>YES 1 → NO 2</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>h) physically force you to have sexual intercourse with him even when you did not want to?</td> <td>YES 1 → NO 2</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>i) force you to perform any sexual acts you did not want to?</td> <td>YES 1 → NO 2</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>			OFTEN	SOME-TIMES	NOT AT ALL	a) slap you?	YES 1 → NO 2	1	2	3	b) twist your arm or pull your hair?	YES 1 → NO 2	1	2	3	c) push you, shake you, or throw something at you?	YES 1 → NO 2	1	2	3	d) punch you with his fist or with something that could hurt you?	YES 1 → NO 2	1	2	3	e) kick you, drag you or beat you up?	YES 1 → NO 2	1	2	3	f) try to choke you or burn you on purpose?	YES 1 → NO 2	1	2	3	g) threaten or attack you with a knife, gun, or any other weapon?	YES 1 → NO 2	1	2	3	h) physically force you to have sexual intercourse with him even when you did not want to?	YES 1 → NO 2	1	2	3	i) force you to perform any sexual acts you did not want to?	YES 1 → NO 2	1	2	3	
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1207	CHECK 1206A (a-i): AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/> →	1210																																																			
1208	How long after you first got married to your (last) husband did (this/any of these things) first happen? IF LESS THAN ONE YEAR, RECORD '00'.	NUMBER OF YEARS <input type="text"/> <input type="text"/> BEFORE MARRIAGE 95																																																			
1209	Did the following ever happen as a result of what your (last) husband did to you:	<table border="1"> <tbody> <tr> <td>a) You had cuts, bruises or aches?</td> <td>YES 1 NO 2</td> </tr> <tr> <td>b) You had severe burns?</td> <td>YES 1 NO 2</td> </tr> <tr> <td>c) You had eye injuries, sprains, dislocations, or minor burns?</td> <td>YES 1 NO 2</td> </tr> <tr> <td>d) You had deep wounds, broken bones, broken teeth, or any other serious injury?</td> <td>YES 1 NO 2</td> </tr> </tbody> </table>	a) You had cuts, bruises or aches?	YES 1 NO 2	b) You had severe burns?	YES 1 NO 2	c) You had eye injuries, sprains, dislocations, or minor burns?	YES 1 NO 2	d) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES 1 NO 2																																											
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1210	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband at times when he was not already beating or physically hurting you?	YES 1 NO 2 → 1213																																																			
1211	CHECK 603: RESPONDENT IS NOT A WIDOW <input type="checkbox"/> RESPONDENT IS A WIDOW <input type="checkbox"/> →	1213																																																			
1212	In the last 12 months, how often have you done this to your husband: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3																																																			
1213	Does (did) your husband drink alcohol?	YES 1 NO 2 → 1215																																																			
1214	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3																																																			

1215	CHECK 201, 226, AND 229: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> EVER BEEN PREGNANT </div> <div style="text-align: center;"> <input type="checkbox"/> NEVER BEEN PREGNANT </div> </div>		1218
1216	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	→1218
1217	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER A MOTHER/STEP-MOTHER B FATHER/STEP-FATHER C SISTER/BROTHER D DAUGHTER/SON E OTHER RELATIVE F FORMER HUSBAND/PARTNER G CURRENT BOYFRIEND H FORMER BOYFRIEND I MOTHER-IN-LAW J FATHER-IN-LAW K OTHER IN-LAW L TEACHER M EMPLOYER/SOMEONE AT WORK N POLICE/SOLDIER O OTHER _____ X (SPECIFY)	
1218	CHECK 601: <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> EVER MARRIED From the time you were 15 years old has anyone ever hit, slapped, kicked, or done anything else to hurt you physically? From the time you were 15 years old has anyone other than your (current/last) husband hit, slapped, kicked, or done anything else to hurt you physically?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→1221
1219	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER A FATHER/STEP-FATHER B SISTER/BROTHER C DAUGHTER/SON D OTHER RELATIVE E FORMER HUSBAND F CURRENT BOYFRIEND G FORMER BOYFRIEND H MOTHER-IN-LAW I FATHER-IN-LAW J OTHER IN-LAW K TEACHER L EMPLOYER/SOMEONE AT WORK M POLICE/SOLDIER N OTHER _____ X (SPECIFY)	
1220	In the last 12 months, how often have you been hit, slapped, kicked, or physically hurt by this/these person(s): often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
1221	At any time in your life, as a child or as an adult, has anyone ever <u>forced you in any way</u> to have sexual intercourse or perform any other sexual acts?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1224
1222	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DONT KNOW 98	

1223	Who was the person who was forcing you at that time?	CURRENT HUSBAND 01 FORMER HUSBAND 02 CURRENT/FORMER BOYFRIEND 03 FATHER 04 STEP-FATHER 05 OTHER RELATIVE 06 IN-LAW 07 OWN FRIEND/ACQUAINTANCE 08 FAMILY FRIEND 09 TEACHER 10 EMPLOYER/SOMEONE AT WORK 11 POLICE/SOLDIER 12 PRIEST/RELIGIOUS LEADER 13 STRANGER 14 OTHER 96 (SPECIFY)	
1224	CHECK 601: <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> EVER MARRIED In the last 12 months has anyone forced you to have sexual intercourse against your will? In the last 12 months, has anyone other than your (current/last) husband/partner forced you to have sexual intercourse against your will?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	
1225	CHECK 1206A (a-i), 1218, 1221, AND 1224: AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/>		1229
1226	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help to stop the person(s) from doing this to you again?	YES 1 NO 2	1228
1227	From whom have you sought help to stop this? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY A HUSBAND'S FAMILY B CURRENT/LAST HUSBAND C CURRENT/FORMER BOYFRIEND D FRIEND E NEIGHBOUR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL H POLICE (e.g. Victim Support Unit)..... I LAWYER J SOCIAL SERVICE ORGANIZATION (e.g YWCA) K OTHER X (SPECIFY)	1229
1228	Have you ever told any one else about this?	YES 1 NO 2	
1229	As far as you know, did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8	

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

1230	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="1"> <thead> <tr> <th></th> <th>YES ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT	1	2	3	FEMALE ADULT	1	2	3
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OTHER MALE ADULT	1	2	3															
FEMALE ADULT	1	2	3															
1231	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE	<hr/> <hr/> <hr/>																
1232	RECORD THE TIME.	<table border="1"> <tr> <td>HOUR</td> <td>.....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>MINUTES</td> <td>.....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	HOUR	<input type="text"/>	<input type="text"/>	MINUTES	<input type="text"/>	<input type="text"/>								
HOUR	<input type="text"/>	<input type="text"/>															
MINUTES	<input type="text"/>	<input type="text"/>															

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

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

INFORMATION TO BE CODED FOR EACH COLUMN

BIRTHS, PREGNANCIES, CONTRACEPTIVE USE **

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 PILL
- 4 IUD
- 5 INJECTABLES
- 6 IMPLANTS
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER _____
 (SPECIFY)

12	DEC	01		
11	NOV	02		
10	OCT	03		
09	SEP	04		
2	08	AUG	05	2
0	07	JUL	06	0
0	06	JUN	07	0
7	05	MAY	08	7
*	04	APR	09	*
	03	MAR	10	
	02	FEB	11	
	01	JAN	12	
12	DEC	13		
11	NOV	14		
10	OCT	15		
09	SEP	16		
2	08	AUG	17	2
0	07	JUL	18	0
0	06	JUN	19	0
6	05	MAY	20	6
*	04	APR	21	*
	03	MAR	22	
	02	FEB	23	
	01	JAN	24	
12	DEC	25		
11	NOV	26		
10	OCT	27		
09	SEP	28		
2	08	AUG	29	2
0	07	JUL	30	0
0	06	JUN	31	0
5	05	MAY	32	5
*	04	APR	33	*
	03	MAR	34	
	02	FEB	35	
	01	JAN	36	
12	DEC	37		
11	NOV	38		
10	OCT	39		
09	SEP	40		
2	08	AUG	41	2
0	07	JUL	42	0
0	06	JUN	43	0
4	05	MAY	44	4
*	04	APR	45	*
	03	MAR	46	
	02	FEB	47	
	01	JAN	48	
12	DEC	49		
11	NOV	50		
10	OCT	51		
09	SEP	52		
2	08	AUG	53	2
0	07	JUL	54	0
0	06	JUN	55	0
3	05	MAY	56	3
*	04	APR	57	*
	03	MAR	58	
	02	FEB	59	
	01	JAN	60	
12	DEC	61		
11	NOV	62		
10	OCT	63		
09	SEP	64		
2	08	AUG	65	2
0	07	JUL	66	0
0	06	JUN	67	0
2	05	MAY	68	2
*	04	APR	69	*
	03	MAR	70	
	02	FEB	71	
	01	JAN	72	

