

2010 DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE (ENGLISH)

12 September 2010

ZIMBABWE
ZIMSTAT

IDENTIFICATION										
PLACE NAME _____										
NAME OF HOUSEHOLD HEAD _____										
CLUSTER NUMBER	<table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>									
HOUSEHOLD NUMBER	<table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>									
NAME AND LINE NUMBER OF WOMAN _____	<table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>									

CHECK QUESTION 21 IN HOUSEHOLD QUESTIONNAIRE: IS THIS WOMAN SELECTED FOR THE HOUSEHOLD RELATIONS MODULE? (YES = 1; NO = 2)	<input style="width: 30px; height: 20px;" type="checkbox"/>
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INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER
RESULT*	_____	_____	_____	RESULT
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		<input style="width: 30px; height: 20px;" type="checkbox"/>
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)				

LANGUAGE OF QUESTIONNAIRE: 1 SHONA 2 NDEBELE 3 ENGLISH
 LANGUAGE USED FOR INTERVIEW: A SHONA B NDEBELE C ENGLISH X OTHER
 LANGUAGE OF RESPONDENT: A SHONA B NDEBELE C ENGLISH X OTHER
 TRANSLATOR USED? 1 YES 2 NO

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY										
NAME _____ <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"><tr><td> </td><td> </td><td> </td></tr></table>				NAME _____ <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"><tr><td> </td><td> </td></tr></table>		

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

<p>INFORMED CONSENT</p> <p>Hello. My name is _____. I am working with the Central Statistical Office/ZIMSTAT. We are conducting a survey about health all over Zimbabwe. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. It's up to you if you want to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.</p> <p>In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.</p> <p>Do you have any questions? 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> <p align="center">↓</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	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	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
106	What is the highest (grade/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/FORM/YEAR <input type="text"/> <input type="text"/>	
107	CHECK 105: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→ 110

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	<p>Now I would like you to read this sentence to me.</p> <p>SHOW CARD TO RESPONDENT.</p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?</p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE 2</p> <p>ABLE TO READ WHOLE SENTENCE 3</p> <p>NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE)</p> <p>BLIND/VISUALLY IMPAIRED 5</p>	
109	<p>CHECK 108:</p> <p>CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/></p> <p>CODE '1' OR '5' CIRCLED <input type="checkbox"/></p>	<p>→ 111</p>	
110	<p>Do you read a newspaper or magazine at least once a week, less than once a week or not at all?</p>	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
111	<p>Do you listen to the radio at least once a week, less than once a week or not at all?</p>	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
112	<p>Do you watch television at least once a week, less than once a week or not at all?</p>	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
113	<p>What is your religion?</p>	<p>TRADITIONAL 1</p> <p>ROMAN CATHOLIC 2</p> <p>PROTESTANT 3</p> <p>PENTECOSTAL 4</p> <p>APOSTOLIC SECT 5</p> <p>OTHER CHRISTIAN 6</p> <p>MUSLIM 7</p> <p>NONE 8</p> <p>OTHER 96 (SPECIFY)</p>	
115	<p>In the last 12 months, how many times have you been away from home for one or more nights?</p>	<p>NUMBER OF TIMES <input type="text"/></p> <p>NONE 00</p>	<p>→ 201</p>
116	<p>In the last 12 months, have you been away from home for more than one month at a time?</p>	<p>YES 1</p> <p>NO 2</p>	

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 currently 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="1238 439 1334 546" 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="1238 488 1334 595" 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="1238 696 1334 804" 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="1238 745 1334 853" 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="1238 1037 1334 1144" 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="1238 1090 1334 1198" 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 BIRTHS <table border="1" data-bbox="1238 1218 1334 1276" 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 ROWS. (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).									
212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?	IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	IF ALIVE: Is (NAME) living with you?	IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	IF DEAD: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (NEXT BIRTH)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
03	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
04	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
05	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
06	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
07	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221			
What name was given to your next baby? RECORD NAME. BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?			
08	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH			
09	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH			
10	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH			
11	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH			
12	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH			
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					YES	1	NO			2	
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)											
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2005 OR LATER.					NUMBER OF BIRTHS		<input type="text"/>	NONE			0 → 226

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
225	<p>C FOR EACH BIRTH SINCE JANUARY 2005, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)</p>			
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 230	
227	<p>How many months pregnant are you?</p> <p>RECORD NUMBER OF COMPLETED MONTHS.</p> <p>C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.</p>	MONTHS <input type="text"/> <input type="text"/>		
228	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 230	
229	Did you want to have a baby later on or did you not want any (more) children?	LATER 1 NO MORE 2		
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 238	
231	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"/>		
232	CHECK 231: LAST PREGNANCY ENDED IN <input type="checkbox"/> LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JAN. 2005 OR LATER JAN. 2005		→ 238	
232A	<p>C 232B In what month and year did that pregnancy end?</p> <p>MONTH YEAR</p>	233 How many months pregnant were you when that pregnancy ended? MONTHS	234 Since January 2005, have you had any other pregnancies that did not result in a live birth?	
01		<input type="text"/> <input type="text"/>	YES 1 NO 2	→ 235
02	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	YES 1 NO 2	→ 235
03	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	YES 1 NO 2	→ 235
04	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	YES 1 NO 2	→ 235
IF THERE ARE MORE THAN FOUR PREGNANCIES SINCE JANUARY 2005 THAT DID NOT RESULT IN A LIVE BIRTH, GO TO 232A ROW 02 IN A NEW QUESTIONNAIRE.				
235	<p>C FOR EACH PREGNANCY THAT DID NOT RESULT IN A LIVE BIRTH IN JANUARY 2005 OR LATER, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.</p>			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
236	Did you have any miscarriages, abortions or stillbirths that ended before 2005?	YES 1 NO 2	→ 238								
237	When did the last such pregnancy that terminated before 2005 end?	MONTH <table border="1" data-bbox="1236 315 1334 371" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" data-bbox="1145 371 1334 427" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
238	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <table border="1" data-bbox="1236 448 1334 504" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> WEEKS AGO 2 <table border="1" data-bbox="1236 504 1334 560" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTHS AGO 3 <table border="1" data-bbox="1236 560 1334 616" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEARS AGO 4 <table border="1" data-bbox="1236 616 1334 672" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996									
239	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 301								
240	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	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?		
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2	
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2	
03	IUD (Loop). PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2	
04	Injectables (Depo). PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2	
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	
07	Male Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2	
09	Lactational Amenorrhea Method (LAM).	YES 1 NO 2	
10	Rhythm Method (Safe days). PROBE: Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get	YES 1 NO 2	
11	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2	
12	Emergency Contraception (Morning-after pill). PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2	
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	
302	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 311
303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 311

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	<p>Which method are you using?</p> <p>CIRCLE ALL MENTIONED.</p> <p>IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.</p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>PILL F</p> <p>MALE CONDOM G</p> <p>FEMALE CONDOM H</p> <p>DIAPHRAGM I</p> <p>FOAM/JELLY J</p> <p>LACTATIONAL AMEN. METHOD K</p> <p>RHYTHM METHOD L</p> <p>WITHDRAWAL M</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD ... Y</p>	<p>→ 307</p> <p>→ 308A</p> <p>→ 306</p> <p>→ 308A</p>
305	<p>What is the brand name of the pills you are using?</p> <p>IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.</p>	<p>OVRETTE SECURE 01</p> <p>LO-FEMENAL CONTROL 02</p> <p>MICRONOR 03</p> <p>MICRONOVUM 04</p> <p>MARVELLON 05</p> <p>DUOFEM 06</p> <p>EXLUTON 07</p> <p>TRINODIAL 08</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→ 308A</p>
306	<p>What is the brand name of the condoms you are using?</p> <p>IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.</p>	<p>MALE CONDOMS</p> <p>CHOICE ASSORTED 01</p> <p>DUREX 02</p> <p>ECSTASY 03</p> <p>PROTECTOR PLUS 04</p> <p>PUBLIC SECTOR DIST.</p> <p>(PANTHER OR KAREX) 05</p> <p>ROUGH RIDER 06</p> <p>OTHER _____ 07</p> <p>(SPECIFY)</p> <p>MALE CONDOM, DON'T KNOW ... 08</p> <p>FEMALE CONDOMS</p> <p>CARE 11</p> <p>FEMIDOM 12</p> <p>OTHER _____ 13</p> <p>(SPECIFY)</p> <p>FEMALE CONDOM, DON'T KNOW 18</p>	<p>→ 308A</p>
307	<p>In what facility did the sterilization take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>CENTRAL HOSPITAL 11</p> <p>PROVINCIAL HOSPITAL 12</p> <p>DISTRICT HOSPITAL 13</p> <p>RURAL HOSPITAL 14</p> <p>ZNFPC CLINIC 15</p> <p>OTHER PUBLIC SECTOR _____ 16</p> <p>(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC 21</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 31</p> <p>PRIVATE DOCTOR'S SURGERY ... 32</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
308	In what month and year was the sterilization performed?														
308A	<p>Since what month and year have you been using (CURRENT METHOD) without stopping?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>													
309	<p>CHECK 308/308A, 215 AND 231:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308/308A</p> <p>GO BACK TO 308/308A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>													
310	<p>CHECK 308/308A:</p> <p>YEAR IS 2005 OR LATER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p>	<p>YEAR IS 2004 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2005.</p> <p>THEN SKIP TO \longrightarrow 322</p>													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
311 C	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER INTERVALS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2005.</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p>				
311A	INTERVAL OF USE OR NON-USE	COLUMN 1	COLUMN 2	COLUMN 3	
311B	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	MONTH <input type="text"/> YEAR <input type="text"/>	MONTH <input type="text"/> YEAR <input type="text"/>	MONTH <input type="text"/> YEAR <input type="text"/>	
311C	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your (husband/partner) use any method of contraception?	YES, USED A METHOD 1 NO, DID NOT USE A METHOD ... 2 (GO TO 311B ← OF NEXT COL.)	YES, USED A METHOD 1 NO, DID NOT USE A METHOD ... 2 (GO TO 311B ← OF NEXT COL.)	YES, USED A METHOD 1 NO, DID NOT USE A METHOD ... 2 (GO TO 311B ← OF NEXT COL.)	
311D	Which method was that? SEE CALENDAR FOR CODES.	METHOD <input type="text"/>	METHOD <input type="text"/>	METHOD <input type="text"/>	
311E	How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)? RECORD 95 IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.	IMMEDIATELY 00 MONTHS <input type="text"/> (GO TO 311G) ← DATE GIVEN 95	IMMEDIATELY 00 MONTHS <input type="text"/> (GO TO 311G) ← DATE GIVEN 95	IMMEDIATELY 00 MONTHS <input type="text"/> (GO TO 311G) ← DATE GIVEN 95	
311F	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	MONTH <input type="text"/> YEAR <input type="text"/>	MONTH <input type="text"/> YEAR <input type="text"/>	MONTH <input type="text"/> YEAR <input type="text"/>	
311G	For how many months did you use (METHOD)? RECORD 95 IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE	MONTHS <input type="text"/> (GO TO 311J) ← DATE GIVEN 95	MONTHS <input type="text"/> (GO TO 311J) ← DATE GIVEN 95	MONTHS <input type="text"/> (GO TO 311J) ← DATE GIVEN 95	
311H	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	MONTH <input type="text"/> YEAR <input type="text"/>	MONTH <input type="text"/> YEAR <input type="text"/>	MONTH <input type="text"/> YEAR <input type="text"/>	
311J	Why did you stop using (METHOD)? SEE CALENDAR FOR CODES.	REASON STOPPED <input type="text"/> GOTO 311B IN NEXT COLUMN.	REASON STOPPED <input type="text"/> GOTO 311B IN NEXT COLUMN.	REASON STOPPED <input type="text"/> GOTO 311B IN NEXT COLUMN OF NEW QUESTIONNAIRE.	
312	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH. NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/>			→ 314	
313	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2		→ 324	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
314	<p>CHECK 304:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>NO CODE CIRCLED 00</p> <p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>IUD 03</p> <p>INJECTABLES 04</p> <p>IMPLANTS 05</p> <p>PILL 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 MODERN METHOD 95</p> <p>OTHER TRADITIONAL METHOD 96</p>	<p>→ 324</p> <p>→ 317A</p> <p>→ 326</p> <p>→ 315A</p> <p>→ 326</p>
315	<p>You first started using (CURRENT METHOD) in (DATE FROM 308/308A). Where did you get it at that time?</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/CLINIC 11</p> <p>RURAL/MUNICIPAL CLINIC 12</p> <p>RURAL HEALTH CENTRE 13</p> <p>ZNFPC CLINIC 14</p> <p>MOH MOBILE CLINIC 15</p> <p>ZNFPC CBD/DEPOT HOLDER 16</p> <p>OTHER PUBLIC SECTOR _____ 17</p> <p>(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC 21</p>	
315A	<p>Where did you learn how to use the rhythm/lactational amenorrhoea method?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 31</p> <p>PHARMACY 32</p> <p>PRIVATE DOCTOR 33</p> <p>CBD 34</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 36</p> <p>(SPECIFY)</p> <p>RETAIL OUTLET</p> <p>GENERAL DEALER 41</p> <p>SUPERMARKET 42</p> <p>TUCK SHOP 43</p> <p>SERVICE STATION 44</p> <p>OTHER RETAIL _____ 46</p> <p>(SPECIFY)</p> <p>OTHER PRIVATE SOURCE</p> <p>CHURCH 51</p> <p>FRIENDS/RELATIVES 52</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 MALE CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMEN. METHOD 11 RHYTHM METHOD 12	→ 323 → 320 → 326 → 326
317	At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 319
317A	When you got sterilized, were you told about side effects or problems you might have with the method?		
318	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	→ 320
319	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
320	CHECK 317: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>CODE '1' CIRCLED</p>  </div> <div style="text-align: center;"> <p>CODE '1' NOT CIRCLED</p>  </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>At that time, were you told about other methods of family planning that you could use?</p> </div> <div style="width: 45%;"> <p>When you obtained (CURRENT METHOD FROM 314) from (SOURCE OF METHOD FROM 307 OR 315), were you told about other methods of family planning that you could use?</p> </div> </div>	YES 1 NO 2	→ 322
321	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES 1 NO 2	
322	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 MALE CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMEN. METHOD 11 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 326 → 326 → 326

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
323	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/CLINIC 11</p> <p>RURAL/MUNICIPAL CLINIC 12</p> <p>RURAL HEALTH CENTRE 13</p> <p>ZNFPC CLINIC 14</p> <p>MOH MOBILE CLINIC 15</p> <p>ZNFPC CBD/DEPOT HOLDER 16</p> <p>OTHER PUBLIC SECTOR _____ 17</p> <p>(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC 21</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 31</p> <p>PHARMACY 32</p> <p>PRIVATE DOCTOR 33</p> <p>CBD 34</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 36</p> <p>(SPECIFY)</p> <p>RETAIL OUTLET</p> <p>GENERAL DEALER 41</p> <p>SUPERMARKET 42</p> <p>TUCK SHOP 43</p> <p>SERVICE STATION 44</p> <p>OTHER RETAIL _____ 46</p> <p>(SPECIFY)</p> <p>OTHER PRIVATE SOURCE</p> <p>CHURCH 51</p> <p>FRIENDS/RELATIVES 52</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→ 326</p>
324	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 326</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/CLINIC A</p> <p>RURAL/MUNICIPAL CLINIC B</p> <p>RURAL HEALTH CENTRE C</p> <p>ZNFPC CLINIC D</p> <p>MOH MOBILE CLINIC E</p> <p>ZNFPC CBD/DEPOT HOLDER F</p> <p>OTHER PUBLIC SECTOR _____ G</p> <p>(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC I</p> <p>PHARMACY J</p> <p>PRIVATE DOCTOR K</p> <p>CBD L</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ M</p> <p>(SPECIFY)</p> <p>RETAIL OUTLET</p> <p>GENERAL DEALER N</p> <p>SUPERMARKET O</p> <p>TUCK SHOP P</p> <p>SERVICE STATION Q</p> <p>OTHER RETAIL _____ R</p> <p>(SPECIFY)</p> <p>OTHER PRIVATE SOURCE</p> <p>CHURCH S</p> <p>FRIENDS/RELATIVES T</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
326	<p>In the last 12 months, were you visited by a fieldworker who talked to you about family planning?</p>	<p>YES 1</p> <p>NO 2</p>	
327	<p>In the last 12 months, have you visited a health facility for care for yourself (or your children)?</p>	<p>YES 1</p> <p>NO 2</p>	→ 401
328	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> ONE OR MORE BIRTHS IN 2005 OR LATER <input type="checkbox"/> </td> <td style="width: 50%; border: none;"> NO BIRTHS IN 2005 OR LATER <input type="checkbox"/> </td> </tr> </table>				ONE OR MORE BIRTHS IN 2005 OR LATER <input type="checkbox"/>	NO BIRTHS IN 2005 OR LATER <input type="checkbox"/>	→ 556
ONE OR MORE BIRTHS IN 2005 OR LATER <input type="checkbox"/>	NO BIRTHS IN 2005 OR LATER <input type="checkbox"/>						
402 CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2005 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)							
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>			
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>			
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 (SKIP TO 408) ← NO 2	YES 1 (SKIP TO 430) ← NO 2	YES 1 (SKIP TO 430) ← NO 2			
406	Did you want to have a baby later on, or did you not want any (more) children?	LATER 1 NO MORE 2 (SKIP TO 408) ←	LATER 1 NO MORE 2 (SKIP TO 430) ←	LATER 1 NO MORE 2 (SKIP TO 430) ←			
407	How much longer did you want 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			
408	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2 (SKIP TO 415) ←					
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE MIDWIFE B NURSE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D VILLAGE HEALTH WORKER ... E OTHER _____ X (SPECIFY)					

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
410	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S).</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>HOME YOUR HOME ... A OTHER HOME ... B</p> <p>PUBLIC SECTOR CENTRAL HSP ... C PROVINCIAL HOSPITAL ... D DISTRICT HSP ... E RURAL HSP ... F URBAN MUNCL CLINIC G RURAL HEALTH CENTRE H OTHER PUBLIC SECTOR _____ I (SPECIFY)</p> <p>MISSION HSP/ CLINIC J</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC K OTHER PRIVATE MED. SECTOR _____ L (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>		
411	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS ... <input type="text"/> <input type="text"/>		
412	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES <input type="text"/> <input type="text"/>		
413	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once:</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>BP 1 2</p> <p>URINE 1 2</p> <p>BLOOD ... 1 2</p>		
414	During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?	YES 1 NO 2 DON'T KNOW 8		
415	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 418) ← DON'T KNOW 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
416	During this pregnancy, how many times did you get a tetanus injection?	TIMES <input type="text"/> DON'T KNOW 8		
417	CHECK 416:	2 OR MORE OTHER TIMES <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 421) ↓ ↓		
418	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 (SKIP TO 421) ← DON'T KNOW ... 8		
419	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8		
420	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO <input type="text"/> <input type="text"/>		
421	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	YES 1 NO 2 (SKIP TO 423) ← DON'T KNOW 8		
422	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ... 998		
423	During this pregnancy, did you take any drug for intestinal worms?	YES 1 NO 2 DON'T KNOW 8		
424	During this pregnancy, did you take any drugs to prevent you from getting malaria?	YES 1 NO 2 (SKIP TO 430) ← DON'T KNOW 8		
425	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 COARTEMETHER C DELTAPRIM D OTHER _____ X (SPECIFY) DON'T KNOW Z		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
426	CHECK 425: SP/FANSIDAR TAKEN FOR MALARIA PREVENTION.	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 430) ←		
427	How many times did you take (SP/Fansidar) during this pregnancy?	TIMES <input type="text"/> <input type="text"/>		
428	CHECK 409: ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE 'A', 'B' OR 'C' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 430) ←		
429	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		
430	When (NAME) was born, was he/she very big, bigger than average, average, smaller than average, or very small?	VERY BIG 1 BIGGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY BIG 1 BIGGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY BIG 1 BIGGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
431	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 433) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 433) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 433) ← DON'T KNOW 8
432	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"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	KG FROM CARD 1 <input type="text"/> . <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"/> <input type="text"/> DON'T KNOW 99998	KG FROM CARD 1 <input type="text"/> . <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"/> <input type="text"/> DON'T KNOW 99998

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
433	<p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p>HEALTH PERSONNEL DOCTOR A NURSE MIDWIFE B NURSE C</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT D VILLAGE HEALTH WORKER ... E</p> <p>OTHER PERSON RELATIVE/FRIEND F OTHER _____ X (SPECIFY)</p> <p>NO ONE ASSISTED Y</p>	<p>HEALTH PERSONNEL DOCTOR A NURSE MIDWIFE B NURSE C</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT D VILLAGE HEALTH WORKER ... E</p> <p>OTHER PERSON RELATIVE/FRIEND F OTHER _____ X (SPECIFY)</p> <p>NO ONE ASSISTED Y</p>	<p>HEALTH PERSONNEL DOCTOR A NURSE MIDWIFE B NURSE C</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT D VILLAGE HEALTH WORKER ... E</p> <p>OTHER PERSON RELATIVE/FRIEND F OTHER _____ X (SPECIFY)</p> <p>NO ONE ASSISTED Y</p>
434	<p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME YOUR HOME ... 11 (SKIP TO 438) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR CENTRAL HSP 21 PROVINCIAL HOSPITAL ... 22 DISTRICT HSP 23 RURAL HSP ... 24 URBAN MUNCPL CLINIC 25 RURAL HEALTH CENTRE 26 OTHER PUBLIC SECTOR _____ 27 (SPECIFY)</p> <p>MISSION HSP/CLIN 31</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 41 OTHER PRIVATE MED. SECTOR 46 _____ (SPECIFY)</p> <p>OTHER _____ 96 (SKIP TO 438) ←</p>	<p>HOME YOUR HOME ... 11 (SKIP TO 448) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR CENTRAL HSP 21 PROVINCIAL HOSPITAL ... 22 DISTRICT HSP 23 RURAL HSP ... 24 URBAN MUNCPL CLINIC 25 RURAL HEALTH CENTRE 26 OTHER PUBLIC SECTOR _____ 27 (SPECIFY)</p> <p>MISSION HSP/CLIN 31</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 41 OTHER PRIVATE MED. SECTOR 46 _____ (SPECIFY)</p> <p>OTHER _____ 96 (SKIP TO 448) ←</p>	<p>HOME YOUR HOME ... 11 (SKIP TO 448) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR CENTRAL HSP 21 PROVINCIAL HOSPITAL ... 22 DISTRICT HSP 23 RURAL HSP ... 24 URBAN MUNCPL CLINIC 25 RURAL HEALTH CENTRE 26 OTHER PUBLIC SECTOR _____ 27 (SPECIFY)</p> <p>MISSION HSP/CLIN 31</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 41 OTHER PRIVATE MED. SECTOR 46 _____ (SPECIFY)</p> <p>OTHER _____ 96 (SKIP TO 448) ←</p>
435	<p>Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>
436	<p>After you gave birth to (NAME), did anyone check on your health while you were still in the facility?</p>	<p>YES 1 (SKIP TO 439) ←</p> <p>NO 2</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____												
437	Did anyone check on your health after you left the facility?	YES 1 (SKIP TO 439) ← NO 2 (SKIP TO 446) ←														
438	After you gave birth to (NAME), did anyone check on your health?	YES 1 NO 2 (SKIP TO 442) ←														
439	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE MIDWIFE 12 NURSE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 VILLAGE HEALTH WORKER ... 22 OTHER _____ 96 (SPECIFY)														
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" data-bbox="798 846 885 896"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="798 907 885 956"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="798 967 885 1016"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ... 998														
441	CHECK 437:	YES NOT ASKED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 446) ↓														
442	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 446) ← DON'T KNOW 8														
443	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.	HRS AFTER BIRTH .. 1 <table border="1" data-bbox="798 1328 885 1377"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS AFTER BIRTH .. 2 <table border="1" data-bbox="798 1388 885 1438"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WKS AFTER BIRTH .. 3 <table border="1" data-bbox="798 1449 885 1498"><tr><td></td><td></td></tr><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 _____
444	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE MIDWIFE 12 NURSE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 21 VILLAGE HEALTH WORKER . . . 22 OTHER _____ 96 (SPECIFY)		
445	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 PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME YOUR HOME . . . 11 OTHER HOME . . . 12 PUBLIC SECTOR CENTRAL HSP 21 PROVINCIAL HOSPITAL . . . 22 DISTRICT HSP . . . 23 RURAL HSP . . . 24 URBAN MUNCPL CLINIC 25 RURAL HEALTH CENTRE 26 OTHER PUBLIC SECTOR _____ (SPECIFY) 27 MISSION HSP/CLIN 31 PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 41 OTHER PRIVATE MED. SECTOR 46 _____ (SPECIFY) OTHER _____ 96 (SPECIFY)		
446	In the first two months after delivery, did you receive a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8		
447	Has your menstrual period returned since the birth of (NAME)?	YES 1 (SKIP TO 449) ← NO 2 (SKIP TO 450) ←		
448	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 452) ←	YES 1 NO 2 (SKIP TO 452) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
449	For how many months after the birth of (NAME) did you not 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
450	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT OR <input type="checkbox"/> UNSURE <input type="checkbox"/> (SKIP TO 452) ←		
451	Have you had sexual intercourse since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 453) ←		
452	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98		
453	Did you ever breastfeed (NAME)?	YES 1 (SKIP TO 455) ← NO 2	YES 1 NO 2	YES 1 NO 2
454	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 460) (GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 501)		
455	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"/>		
456	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 458) ←		
457	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER ... B SUGAR OR GLUCOSE WATER ... C GRUPE WATER ... D SUGAR-SALT-WATER SOLUTION ... E FRUIT JUICE ... F INFANT FORMULA G TEA/INFUSIONS ... H COFFEE ... I HONEY ... J OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
458	CHECK 404: IS CHILD LIVING?	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501)
459	Are you still breastfeeding (NAME)?	YES 1 NO 2		
460	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
461		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, HEALTH AND NUTRITION

501	ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2005 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).						
502	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER			
503	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 553)			
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 509) ← NO CARD 3	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 509) ← NO CARD 3	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 509) ← NO CARD 3			
505	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 509) ← NO 2	YES 1 (SKIP TO 509) ← NO 2	YES 1 (SKIP TO 509) ← NO 2			
506	(1) COPY DATES FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.						
		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH			
		DAY MONTH YEAR	DAY MONTH YEAR	DAY MONTH YEAR			
		BCG	BCG	BCG			
		POLIO 1	P1	P1			
		POLIO 2	P2	P2			
		POLIO 3	P3	P3			
		POLIO (BOOSTER)	P4	P4			
		DPT-HEPB-HIB 1 (PENTAVALENT 1)	PV1	PV1			
		DPT-HEPB-HIB 2 (PENTAVALENT 2)	PV2	PV2			
		DPT-HEPB-HIB 3 (PENTAVALENT 3)	PV3	PV3			
		DPT 1	D1	D1			
		DPT 2	D2	D2			
		DPT 3	D3	D3			
		DPT (BOOSTER)	D4	D4			
		MEASLES	MEA	MEA			
		VITAMIN A MOST RECENT DOSE	VIT A	VIT A			
507	CHECK 506:	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 511)	OTHER <input type="checkbox"/> (GO TO 508)	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 511)	OTHER <input type="checkbox"/> (GO TO 508)	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 511)	OTHER <input type="checkbox"/> (GO TO 508)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
508	<p>Has (NAME) had any vaccinations that are not recorded on this card, including vaccinations given in a national immunization day campaign?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 506 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506)</p> <p>(SKIP TO 511) ←)</p> <p>NO 2 (SKIP TO 511) ←)</p> <p>DON'T KNOW 8</p>	<p>YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506)</p> <p>(SKIP TO 511) ←)</p> <p>NO 2 (SKIP TO 511) ←)</p> <p>DON'T KNOW 8</p>	<p>YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506)</p> <p>(SKIP TO 511) ←)</p> <p>NO 2 (SKIP TO 511) ←)</p> <p>DON'T KNOW 8</p>
509	<p>Did (NAME) ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 511) ←)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 511) ←)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 511) ←)</p> <p>DON'T KNOW 8</p>
510	<p>Please tell me if (NAME) had any of the following vaccinations:</p>			
510A	<p>A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar and is given at birth?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
510B	<p>Polio vaccine, that is, drops in the mouth?</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 510E) ←)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 510E) ←)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 510E) ←)</p> <p>DON'T KNOW 8</p>
510D	<p>How many times was the polio vaccine given?</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>
510E	<p>A pentavalent or DPT vaccination - that is, an injection given in the thigh, sometimes at the same time as polio drops?</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 510G) ←)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 510G) ←)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 510G) ←)</p> <p>DON'T KNOW 8</p>
510F	<p>How many times was the pentavalent or DPT vaccination given?</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>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
510G	A measles injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
511	Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
513A	Has (NAME) ever had worms in his/her stool?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
513	Was (NAME) given 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
514	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8
515	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
516	Now I would like to know how much fluid (including breastmilk) (NAME) was given to drink during the diarrhea. Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
517	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD ... 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD ... 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD ... 5 NEVER GAVE FOOD 6 DON'T KNOW 8
518	Did you seek advice or treatment for the diarrhea from any source?	YES 1 NO 2 (SKIP TO 522) ←	YES 1 NO 2 (SKIP TO 522) ←	YES 1 NO 2 (SKIP TO 522) ←
519	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR CENTRAL HSP A PROVINCIAL HOSPITAL ... B DISTRICT HSP ... C RURAL HSP ... D RURAL HEALTH CENTRE E URB MUNCPL CLIN F COMMUN/VILLAGE HEALTH WORKER ... G OTHER PUBLIC SECTOR _____ H (SPECIFY) MISSION HSP/CLINIC I PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC J PHARMACY ... K PVT DOCTOR ... L OTHER PRIVATE MED. SECTOR _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER O MARKET P OTHER _____ X (SPECIFY)	PUBLIC SECTOR CENTRAL HSP A PROVINCIAL HOSPITAL ... B DISTRICT HSP ... C RURAL HSP ... D RURAL HEALTH CENTRE E URB MUNCPL CLIN F COMMUN/VILLAGE HEALTH WORKER ... G OTHER PUBLIC SECTOR _____ H (SPECIFY) MISSION HSP/CLINIC I PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC J PHARMACY ... K PVT DOCTOR ... L OTHER PRIVATE MED. SECTOR _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER O MARKET P OTHER _____ X (SPECIFY)	PUBLIC SECTOR CENTRAL HSP A PROVINCIAL HOSPITAL ... B DISTRICT HSP ... C RURAL HSP ... D RURAL HEALTH CENTRE E URB MUNCPL CLIN F COMMUN/VILLAGE HEALTH WORKER ... G OTHER PUBLIC SECTOR _____ H (SPECIFY) MISSION HSP/CLINIC I PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC J PHARMACY ... K PVT DOCTOR ... L OTHER PRIVATE MED. SECTOR _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER O MARKET P OTHER _____ X (SPECIFY)
520	CHECK 519:	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE <input type="checkbox"/> CIRCLED CIRCLED ↓ (SKIP TO 522) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE <input type="checkbox"/> CIRCLED CIRCLED ↓ (SKIP TO 522) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE <input type="checkbox"/> CIRCLED CIRCLED ↓ (SKIP TO 522) ←
521	Where did you first seek advice or treatment? USE LETTER CODE FROM 519.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
522	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 an ORS sachet? b) A homemade sugar-salt-water solution (SSS)?	<p style="text-align: center;">YES NO DK</p> FLUID FROM ORS PKT 1 2 8 SSS 1 2 8	<p style="text-align: center;">YES NO DK</p> FLUID FROM ORS PKT 1 2 8 SSS 1 2 8	<p style="text-align: center;">YES NO DK</p> FLUID FROM ORS PKT 1 2 8 SSS 1 2 8
523	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8
524	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY ... B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION ... H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY ... B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION ... H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY ... B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION ... H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)
525	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 527) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 527) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 527) ← DON'T KNOW 8
526	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
527	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
528	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 531) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8
529	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 531) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) _____ DON'T KNOW 8 (SKIP TO 531) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) _____ DON'T KNOW 8 (SKIP TO 531) ←
530	CHECK 525: HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> ↓ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
531	Now I would like to know how much fluid (including breastmilk) (NAME) was given to drink during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
532	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
533	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 537) ←	YES 1 NO 2 (SKIP TO 537) ←	YES 1 NO 2 (SKIP TO 537) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
534	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>CENTRAL HSP A</p> <p>PROVINCIAL</p> <p>HOSPITAL ... B</p> <p>DISTRICT HSP ... C</p> <p>RURAL HSP ... D</p> <p>RURAL HEALTH</p> <p>CENTRE E</p> <p>URB MUNCPL CLIN F</p> <p>COMMUN/VILLAGE</p> <p>HEALTH</p> <p>WORKER ... G</p> <p>OTHER PUBLIC</p> <p>SECTOR</p> <p>_____ H</p> <p>(SPECIFY)</p> <p>MISSION HSP/CLINIC I</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/</p> <p>CLINIC J</p> <p>PHARMACY ... K</p> <p>PVT DOCTOR ... L</p> <p>OTHER PRIVATE</p> <p>MED. SECTOR</p> <p>_____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP N</p> <p>TRADITIONAL</p> <p>PRACTITIONER O</p> <p>MARKET P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>CENTRAL HSP A</p> <p>PROVINCIAL</p> <p>HOSPITAL ... B</p> <p>DISTRICT HSP ... C</p> <p>RURAL HSP ... D</p> <p>RURAL HEALTH</p> <p>CENTRE E</p> <p>URB MUNCPL CLIN F</p> <p>COMMUN/VILLAGE</p> <p>HEALTH</p> <p>WORKER ... G</p> <p>OTHER PUBLIC</p> <p>SECTOR</p> <p>_____ H</p> <p>(SPECIFY)</p> <p>MISSION HSP/CLINIC I</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/</p> <p>CLINIC J</p> <p>PHARMACY ... K</p> <p>PVT DOCTOR ... L</p> <p>OTHER PRIVATE</p> <p>MED. SECTOR</p> <p>_____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP N</p> <p>TRADITIONAL</p> <p>PRACTITIONER O</p> <p>MARKET P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>CENTRAL HSP A</p> <p>PROVINCIAL</p> <p>HOSPITAL ... B</p> <p>DISTRICT HSP ... C</p> <p>RURAL HSP ... D</p> <p>RURAL HEALTH</p> <p>CENTRE E</p> <p>URB MUNCPL CLIN F</p> <p>COMMUN/VILLAGE</p> <p>HEALTH</p> <p>WORKER ... G</p> <p>OTHER PUBLIC</p> <p>SECTOR</p> <p>_____ H</p> <p>(SPECIFY)</p> <p>MISSION HSP/CLINIC I</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/</p> <p>CLINIC J</p> <p>PHARMACY ... K</p> <p>PVT DOCTOR ... L</p> <p>OTHER PRIVATE</p> <p>MED. SECTOR</p> <p>_____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP N</p> <p>TRADITIONAL</p> <p>PRACTITIONER O</p> <p>MARKET P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
535	CHECK 534:	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>↓ (SKIP TO 537) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>↓ (SKIP TO 537) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>↓ (SKIP TO 537) ←</p>
536	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 534.</p>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
537	<p>At any time during the illness, did (NAME) take any drugs for the illness?</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)</p> <p>DON'T KNOW 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
538	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE B QUININE C COARTEMETHER D OTHER ANTI-MALARIAL _____ E (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... F INJECTION ... G OTHER DRUGS ASPIRIN H ACETAMINOPHEN/ PARACETAMOL/ PANADOL ... I IBUPROFEN ... J OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B QUININE C COARTEMETHER D OTHER ANTI-MALARIAL _____ E (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... F INJECTION ... G OTHER DRUGS ASPIRIN H ACETAMINOPHEN/ PARACETAMOL/ PANADOL ... I IBUPROFEN ... J OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE B QUININE C COARTEMETHER D OTHER ANTI-MALARIAL _____ E (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... F INJECTION ... G OTHER DRUGS ASPIRIN H ACETAMINOPHEN/ PARACETAMOL/ PANADOL ... I IBUPROFEN ... J OTHER _____ X (SPECIFY) DON'T KNOW Z
539	CHECK 538: ANY CODE A-E CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
540	CHECK 538: SP/FANSIDAR ('A') GIVEN	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 542)	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 542)	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 542)
541	How long after the fever started did (NAME) first take (SP/Fansidar)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
549	How long after the fever started did (NAME) first take coartemether?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8
550	CHECK 538: OTHER ANTIMALARIAL ('E') GIVEN	CODE 'E' CIRCLED <input type="checkbox"/> CODE 'E' NOT CIRCLED <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	CODE 'E' CIRCLED <input type="checkbox"/> CODE 'E' NOT CIRCLED <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	CODE 'F' CIRCLED <input type="checkbox"/> CODE 'E' NOT CIRCLED <input type="checkbox"/> ↓ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
551	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8
552		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
553	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2005 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> ↓ RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 554 _____ (NAME)		556
554	The last time (NAME FROM 553) 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)	
555	CHECK 522(a), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ↓ ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/>		557
556	Have you ever heard of a special product called an ORS sachet you can get for the treatment of diarrhea?	YES 1 NO 2	
557	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2008 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> ↓ RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 558 _____ (NAME)		601

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
558	Now I would like to ask you about liquids or foods that (NAME FROM 557) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods.		
	Did (NAME FROM 557) (drink/eat):	YES NO DK	
	a) Plain water?	a) 1 2 8	
	b) Juice or juice drinks?	b) 1 2 8	
	c) Soup?	c) 1 2 8	
	d) Milk such as tinned, powdered, or fresh animal milk? IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	d) 1 2 8 NUMBER OF TIMES DRANK MILK <input type="text"/>	
	e) Infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	e) 1 2 8 NUMBER OF TIMES DRANK FORMULA <input type="text"/>	
	f) Any other liquids, freezes, fizzy drinks or maheu?	f) 1 2 8	
	g) Yogurt or lacto/sourmilk? IF YES: How many times did (NAME) eat yogurt or lacto/sourmilk? IF 7 OR MORE TIMES, RECORD '7'.	g) 1 2 8 NUMBER OF TIMES ATE YOGURT/LACTO/SOURMILK <input type="text"/>	
	h) Any Cerelec, Proneutro or other commercially fortified baby food?	h) 1 2 8	
	i) Sadza, maize or mealie-meal porridge or gruel, bread, rice, noodles or other foods made from grains?	i) 1 2 8	
	j) Pumpkin, carrots, squash, sweet potatoes, butternuts, or yams that are yellow or orange inside?	j) 1 2 8	
	k) White potatoes, white yams, cassava, or any other foods made from roots?	k) 1 2 8	
	l) Any dark green, leafy vegetables such as spinach, pumpkin, covo, nyevhe, or okra leaves?	l) 1 2 8	
	m) Ripe mangoes, paw paw, mazhanje, matunduru, or masawu?	m) 1 2 8	
	n) Any other fruits or vegetables?	n) 1 2 8	
	o) Liver, kidney, heart or other organ meats?	o) 1 2 8	
	p) Any meat, such as beef, pork, lamb, goat, chicken, duck, or game?	p) 1 2 8	
	q) Eggs?	q) 1 2 8	
	r) Fresh, dried, canned fish or matemba?	r) 1 2 8	
	s) Any foods made from sugar beans, cowpeas, other peas, lentils, or nuts including bambara nuts?	s) 1 2 8	
	t) Cheese or other food made from milk?	t) 1 2 8	
	u) Any insects, such as locust, mopane worms, ishwa harurwa, crickets, or mandere?	u) 1 2 8	
	v) Any other solid, semi-solid, or soft food?	v) 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
559	CHECK 558 (CATEGORIES "g" THROUGH "v"): NOT A SINGLE "YES" <input type="checkbox"/> ↓ AT LEAST ONE "YES" <input type="checkbox"/>	→ 561	561
560	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES 1 (GO BACK TO 558 TO RECORD FOOD EATEN YESTERDAY) ← NO 2 →	601
561	How many times did (NAME FROM 557) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	

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	→ 612
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, does he live with other women as if married, or does he maintain a small house?	YES 1 NO 2 DON'T KNOW 8	→ 609
607	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/> DON'T KNOW 98	
608	Are you the first, second, ... wife?	RANK <input type="text"/> <input type="text"/>	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
610	CHECK 609: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE</p> <p>↓ <input type="checkbox"/></p> <p>In what month and year did you start living with your (husband/partner)?</p> </div> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE</p> <p>↓ <input type="checkbox"/></p> <p>Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?</p> </div> </div>	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 612
611	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
612	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
613	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	→ 628

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
614	<p>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.</p>										
615	<p>When was the <u>last</u> time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1</p> <p>WEEKS AGO 2</p> <p>MONTHS AGO 3</p> <p>YEARS AGO 4</p> <table border="1" data-bbox="1236 344 1334 560"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									<p>→ 627</p>

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
616	When was the last time you had sexual intercourse with this person?		DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/>
617	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES 1 NO 2 (SKIP TO 619) ←	YES 1 NO 2 (SKIP TO 619) ←	YES 1 NO 2 (SKIP TO 619) ←
618	Was a condom used 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
619	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	HUSBAND 1 LIVE-IN PARTNER ... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) (SKIP TO 622) ←	HUSBAND 1 LIVE-IN PARTNER ... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) (SKIP TO 622) ←	HUSBAND 1 LIVE-IN PARTNER ... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) (SKIP TO 622) ←
620	CHECK 609:	MARRIED ONLY <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> (SKIP TO 622) ←	MARRIED ONLY <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> (SKIP TO 622) ←	MARRIED ONLY <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> (SKIP TO 622) ←
621	CHECK 613:	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 623) ↓	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 623) ↓	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 623) ↓
622	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>
623	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
624	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98
625	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 616 ← IN NEXT COLUMN) NO 2 (SKIP TO 627) ←	YES 1 (GO BACK TO 616 ← IN NEXT COLUMN) NO 2 (SKIP TO 627) ←	
626	In total, with how many 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 95 OR MORE, 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												
627	<p>In total, with how many 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 95 OR MORE, WRITE '95'.</p>	<p>NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>													
628	<p>PRESENCE OF OTHERS DURING THIS SECTION</p>	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>CHILDREN <10</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>MALE ADULTS</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>FEMALE ADULTS</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	CHILDREN <10	1	2	MALE ADULTS	1	2	FEMALE ADULTS	1	2	
	YES	NO													
CHILDREN <10	1	2													
MALE ADULTS	1	2													
FEMALE ADULTS	1	2													
629	<p>Do you know of a place where a person can get male condoms?</p>	<p>YES 1</p> <p>NO 2</p>	→ 632												
630	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p style="text-align: center;">(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL/CLINIC A</p> <p>RURAL/MUNICIPAL CLINIC B</p> <p>RURAL HEALTH CENTRE C</p> <p>ZNFPC CLINIC D</p> <p>MOH MOBILE CLINIC E</p> <p>ZNFPC CBD/DEPOT HOLDER F</p> <p>VILLAGE/FARM HEALTH WORKER G</p> <p>OTHER PUBLIC SECTOR _____ H</p> <p style="text-align: center;">(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC I</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC J</p> <p>PHARMACY K</p> <p>PRIVATE DOCTOR L</p> <p>CBD M</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ N</p> <p style="text-align: center;">(SPECIFY)</p> <p>RETAIL OUTLET</p> <p>GENERAL DEALER O</p> <p>SUPERMARKET P</p> <p>TUCK SHOP Q</p> <p>SERVICE STATION R</p> <p>OTHER RETAIL _____ S</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER PRIVATE SOURCE</p> <p>CHURCH T</p> <p>BAR U</p> <p>FRIENDS/RELATIVES V</p> <p>PUBLIC TOILET W</p> <p>OTHER _____ X</p> <p style="text-align: center;">(SPECIFY)</p>													
631	<p>If you wanted to, could you yourself get a male condom?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>													
632	<p>Do you know of a place where a person can get female condoms?</p>	<p>YES 1</p> <p>NO 2</p>	→ 701												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
633	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <hr/> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL/CLINIC A</p> <p>RURAL/MUNICIPAL CLINIC B</p> <p>RURAL HEALTH CENTRE C</p> <p>ZNFPC CLINIC D</p> <p>MOH MOBILE CLINIC E</p> <p>ZNFPC CBD/DEPOT HOLDER F</p> <p>VILLAGE/FARM HEALTH WORKER G</p> <p>OTHER PUBLIC SECTOR _____ H</p> <p>(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC I</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC J</p> <p>PHARMACY K</p> <p>PRIVATE DOCTOR L</p> <p>CBD M</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ N</p> <p>(SPECIFY)</p> <p>RETAIL OUTLET</p> <p>GENERAL DEALER O</p> <p>SUPERMARKET P</p> <p>TUCK SHOP Q</p> <p>SERVICE STATION R</p> <p>OTHER RETAIL _____ S</p> <p>(SPECIFY)</p> <p>OTHER PRIVATE SOURCE</p> <p>CHURCH T</p> <p>FRIENDS/RELATIVES U</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
634	<p>If you wanted to, could you yourself get a female condom?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 304: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 712
702	CHECK 226: PREGNANT <input type="checkbox"/> NOT PREGNANT OR UNSURE <input type="checkbox"/>		→ 704
703	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 705 → 711
704	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8	→ 707 → 712 → 710
705	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 YEARS 2 SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 (SPECIFY) DON'T KNOW 998	→ 710 → 712 → 710
706	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 711
707	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→ 712
708	CHECK 705: 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"/>		→ 711

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	<p>CHECK 703 AND 704:</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.</p> <p>Can you tell me why you are not using a method to prevent pregnancy?</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.</p> <p>Can you tell me why you are not using a method to prevent pregnancy?</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>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/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>SIDE EFFECTS/HEALTH CONCERNS O</p> <p>LACK OF ACCESS/TOO FAR P</p> <p>COSTS TOO MUCH Q</p> <p>PREFERRED METHOD</p> <p>NOT AVAILABLE R</p> <p>NO METHOD AVAILABLE S</p> <p>INCONVENIENT TO USE T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES U</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
710	<p>CHECK 303: 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>→ 712</p>		
711	<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>	
712	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00 → 714</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 → 714 (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
713	How many of these children would you wish to be boys, how many would you wish to be girls and for how many would it not matter if it's a boy or a girl?	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>BOYS</th> <th>GIRLS</th> <th>EITHER</th> </tr> </thead> <tbody> <tr> <td>NUMBER</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table> OTHER _____ 96 (SPECIFY)		BOYS	GIRLS	EITHER	NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>								
	BOYS	GIRLS	EITHER															
NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>															
714	In the last few months have you: Heard about family planning on the radio? Seen anything about family planning on the television? Read about family planning in a newspaper or magazine? Received pamphlets or posters on family planning?	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RADIO</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION</td> <td>1</td> <td>2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>PAMPHLETS OR POSTERS ...</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER OR MAGAZINE ...	1	2	PAMPHLETS OR POSTERS ...	1	2	
	YES	NO																
RADIO	1	2																
TELEVISION	1	2																
NEWSPAPER OR MAGAZINE ...	1	2																
PAMPHLETS OR POSTERS ...	1	2																
715	How would you prefer to get information on family planning? PROBE: Over the radio, on television, in print, or by speaking to someone?	<table border="1" style="margin-left: auto; margin-right: auto;"> <tbody> <tr> <td>RADIO</td> <td>1</td> </tr> <tr> <td>TELEVISION</td> <td>2</td> </tr> <tr> <td>PRINT</td> <td>3</td> </tr> <tr> <td>SPEAKING WITH SOMEONE</td> <td>4</td> </tr> <tr> <td>DON'T KNOW</td> <td>8</td> </tr> </tbody> </table>	RADIO	1	TELEVISION	2	PRINT	3	SPEAKING WITH SOMEONE	4	DON'T KNOW	8						
RADIO	1																	
TELEVISION	2																	
PRINT	3																	
SPEAKING WITH SOMEONE	4																	
DON'T KNOW	8																	
716	CHECK 601: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→ 801															
717	CHECK 303: USING A CONTRACEPTIVE METHOD? CURRENTLY USING <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> OR NOT ASKED		→ 720															
718	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	<table border="1" style="margin-left: auto; margin-right: auto;"> <tbody> <tr> <td>MAINLY RESPONDENT</td> <td>1</td> </tr> <tr> <td>MAINLY HUSBAND/PARTNER</td> <td>2</td> </tr> <tr> <td>JOINT DECISION</td> <td>3</td> </tr> <tr> <td>OTHER _____</td> <td>6</td> </tr> </tbody> </table> (SPECIFY)	MAINLY RESPONDENT	1	MAINLY HUSBAND/PARTNER	2	JOINT DECISION	3	OTHER _____	6								
MAINLY RESPONDENT	1																	
MAINLY HUSBAND/PARTNER	2																	
JOINT DECISION	3																	
OTHER _____	6																	
719	CHECK 304: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 801															
720	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	<table border="1" style="margin-left: auto; margin-right: auto;"> <tbody> <tr> <td>SAME NUMBER</td> <td>1</td> </tr> <tr> <td>MORE CHILDREN</td> <td>2</td> </tr> <tr> <td>FEWER CHILDREN</td> <td>3</td> </tr> <tr> <td>DON'T KNOW</td> <td>8</td> </tr> </tbody> </table>	SAME NUMBER	1	MORE CHILDREN	2	FEWER CHILDREN	3	DON'T KNOW	8								
SAME NUMBER	1																	
MORE CHILDREN	2																	
FEWER CHILDREN	3																	
DON'T KNOW	8																	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 601 AND 602: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/>	NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/>	→ 803 → 807
802	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
803	Did your (last) (husband/partner) ever attend school?	YES 1 NO 2	→ 806
804	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3 DON'T KNOW 8	→ 806
805	What was the highest (grade/form/year) he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE <input type="text"/> <input type="text"/> DON'T KNOW 98	
806	CHECK 801: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> What is your (husband's/ partner's) occupation? That is, what kind of work does he mainly do? What was your (last) (husband's/ partner's) occupation? That is, what kind of work did he mainly do?	_____ <input type="text"/> <input type="text"/> _____ _____	
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	→ 815
811	What is your occupation, that is, what kind of work do you mainly do?	_____ <input type="text"/> <input type="text"/> _____ _____	
812	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	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	
814	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	
815	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 823
816	CHECK 814: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 819
817	Who usually decides how the money 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)	
818	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 HAS NO EARNINGS 4 DON'T KNOW 8	→ 820
819	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)	
820	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 AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6	
821	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6	
822	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																			
823	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																																				
824	Do you own any land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																																				
825	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="0"> <tr> <td></td> <td></td> <td>PRES./</td> <td>PRES./</td> <td>NOT</td> </tr> <tr> <td></td> <td></td> <td>LISTEN.</td> <td>NOT</td> <td>PRES.</td> </tr> <tr> <td></td> <td></td> <td></td> <td>LISTEN.</td> <td></td> </tr> <tr> <td>CHILDREN < 10</td> <td>..... 1</td> <td></td> <td>2</td> <td>3</td> </tr> <tr> <td>HUSBAND</td> <td>..... 1</td> <td></td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALES</td> <td>..... 1</td> <td></td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER FEMALES</td> <td>... 1</td> <td></td> <td>2</td> <td>3</td> </tr> </table>			PRES./	PRES./	NOT			LISTEN.	NOT	PRES.				LISTEN.		CHILDREN < 10 1		2	3	HUSBAND 1		2	3	OTHER MALES 1		2	3	OTHER FEMALES	... 1		2	3	
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OTHER FEMALES	... 1		2	3																																		
826	In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food? If she commits infidelity?	<table border="0"> <tr> <td></td> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>GOES OUT</td> <td>..... 1</td> <td></td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. CHILDREN</td> <td>... 1</td> <td></td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES</td> <td>..... 1</td> <td></td> <td>2</td> <td>8</td> </tr> <tr> <td>REFUSES SEX</td> <td>..... 1</td> <td></td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS FOOD</td> <td>..... 1</td> <td></td> <td>2</td> <td>8</td> </tr> <tr> <td>INFIDELITY</td> <td>..... 1</td> <td></td> <td>2</td> <td>8</td> </tr> </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	INFIDELITY 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	→ 937																
902	Can people reduce their chance of getting HIV, the virus that causes AIDS, by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8																	
903	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
904	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
905	Can people get HIV by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
906	Can people get HIV because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
907	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DON'T KNOW 8																	
908	Can HIV be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>DURING PREG.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BREASTFEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY	1	2	8	BREASTFEEDING	1	2	8	
	YES	NO	DK																
DURING PREG.	1	2	8																
DURING DELIVERY	1	2	8																
BREASTFEEDING	1	2	8																
909	CHECK 908: AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/>	→ 911																
910	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
911	CHECK 208 AND 215: LAST BIRTH SINCE <input type="checkbox"/> JANUARY 2008 ↓	NO BIRTHS <input type="checkbox"/> → 926 LAST BIRTH BEFORE <input type="checkbox"/> JANUARY 2008 → 926																	
912	CHECK 408 FOR LAST BIRTH: HAD <input type="checkbox"/> ANTENATAL CARE ↓	NO <input type="checkbox"/> ANTENATAL CARE → 920																	
913	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
914	During any of the antenatal visits for your last birth were you given any information about: Babies getting HIV from their mother? Things that you can do to prevent getting HIV? Getting tested for HIV?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>HIV FROM MOTHER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>THINGS TO DO</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TESTED FOR AIDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	HIV FROM MOTHER	1	2	8	THINGS TO DO	1	2	8	TESTED FOR AIDS	1	2	8	
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HIV FROM MOTHER	1	2	8																
THINGS TO DO	1	2	8																
TESTED FOR AIDS	1	2	8																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
915	Were you offered a test for HIV as part of your antenatal care?	YES 1 NO 2	
916	I don't want to know the results, but were you tested for HIV as part of your antenatal care?	YES 1 NO 2	→ 920
917	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR CENTRAL HOSPITAL 11 PROVINCIAL HOSPITAL 12 DISTRICT HOSPITAL 13 RURAL HOSPITAL 14 RURAL HEALTH CEN/COUNCIL CLIN 15 URBAN MUNICIPAL CLINIC 16 FAMILY PLANNING CLINIC 17 SCHOOL BASED CLINIC 18 OTHER PUBLIC SECTOR _____ 19 (SPECIFY) MISSION HOSPITAL/CLINIC 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 31 NEW START CENTRE 32 SCHOOL BASED CLINIC 33 OTHER PRIVATE VCT CENTRE _____ 36 (SPECIFY) OTHER SOURCE MOBILE VCT 41 HOME 42 CORRECTIONAL FACILITY 43 OTHER _____ 96 (SPECIFY)	
918	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	→ 924
919	All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling?	YES 1 NO 2 DON'T KNOW 8	→ 924
920	CHECK 434 FOR LAST BIRTH: ANY CODE <input type="checkbox"/> OTHER <input type="checkbox"/> 21-46 CIRCLED ↓		→ 926
921	Between the time you went for delivery but before the baby was born, were you offered a test for HIV?	YES 1 NO 2	
922	I don't want to know the results, but were you tested for HIV at that time?	YES 1 NO 2	→ 926
923	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
924	Have you been tested for HIV since that time you were tested during your pregnancy?	YES 1 NO 2	→ 927

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
925	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95	→ 932
926	I don't want to know the results, but have you ever been tested to see if you have HIV?	YES 1 NO 2	→ 930
927	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95	
928	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
929	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR CENTRAL HOSPITAL 11 PROVINCIAL HOSPITAL 12 DISTRICT HOSPITAL 13 RURAL HOSPITAL 14 RURAL HEALTH CEN/COUNCIL CLIN 15 URBAN MUNICIPAL CLINIC 16 FAMILY PLANNING CLINIC 17 SCHOOL BASED CLINIC 18 OTHER PUBLIC SECTOR _____ 19 (SPECIFY) MISSION HOSPITAL/CLINIC 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 31 NEW START CENTRE 32 SCHOOL BASED CLINIC 33 OTHER PRIVATE VCT CENTRE _____ 36 (SPECIFY) OTHER SOURCE MOBILE VCT 41 HOME 42 CORRECTIONAL FACILITY 43 OTHER _____ 96 (SPECIFY)	→ 932
930	Do you know of a place where people can go to get tested for HIV?	YES 1 NO 2	→ 932

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
931	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>CENTRAL HOSPITAL A</p> <p>PROVINCIAL HOSPITAL B</p> <p>DISTRICT HOSPITAL C</p> <p>RURAL HOSPITAL D</p> <p>RURAL HEALTH CEN/COUNCIL CLIN E</p> <p>URBAN MUNICIPAL CLINIC F</p> <p>FAMILY PLANNING CLINIC G</p> <p>OTHER PUBLIC SECTOR _____ H</p> <p>(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC I</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR J</p> <p>NEW START CENTRE K</p> <p>OTHER PRIVATE VCT CENTRE _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>MOBILE VCT M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
932	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
933	<p>If a member of your family got infected with HIV, would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
934	<p>If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
935	<p>In your opinion, if a female teacher has HIV 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>DK/NOT SURE/DEPENDS 8</p>	
935A	<p>In your opinion, if a male teacher has HIV but is not sick, should he be allowed to continue teaching in the school?</p>	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
936	<p>Should children age 12-14 be taught about using a condom to avoid getting AIDS?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
937	<p>CHECK 901:</p> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p>	<p>YES 1</p> <p>NO 2</p>	
938	<p>CHECK 613:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>↓</p> <p>NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>		→ 946
939	<p>CHECK 937: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?</p> <p>YES <input type="checkbox"/></p> <p>↓</p> <p>NO <input type="checkbox"/></p>		→ 941
940	<p>Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
941	<p>Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
942	<p>Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
943	<p>CHECK 940, 941, AND 942:</p> <p>HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/></p> <p>↓</p> <p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></p>		→ 946
944	<p>The last time you had (PROBLEM FROM 940/941/942), did you seek any kind of advice or treatment?</p>	<p>YES 1</p> <p>NO 2</p>	→ 946

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
945	<p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>CENTRAL HOSPITAL A</p> <p>PROVINCIAL HOSPITAL B</p> <p>DISTRICT HOSPITAL C</p> <p>RURAL HOSPITAL D</p> <p>RURAL HEALTH CEN/COUNCIL CLIN E</p> <p>URBAN MUNICIPAL CLINIC F</p> <p>FAMILY PLANNING CLINIC G</p> <p>OTHER PUBLIC SECTOR _____ H</p> <p>(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC I</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR J</p> <p>PHARMACY K</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>MOBILE VCT M</p> <p>SHOP N</p> <p>TRADITIONAL HERBALIST O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
946	<p>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?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
947	<p>Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with women other than his wives?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
948	<p>CHECK 601:</p> <p>CURRENTLY MARRIED/ <input type="checkbox"/></p> <p>LIVING WITH A MAN ↓</p> <p>NOT IN UNION <input type="checkbox"/> → 1001</p>		
949	<p>Can you say no to your (husband/partner) if you do not want to have sexual intercourse?</p>	<p>YES 1</p> <p>NO 2</p> <p>DEPENDS/NOT SURE 8</p>	
950	<p>Could you ask your (husband/partner) to use a condom if you wanted him to?</p>	<p>YES 1</p> <p>NO 2</p> <p>DEPENDS/NOT SURE 8</p>	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
1001	<p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE 00 → 1004</p>																						
1002	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE 00 → 1004</p>																						
1003	<p>The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																						
1004	<p>Do you currently smoke cigarettes?</p>	<p>YES 1</p> <p>NO 2 → 1006</p>																						
1005	<p>In the last 24 hours, how many cigarettes did you smoke?</p>	<p>NUMBER OF CIGARETTES <input type="text"/> <input type="text"/></p>																						
1006	<p>Do you currently smoke or use any (other) type of tobacco?</p>	<p>YES 1</p> <p>NO 2 → 1008</p>																						
1007	<p>What (other) type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED.</p>	<p>PIPE A</p> <p>SNUFF B</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>																						
1008	<p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?</p> <p>Getting permission to go to the doctor?</p> <p>Getting money needed for advice or treatment?</p> <p>The distance to the health facility?</p> <p>Not wanting to go alone?</p>	<table border="0"> <tr> <td></td> <td align="center">BIG</td> <td align="center">NOT A BIG</td> </tr> <tr> <td></td> <td align="center">PROB-</td> <td align="center">PROB-</td> </tr> <tr> <td></td> <td align="center">LEM</td> <td align="center">LEM</td> </tr> <tr> <td>PERMISSION TO GO ...</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>GETTING MONEY</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>DISTANCE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>GO ALONE</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		BIG	NOT A BIG		PROB-	PROB-		LEM	LEM	PERMISSION TO GO ...	1	2	GETTING MONEY	1	2	DISTANCE	1	2	GO ALONE	1	2	
	BIG	NOT A BIG																						
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	LEM	LEM																						
PERMISSION TO GO ...	1	2																						
GETTING MONEY	1	2																						
DISTANCE	1	2																						
GO ALONE	1	2																						
1009	<p>Are you covered by any medical aid?</p>	<p>YES 1</p> <p>NO 2 → 1101</p>																						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1010	What type of medical aid are you covered by? 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 OTHER _____ X (SPECIFY)	

SECTION 11. ADULT AND MATERNAL MORTALITY

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

1104	What was the name given to your next oldest brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1106	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (8)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (9)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (10)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (11)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (12)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (13)
1107	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (8)	<input type="text"/> <input type="text"/> GO TO (9)	<input type="text"/> <input type="text"/> GO TO (10)	<input type="text"/> <input type="text"/> GO TO (11)	<input type="text"/> <input type="text"/> GO TO (12)	<input type="text"/> <input type="text"/> GO TO (13)
1108	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1109	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
1110	Was (NAME) pregnant when she died?	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2
1111	Did (NAME) die during childbirth?	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2
1113	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
1114	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
IF NO MORE BROTHERS OR SISTERS, GO TO 1201.							

SECTION 12. HOUSEHOLD RELATIONS MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
1201	<p>CHECK COVER PAGE OF THE QUESTIONNAIRE:</p> <p>WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/> WOMAN NOT SELECTED <input type="checkbox"/></p>	<p>→ 1236</p>																													
1202	<p>CHECK FOR PRESENCE OF OTHERS:</p> <p>DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED.</p> <p>PRIVACY OBTAINED 1 ↓ PRIVACY NOT POSSIBLE 2 →</p>	<p>→ 1235</p>																													
<p>READ TO THE RESPONDENT</p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Zimbabwe. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.</p>																															
1203	<p>CHECK 601 AND 602:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE) <input type="checkbox"/> NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/></p>	<p>→ 1215</p>																													
1204	<p>First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) (husband/partner)?</p> <p>a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times? f) He (does/did) not trust you with any money?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>JEALOUS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ACCUSES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NOT MEET FRIENDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NO FAMILY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WHERE YOU ARE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MONEY</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	JEALOUS	1	2	8	ACCUSES	1	2	8	NOT MEET FRIENDS	1	2	8	NO FAMILY	1	2	8	WHERE YOU ARE	1	2	8	MONEY	1	2	8	
	YES	NO	DK																												
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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																												
1205	<p>Now if you will permit me, I need to ask some more questions about your relationship with your (last) (husband/partner). If we should come to any question that you do not want to answer, just let me know and we will go on to the next question.</p> <p>A (Does/did) your (last) (husband/partner) ever:</p> <p>a) Say or do something to humiliate you in front of others? b) Threaten to hurt or harm you or someone close to you? c) Insult you or make you feel bad about yourself?</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="0"> <thead> <tr> <th></th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT AT ALL</th> </tr> </thead> <tbody> <tr> <td>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> </tbody> </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 ↓				
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																												
1206	<p>A (Does/did) your (last) (husband/partner) ever do any of the following things to you:</p> <p>a) Push you, shake you, or throw something at you?</p> <p>b) Slap you?</p> <p>c) Twist your arm or pull your hair?</p> <p>d) Punch you with his fist or with something that could hurt you?</p> <p>e) Kick you, drag you or beat you up?</p> <p>f) Try to choke you or burn you on purpose?</p> <p>g) Threaten or attack you with a knife, gun, or any other weapon?</p> <p>h) Physically force you to have sexual intercourse with him even when you did not want to?</p> <p>i) Force you to perform any sexual acts you did not want to?</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1" data-bbox="783 344 1326 1070"> <thead> <tr> <th></th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT AT ALL</th> </tr> </thead> <tbody> <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> <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> <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> </tbody> </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 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				
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1207	<p>CHECK 1206A (a-i):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>	<p>→ 1210</p>																																																													
1208	<p>How long after you first (got married to/started living with) your (last) (husband/partner) did (this thing/any of these things) first happen?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>NUMBER OF YEARS <input type="text"/> <input type="text"/></p> <p>BEFORE MARRIAGE/BEFORE LIVING TOGETHER..... 95</p>																																																													
1209	<p>Did the following ever happen as a result of what your (last) (husband/partner) did to you:</p> <p>a) You had cuts, bruises or aches?</p> <p>b) You had eye injuries, sprains, dislocations, or burns?</p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</p>	<p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p>																																																													
1210	<p>Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/partner) at times when he was not already beating or physically hurting you?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 1213</p>																																																												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1212	In the last 12 months, how often have you done this to your (husband/partner): often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
1213	(Does/Did) your (husband/partner) 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 601 AND 602: EVER MARRIED/LIVED WITH A MAN <input type="checkbox"/> From the time you were 15 years old has anyone other than your (current/last) (husband/partner) hit, slapped, kicked, or done anything else to hurt you physically? NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> From the time you were 15 years old has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1218
1216	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/ LIVE-IN PARTNER F CURRENT BOYFRIEND G FORMER BOYFRIEND H MOTHER-IN-LAW I FATHER-IN-LAW J OTHER IN-LAW K TEACHER L EMPLOYER/SOMEONE AT WORK M POLICE/SOLDIER N OTHER _____ X (SPECIFY)	
1217	In the last 12 months, how often have you been hit, slapped, kicked, or physically hurt by (this person/these persons): often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
1218	CHECK 201, 226, AND 230: EVER BEEN PREGNANT (YES ON 201 OR 226 OR 230) <input type="checkbox"/> NEVER BEEN PREGNANT <input type="checkbox"/>		→ 1221
1219	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	→ 1221

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1220	<p>Who has done any of these things to physically hurt you while you were pregnant?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>CURRENT HUSBAND/ LIVE-IN PARTNER A MOTHER/STEP-MOTHER B FATHER/STEP-FATHER C SISTER/BROTHER D DAUGHTER/SON E OTHER RELATIVE F FORMER HUSBAND/ LIVE-IN 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</p> <p>OTHER _____ X (SPECIFY)</p>	
1221	<p>CHECK 613: EVER HAD SEX?</p> <p>HAS EVER HAD SEX <input type="checkbox"/></p> <p>NEVER HAD SEX <input type="checkbox"/></p>		<p>→ 1226</p>
1222	<p>The first time you had sexual intercourse, would you say that you had it because you wanted to, or because you were forced to have it against your will?</p>	<p>WANTED TO 1 FORCED TO 2 REFUSED TO ANSWER/ NO RESPONSE 3</p>	
1223	<p>CHECK 601 AND 602:</p> <p>EVER MARRIED/LIVED WITH A MAN NEVER MARRIED/ NEVER LIVED WITH A MAN</p> <p>In the last 12 months, has anyone other than your (current/last) (husband/partner) forced you to have sexual intercourse against your will?</p> <p>In the last 12 months has anyone forced you to have sexual intercourse against your will?</p>	<p>YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3</p>	
1224	<p>CHECK 1222 AND 1223:</p> <p>1222 = '1' OR '3' AND 1223 = '2' OR '3' <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>		<p>→ 1227</p>
1225	<p>CHECK 1206A(h) and 1206A(i):</p> <p>1206A(h) IS NOT '1' AND 1206A(i) IS NOT '1' <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>		<p>→ 1229</p>
1226	<p>At any time in your life, as a child or as an adult, has anyone ever <u>forced you in any way</u> to have sexual intercourse or perform any other sexual acts?</p>	<p>YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3</p>	<p>→ 1229</p>
1227	<p>How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?</p>	<p>AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
	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.																		
1234	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="0"> <tr> <td></td> <td>YES ONCE</td> <td>YES, MORE THAN ONCE</td> <td>NO</td> </tr> <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> </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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FEMALE ADULT	1	2	3																
1235	INTERVIEWER'S COMMENTS ON THE DOMESTIC VIOLENCE MODULE ONLY. _____ _____ _____																		
1236	RECORD THE TIME.		<table border="1"> <tr> <td>HOURS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>MINUTES</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	HOURS	<input type="text"/>	<input type="text"/>	MINUTES	<input type="text"/>	<input type="text"/>										
HOURS	<input type="text"/>	<input type="text"/>																	
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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.
 COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD/LOOP
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 MALE CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 SIDE EFFECTS/HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 8 INCONVENIENT TO USE
- F UP TO GOD/FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER _____
 (SPECIFY)
- Z DON'T KNOW

			1	2	
12	DEC	01			
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