

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

<p>INFORMED CONSENT</p> <p>Hello. My name is _____ and I am working with the Ghana Statistical Service. We are conducting a national survey about the health of women, men and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The survey usually takes between 20 and 45 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.</p> <p>Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.</p> <p>At this time, do you want to ask me anything about the survey? May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 →END</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
101	RECORD THE TIME.	HOUR..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> MINUTES <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in the village?	CITY.....1 TOWN.....2 VILLAGE.....3									
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table> ALWAYS.....95 VISITOR96			↙ →105						
104	Just before you moved here, did you live in a city, in a town, or in the village?	CITY.....1 TOWN.....2 VILLAGE.....3									
105	In what month and year were you born?	MONTH..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table> DON'T KNOW MONTH.....98 YEAR <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> DON'T KNOW YEAR.....9998									
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table>									
107	Have you ever attended school?	YES.....1 NO2	→111								
108	What is the highest level of school you attended: primary, middle/JSS, secondary/SSS, or higher?	PRIMARY1 MIDDLE/JSS.....2 SECONDARY/SSS.....3 HIGHER.....4									
109	What is the highest grade you completed at that level?	GRADE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table>									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	CHECK 108: PRIMARY OR MIDDLE/JSS <input type="checkbox"/> SECONDARY/SSS OR HIGHER <input type="checkbox"/>		→114
111	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. ¹ IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL.....1 ABLE TO READ ONLY PARTS OF SENTENCE.....2 ABLE TO READ WHOLE SENTENCE.....3 NO CARD WITH REQUIRED LANGUAGE.....4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED.....5	
112	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES.....1 NO.....2	
113	CHECK 111: CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→115
114	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY.....1 AT LEAST ONCE A WEEK.....2 LESS THAN ONCE A WEEK.....3 NOT AT ALL.....4	
115	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY.....1 AT LEAST ONCE A WEEK.....2 LESS THAN ONCE A WEEK.....3 NOT AT ALL.....4	
116	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY.....1 AT LEAST ONCE A WEEK.....2 LESS THAN ONCE A WEEK.....3 NOT AT ALL.....4	
117	What is your religion?	CATHOLIC.....01 ANGLICAN.....02 METHODIST.....03 PRESBYTERIAN.....04 OTHER CHRISTIAN.....05 MOSLEM.....06 TRADITIONAL/SPIRITUALIST.....07 NO RELIGION.....08 OTHER.....96 (SPECIFY)	
118	To which ethnic group do you belong?	AKAN.....01 GA/DANGME.....02 EWE.....03 GUAN.....04 MOLE-DAGBANI.....05 GRUSSI.....06 GRUMA.....07 HAUSA.....08 OTHER.....96 (SPECIFY)	

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 NO2	→206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES.....1 NO2	→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="1243 317 1338 426"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME <table border="1" data-bbox="1243 390 1338 426"><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 NO2	→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="1243 548 1338 657"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE .. <table border="1" data-bbox="1243 600 1338 657"><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 NO2	→208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" data-bbox="1243 852 1338 961"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD..... <table border="1" data-bbox="1243 905 1338 961"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" data-bbox="1243 1010 1338 1066"><tr><td></td><td></td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→226								

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.									
212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
01	SING....1 MULT...2	BOY.. 1 GIRL. 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	
02	SING....1 MULT...2	BOY.. 1 GIRL. 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	YES 1 NO 2
03	SING....1 MULT...2	BOY.. 1 GIRL. 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	YES 1 NO 2
04	SING....1 MULT...2	BOY.. 1 GIRL. 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	YES 1 NO 2
05	SING....1 MULT...2	BOY.. 1 GIRL. 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	YES 1 NO 2
06	SING....1 MULT...2	BOY.. 1 GIRL. 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	YES 1 NO 2
07	SING....1 MULT...2	BOY.. 1 GIRL. 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS..... 1 <input type="text"/> <input type="text"/> MONTHS. 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	YES 1 NO 2

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

222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES..... 1 NO..... 2	
223	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>↓</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. <input type="text"/></p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. <input type="text"/></p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. <input type="text"/></p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS. <input type="text"/></p>		
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 1998 OR LATER. IF NONE, RECORD '0'.	<input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 1998, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. 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.) WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE.		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→229
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
228	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 LATER 2 NOT AT ALL 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→237
230	When did the last such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
231	CHECK 230: LAST PREGNANCY ENDED IN <input type="checkbox"/> LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JAN. 1998 OR LATER JAN. 1998		→237
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
233	Have you ever had any other pregnancies which did not result in a live birth?	YES 1 NO 2	→237
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 1998. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any pregnancies that terminated before 1998 that did not result in a live birth?	YES 1 NO 2	→237
236	When did the last such pregnancy that terminated before 1998 end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
237	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO..... 1 <table border="1" data-bbox="1263 184 1354 233"> <tr><td></td><td></td></tr> </table> WEEKS AGO..... 2 <table border="1" data-bbox="1263 239 1354 287"> <tr><td></td><td></td></tr> </table> MONTHS AGO..... 3 <table border="1" data-bbox="1263 294 1354 342"> <tr><td></td><td></td></tr> </table> YEARS AGO 4 <table border="1" data-bbox="1263 348 1354 396"> <tr><td></td><td></td></tr> </table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY994 BEFORE LAST BIRTH995 NEVER MENSTRUATED996									
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	<table border="1" data-bbox="1377 604 1455 646"> <tr> <td style="text-align: center;">↓</td> <td style="text-align: center;">301</td> </tr> </table>	↓	301						
↓	301										
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8									

SECTION 3. CONTRACEPTION

<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</p>			
301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES.....1 NO2 ▾	Have you ever had an operation to avoid having any more children? YES1 NO2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES.....1 NO2 ▾	Have you ever had a partner who had an operation to avoid having any more children? YES1 NO2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES.....1 NO2 ▾	YES1 NO2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES.....1 NO2 ▾	YES1 NO2
05	INJECTABLES Women can have an injection by a health provider which stops them from becoming pregnant for one or more months.	YES.....1 NO2 ▾	YES1 NO2
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES.....1 NO2 ▾	YES1 NO2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES.....1 NO2 ▾	YES1 NO2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES.....1 NO2 ▾	YES1 NO2
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES.....1 NO2 ▾	YES1 NO2
10	FOAM OR JELLY Women can place a suppository/tablet, jelly, or cream in their vagina before intercourse.	YES.....1 NO2 ▾	YES1 NO2
11	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES.....1 NO2 ▾	YES1 NO2
12	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES.....1 NO2 ▾	YES1 NO2
13	WITHDRAWAL Men can be careful and pull out before climax.	YES.....1 NO2 ▾	YES1 NO2
14	EMERGENCY CONTRACEPTION Women can take pills up to five days after sexual intercourse to avoid becoming pregnant.	YES.....1 NO2 ▾	YES1 NO2
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES.....1 _____ (SPECIFY) _____ (SPECIFY) NO2	YES1 NO2 YES1 NO2
303	CHECK 302:	NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/>	AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> →307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES1 NO2	→329
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN <input type="text"/> <input type="text"/>	
308	CHECK 302 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→311A
309	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→329
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES1 NO2	→329
311	Which method are you using? IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTABLES E IMPLANTS F MALE CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMEN. METHOD K PERIODIC ABSTINENCE L WITHDRAWAL M OTHER _____ X (SPECIFY)	→313 →316A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.		
312A	At the time you first started using the pill, did you consult a doctor, nurse, midwife, or a pharmacist?	YES1 NO2	
312B	At the time you last got the pill, did you consult a doctor, nurse, midwife, or pharmacist?	YES1 NO2	
312C	May I see the package of pill you are using now? RECORD NAME OF BRAND. _____ (NAME OF BRAND)	PACKAGE SEEN1 BRAND NAME <input type="text"/> <input type="text"/> PACKAGE NOT SEEN2	→312E
312D	Do you know the brand name of the pill you are using now? RECORD NAME OF BRAND. _____ (NAME OF BRAND)	BRAND NAME <input type="text"/> <input type="text"/> DON'T KNOW98	
312E	How much did you pay for the pill the last time you got them?	CEDIS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE99996 DON'T KNOW99998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312F	How many cycles of pill did you get the last time?	NUMBER OF CYCLES <input type="text"/> DON'T KNOW 8	
312G	Have you experienced any side effects from the use of the pill?	YES 1 NO 2	→316A
312H	What side effects have you experienced? CIRCLE ALL MENTIONED.	DIZZINESS A WEIGHT GAIN B HEADACHES C EXCESSIVE BLEEDING D IRREGULAR CYCLE E PAINFUL PERIOD/CRAMPS F PALPITATION/IRREGULAR HEART BEAT G OTHER H (SPECIFY)	→316A
313	In what facility did the sterilization take place? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL/POLYCLINIC 11 GOVT. HEALTH CENTER 12 FAMILY PLANNING CLINIC 13 MOBILE CLINIC 14 OTHER PUBLIC 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PRIVATE DOCTOR 22 MOBILE CLINIC 24 FP/PPAG CLINIC 26 OTHER PRIVATE MEDICAL 28 (SPECIFY) OTHER 96 (SPECIFY) DON'T KNOW 98	
314	CHECK 311: CODE 'A' CIRCLED <input type="checkbox"/> Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation? CODE 'A' NOT CIRCLED <input type="checkbox"/> Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?	YES 1 NO 2 DON'T KNOW 8	
316	In what month and year was the sterilization performed? 316A For how long have you been using (CURRENT METHOD) now without stopping? PROBE: In what month and year did you start using (CURRENT METHOD) continuously?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
316B	CHECK 316/316A, 215 AND 230: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 316/316A GO BACK TO 316/316A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).	YES <input type="checkbox"/> NO <input type="checkbox"/>	
317	CHECK 316/316A: YEAR IS 1998 OR LATER <input type="checkbox"/> YEAR IS 1997 OR EARLIER _____		→327

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
319	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>FEMALE STERILIZATION01</p> <p>MALE STERILIZATION.....02</p> <p>PILL.....03</p> <p>IUD.....04</p> <p>INJECTABLES.....05</p> <p>IMPLANTS.....06</p> <p>MALE CONDOM.....07</p> <p>FEMALE CONDOM.....08</p> <p>DIAPHRAGM.....09</p> <p>FOAM/JELLY.....10</p> <p>LACTATIONAL AMEN. METHOD.....11</p> <p>PERIODIC ABSTINENCE.....12</p> <p>WITHDRAWAL.....13</p> <p>OTHER METHOD.....96</p>	<p>→322</p> <p>→331</p> <p>→320A</p> <p>→331</p> <p>→331</p> <p>→331</p>
320	<p>Where did you obtain (CURRENT METHOD) when you started using it?</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/POLYCLINIC.....11</p> <p>GOVT. HEALTH CENTER.....12</p> <p>FAMILY PLANNING CLINIC.....13</p> <p>MOBILE CLINIC.....14</p> <p>FIELDWORKER.....15</p> <p>OTHER PUBLIC.....16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC.....21</p> <p>PRIVATE DOCTOR.....22</p> <p>PHARMACY/CHEMIST/ DRUG STORE.....23</p> <p>MOBILE CLINIC.....24</p> <p>FIELDWORKER.....25</p> <p>FP/PPAG CLINIC.....26</p> <p>MATERNITY HOME.....27</p> <p>OTHER PRIVATE MEDICAL.....28</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP.....31</p> <p>CHURCH.....32</p> <p>FRIEND/RELATIVE.....33</p> <p>OTHER.....96</p> <p>(SPECIFY)</p>	
320A	<p>Where did you learn to use the lactational amenorrhea method?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>		
321	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>PILL.....03</p> <p>IUD.....04</p> <p>INJECTABLES.....05</p> <p>IMPLANTS.....06</p> <p>MALE CONDOM.....07</p> <p>FEMALE CONDOM.....08</p> <p>DIAPHRAGM.....09</p> <p>FOAM/JELLY.....10</p> <p>LACTATIONAL AMEN. METHOD.....11</p>	<p>→328</p> <p>→325</p> <p>→325</p> <p>→325</p> <p>→325</p>
322	<p>You first obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM 313 OR 320). At that time, were you told about side effects or problems you might have with the method?</p>	<p>YES.....1</p> <p>NO.....2</p>	<p>→324</p>
323	<p>Were you ever told by a health or family planning worker about side effects or problems you might have with the method?</p>	<p>YES.....1</p> <p>NO.....2</p>	<p>→325</p>
324	<p>Were you told what to do if you experienced side effects or problems?</p>	<p>YES.....1</p> <p>NO.....2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	<p>CHECK 322:</p> <p style="text-align: center;"> CODE '1' CIRCLED <input type="checkbox"/> CODE '1' NOT CIRCLED <input type="checkbox"/> </p> <p style="text-align: center;"> </p> <p>At that time, were you told about other methods of family planning that you could use?</p> <p>When you obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM 313 OR 320), were you told about other methods of family planning that you could use?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→327</p>
326	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	<p>YES 1</p> <p>NO 2</p>	
327	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>MALE CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>PERIODIC ABSTINENCE 12</p> <p>WITHDRAWAL 13</p> <p>OTHER METHOD 96</p>	<p>→331</p> <p>→331</p> <p>→331</p> <p>→331</p> <p>→331</p> <p>→331</p> <p>→331</p> <p>→331</p>
328	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/POLYCLINIC 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>MOBILE CLINIC 14</p> <p>FIELDWORKER 15</p> <p>OTHER PUBLIC 16</p> <p style="text-align: center;">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PRIVATE DOCTOR 22</p> <p>PHARMACY/CHEMIST/ DRUG STORE 23</p> <p>MOBILE CLINIC 24</p> <p>FIELDWORKER 25</p> <p>FP/PPAG CLINIC 26</p> <p>MATERNITY HOME 27</p> <p>OTHER PRIVATE MEDICAL 28</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>CHURCH 32</p> <p>FRIEND/RELATIVE 33</p> <p>OTHER 96</p> <p style="text-align: center;">(SPECIFY)</p>	<p>→331</p> <p>→331</p> <p>→331</p> <p>→331</p> <p>→331</p> <p>→331</p> <p>→331</p> <p>→331</p> <p>→331</p> <p>→331</p> <p>→331</p> <p>→331</p> <p>→331</p>
329	Do you know of a place where you can obtain a method of family planning?	<p>YES 1</p> <p>NO 2</p>	<p>→331</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL PLACES MENTIONED</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/POLYCLINIC..... A</p> <p>GOVT. HEALTH CENTER..... B</p> <p>FAMILY PLANNING CLINIC..... C</p> <p>MOBILE CLINIC..... D</p> <p>FIELDWORKER..... E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC..... G</p> <p>PRIVATE DOCTOR..... H</p> <p>PHARMACY/CHEMIST/</p> <p>DRUG STORE..... I</p> <p>MOBILE CLINIC..... J</p> <p>FIELD WORKER..... K</p> <p>FP/PPAG CLINIC..... L</p> <p>MATERNITY HOME..... M</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ N</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP..... O</p> <p>CHURCH..... P</p> <p>FRIEND/RELATIVE..... Q</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
331	<p>In the last 12 months, were you visited by a fieldworker/CBD who talked to you about family planning?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	
332	<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
333	<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 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

401	CHECK 224: ONE OR MORE BIRTHS IN 1998 OR LATER <input type="checkbox"/> NO BIRTHS IN 1998 OR LATER <input type="checkbox"/> →487									
402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1998 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately)									
403	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"></td> <td style="width:30%; text-align:center;">LAST BIRTH</td> <td style="width:30%; text-align:center;">NEXT-TO-LAST BIRTH</td> </tr> <tr> <td>LINE NUMBER FROM 212</td> <td>LINE NUMBER <input type="text"/> <input type="text"/></td> <td>LINE NUMBER <input type="text"/> <input type="text"/></td> </tr> </table>		LAST BIRTH	NEXT-TO-LAST BIRTH	LINE NUMBER FROM 212	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>			
	LAST BIRTH	NEXT-TO-LAST BIRTH								
LINE NUMBER FROM 212	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>								
404	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"></td> <td style="width:30%; text-align:center;">NAME _____</td> <td style="width:30%; text-align:center;">NAME _____</td> </tr> <tr> <td>FROM 212 AND 216</td> <td>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></td> <td>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></td> </tr> </table>		NAME _____	NAME _____	FROM 212 AND 216	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>			
	NAME _____	NAME _____								
FROM 212 AND 216	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>								
405	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"></td> <td style="width:30%;"> THEN 1 (SKIP TO 407) ← <input type="checkbox"/> </td> <td style="width:30%;"> THEN 1 (SKIP TO 423) ← <input type="checkbox"/> </td> </tr> <tr> <td>At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u>, did you want to wait until <u>later</u>, or did you <u>not want</u> to have any (more) children at all?</td> <td>LATER 2</td> <td>LATER 2</td> </tr> <tr> <td></td> <td>NOT AT ALL 3 (SKIP TO 407) ← <input type="checkbox"/></td> <td>NOT AT ALL 3 (SKIP TO 423) ← <input type="checkbox"/></td> </tr> </table>		THEN 1 (SKIP TO 407) ← <input type="checkbox"/>	THEN 1 (SKIP TO 423) ← <input type="checkbox"/>	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	LATER 2	LATER 2		NOT AT ALL 3 (SKIP TO 407) ← <input type="checkbox"/>	NOT AT ALL 3 (SKIP TO 423) ← <input type="checkbox"/>
	THEN 1 (SKIP TO 407) ← <input type="checkbox"/>	THEN 1 (SKIP TO 423) ← <input type="checkbox"/>								
At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	LATER 2	LATER 2								
	NOT AT ALL 3 (SKIP TO 407) ← <input type="checkbox"/>	NOT AT ALL 3 (SKIP TO 423) ← <input type="checkbox"/>								
406	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"></td> <td style="width:30%;"> MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998 </td> <td style="width:30%;"> MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998 </td> </tr> <tr> <td>How much longer would you like to have waited?</td> <td></td> <td></td> </tr> </table>		MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	How much longer would you like to have waited?					
	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998								
How much longer would you like to have waited?										
407	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"></td> <td style="width:60%;"> HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT D OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 415) ← <input type="checkbox"/> </td> </tr> <tr> <td>Did you see anyone for antenatal care for this pregnancy?² IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.</td> <td></td> </tr> </table>		HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT D OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 415) ← <input type="checkbox"/>	Did you see anyone for antenatal care for this pregnancy? ² IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.						
	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT D OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 415) ← <input type="checkbox"/>									
Did you see anyone for antenatal care for this pregnancy? ² IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.										
407A	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"></td> <td style="width:60%;"> HOME YOUR HOME A TBA'S HOME B OTHER HOME C PUBLIC SECTOR GOVT. HOSPITAL/CLINIC D GOVT. HEALTH CENTER E GOVT. HEALTH POST F MOBILE CLINIC G OTHER PUBLIC _____ H (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC I MOBILE CLINIC J MATERNITY HOME K OTHER PVT. MEDICAL _____ L (SPECIFY) OTHER _____ X (SPECIFY) </td> </tr> <tr> <td>Where did you receive antenatal care for this pregnancy? Anywhere else?</td> <td></td> </tr> </table>		HOME YOUR HOME A TBA'S HOME B OTHER HOME C PUBLIC SECTOR GOVT. HOSPITAL/CLINIC D GOVT. HEALTH CENTER E GOVT. HEALTH POST F MOBILE CLINIC G OTHER PUBLIC _____ H (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC I MOBILE CLINIC J MATERNITY HOME K OTHER PVT. MEDICAL _____ L (SPECIFY) OTHER _____ X (SPECIFY)	Where did you receive antenatal care for this pregnancy? Anywhere else?						
	HOME YOUR HOME A TBA'S HOME B OTHER HOME C PUBLIC SECTOR GOVT. HOSPITAL/CLINIC D GOVT. HEALTH CENTER E GOVT. HEALTH POST F MOBILE CLINIC G OTHER PUBLIC _____ H (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC I MOBILE CLINIC J MATERNITY HOME K OTHER PVT. MEDICAL _____ L (SPECIFY) OTHER _____ X (SPECIFY)									
Where did you receive antenatal care for this pregnancy? Anywhere else?										

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
408	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	
409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98	
410	CHECK 409: NUMBER OF TIMES RECEIVED ANTENATAL CARE	ONCE <input type="checkbox"/> MORE THAN ONCE OR DK <input type="checkbox"/> (SKIP TO 412) <input type="checkbox"/>	
411	How many months pregnant were you the last time you received antenatal care?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	
412	During this pregnancy, were any of the following done at least once? Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO WEIGHT 1 2 HEIGHT 1 2 BLOOD PRESSURE 1 2 URINE SAMPLE 1 2 BLOOD SAMPLE 1 2	
413	Were you told about the signs of pregnancy complications?	YES 1 NO 2 (SKIP TO 415) ← <input type="checkbox"/> DON'T KNOW 8	
414	Were you told where to go if you had these complications?	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 417) ← <input type="checkbox"/> DON'T KNOW 8	
416	During this pregnancy, how many times did you get this injection?	TIMES <input type="text"/> DON'T KNOW 8	
417	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLET.	YES 1 NO 2 (SKIP TO 419) ← <input type="checkbox"/> DON'T KNOW 8	
418	During the whole pregnancy, for how many days did you take the tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER OF DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
419	During this pregnancy, did you have difficulty with your vision during the daylight?	YES 1 NO 2 DON'T KNOW 8	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
420	During this pregnancy, did you suffer from night blindness?	YES..... 1 NO 2 DON'T KNOW..... 8	
421	During this pregnancy, did you take any drugs to prevent you from getting malaria?	YES..... 1 NO 2 (SKIP TO 423) ← DON'T KNOW..... 8	
422	What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	FANSIDAR A CHLOROQUINE B UNKNOWN DRUG C OTHER _____ X (SPECIFY)	
422A	CHECK 422: DRUGS TAKEN FOR MALARIA PREVENTION	CODE 'A' CIRCLED <input type="checkbox"/> ↓ CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 423)	
422B	How many times did you take Fansidar during this pregnancy	TIMES <input type="text"/> <input type="text"/>	
422C	CHECK 407: ANTENATAL CARE RECEIVED DURING THIS PREGNANCY?	CODE 'A', 'B' OR 'C' CIRCLED <input type="checkbox"/> ↓ OTHER <input type="checkbox"/> ↓ (SKIP TO 423)	
422D	Did you get the Fansidar during an antenatal visit, during another visit to a health facility or from some other source?	ANTENATAL VISIT 1 ANOTHER FACILITY VISIT 2 OTHER SOURCE 6 (SPECIFY)	
423	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
424	Was (NAME) weighed at birth?	YES..... 1 NO 2 (SKIP TO 425A) ← DON'T KNOW..... 8	YES..... 1 NO 2 (SKIP TO 425A) ← DON'T KNOW..... 8
425	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	KILOGRAM FROM CARD 1 <input type="text"/> . <input type="text"/> KILOGRAM FROM RECALL 2 <input type="text"/> . <input type="text"/> DON'T KNOW 998	KILOGRAM FROM CARD 1 <input type="text"/> . <input type="text"/> KILOGRAM FROM RECALL 2 <input type="text"/> . <input type="text"/> DON'T KNOW 998

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____								
425A	Was the birth of (NAME) registered with the government or local authority?	YES..... 1 NO 2 DON'T KNOW..... 8	YES..... 1 NO 2 DON'T KNOW..... 8								
426	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE..... Y	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE..... Y								
427	Where did you give birth to (NAME)? IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME YOUR HOME..... 11 TBA'S HOME..... 12 OTHER HOME..... 13 (SKIP TO 429)← PUBLIC SECTOR GOVT. HOSPITAL/CLINIC..... 21 GOVT. HEALTH CENTER..... 22 GOVT. HEALTH POST..... 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC..... 31 MATERNITY HOME..... 32 OTHER PVT. MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 429)←	HOME YOUR HOME..... 11 TBA'S HOME..... 12 OTHER HOME..... 13 (SKIP TO 429)← PUBLIC SECTOR GOVT. HOSPITAL/CLINIC..... 21 GOVT. HEALTH CENTER..... 22 GOVT. HEALTH POST..... 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC..... 31 MATERNITY HOME..... 32 OTHER PVT. MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 429)←								
428	Was (NAME) delivered by caesarian section?	YES..... 1 (SKIP TO 433)← NO 2	YES..... 1 (SKIP TO 435)← NO 2								
429	After (NAME) was born, did a health professional or a traditional birth attendant check on your health?	YES..... 1 NO 2 (SKIP TO 433)←	YES..... 1 NO 2								
430	How many days or weeks after the delivery did the first check take place? RECORD '00' DAYS IF SAME DAY.	DAYS AFTER DEL 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS AFTER DEL... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW..... 998									
431	Who checked on your health at that time? ¹ PROBE FOR MOST QUALIFIED PERSON.	HEALTH PROFESSIONAL DOCTOR 11 NURSE/MIDWIFE 12 AUXILIARY MIDWIFE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 OTHER _____ 96 (SPECIFY)									

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
432	Where did this first check take place? IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME YOUR HOME..... 11 TBA'S HOME..... 12 OTHER HOME 13 PUBLIC SECTOR GOVT. HOSPITAL/CLINIC..... 21 GOVT. HEALTH CENTER..... 22 GOVT. HEALTH POST..... 23 MOBILE CLINIC 24 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC..... 31 MOBILE CLINIC 32 MATERNITY HOME 33 OTHER PVT. MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)	
433	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW CAPSULE.	YES..... 1 NO 2	
434	Has your period returned since the birth of (NAME)?	YES..... 1 (SKIP TO 436)← NO 2 (SKIP TO 437)←	
435	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 439)←
436	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW..... 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
437	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT <input type="checkbox"/> NANT (SKIP TO 439) ←	
438	Have you resumed sexual relations since the birth of (NAME)?	YES..... 1 NO 2 (SKIP TO 440)←	
439	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW..... 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
440	Did you ever breastfeed (NAME)?	YES..... 1 NO 2 (SKIP TO 447)←	YES 1 NO 2 (SKIP TO 447)←
441	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS..... 1 <input type="text"/> <input type="text"/> DAYS..... 2 <input type="text"/> <input type="text"/>	IMMEDIATELY 000 HOURS..... 1 <input type="text"/> <input type="text"/> DAYS..... 2 <input type="text"/> <input type="text"/>
442	In the first three days after delivery, before your milk began flowing regularly, was (NAME) given anything to drink other than breast milk?	YES..... 1 NO 2 (SKIP TO 444)←	YES 1 NO 2 (SKIP TO 444)←

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
443	What was (NAME) given to drink before your milk began flowing regularly? Anything else? RECORD ALL LIQUIDS MENTIONED	MILK (OTHER THAN BREAST MILK).....A PLAIN WATER.....B SUGAR OR GLUCOSE WATER.....C GRYPE WATER.....D SUGAR-SALT-WATER SOLUTION.....E FRUIT JUICE.....F INFANT FORMULA.....G TEA/INFUSIONS.....H HONEY.....I OTHER _____ X (SPECIFY)	MILK (OTHER THAN BREAST MILK).....A PLAIN WATER.....B SUGAR OR GLUCOSE WATER.....C GRYPE WATER.....D SUGAR-SALT-WATER SOLUTION.....E FRUIT JUICE.....F INFANT FORMULA.....G TEA/INFUSIONS.....H HONEY.....I OTHER _____ X (SPECIFY)
444	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 446)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 446)
445	Are you still breastfeeding (NAME)?	YES.....1 (SKIP TO 448)← NO.....2	YES.....1 (SKIP TO 448)← NO.....2
446	For how many months did you breastfeed (NAME)?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW.....98
447	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 450) (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 450) (GO BACK TO 405 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 454)
448	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/>	NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/>
449	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS... <input type="text"/> <input type="text"/>	NUMBER OF DAYLIGHT FEEDINGS... <input type="text"/> <input type="text"/>
450	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
451	Was sugar added to any of the foods or liquids (NAME) ate yesterday?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
452	How many <u>times</u> did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="text"/> DON'T KNOW.....8	NUMBER OF TIMES..... <input type="text"/> DON'T KNOW.....8
453		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454.	GO BACK TO 405 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 454.

SECTION 4B. IMMUNIZATION, HEALTH AND NUTRITION

454	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1998 OR LATER. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES).	
455	LAST BIRTH LINE NUMBER FROM 212	NEXT-TO-LAST BIRTH LINE NUMBER
456	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 456 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 484)
457	Did (NAME) receive a vitamin A dose like this during the last 6 months? SHOW CAPSULE.	YES 1 NO 2 DON'T KNOW 8
458	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 460) ← YES, NOT SEEN 2 (SKIP TO 462) ← NO CARD 3
459	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 462) ← NO 2
460	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.	DAY MONTH YEAR
BCG	BCG	BCG
POLIO 0 (POLIO GIVEN AT BIRTH)	P0	P0
POLIO 1	P1	P1
POLIO 2	P2	P2
POLIO 3	P3	P3
DPT 1	D1	D1
DPT 2	D2	D2
DPT 3	D3	D3
MEASLES	MEA	MEA
VITAMIN A (MOST RECENT)	VIT. A	VIT. A
YELLOW FEVER	YEL	YEL

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
461	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, YELLOW FEVER AND/OR MEASLES VACCINE(S).	YES 1 (PROBE FOR VACCINATIONS ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) _____ (SKIP TO 464)← NO 2 (SKIP TO 464)← DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) _____ (SKIP TO 464)← NO 2 (SKIP TO 464)← DON'T KNOW 8
462	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES 1 NO 2 (SKIP TO 466)← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 466)← DON'T KNOW 8
463	Please tell me if (NAME) received any of the following vaccinations:		
463A	A BCG vaccination against tuberculosis, that is, an injection in the right shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
463B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 463E)← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 463E)← DON'T KNOW 8
463C	When was the first polio vaccine received, just after birth or later?	JUST AFTER BIRTH 1 LATER 2	JUST AFTER BIRTH 1 LATER 2
463D	How many times was the polio vaccine received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
463E	A DPT vaccination, that is, an injection given in the thigh, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 463G)← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 463G)← DON'T KNOW 8
463F	How many times?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
463G	An injection to prevent measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
463H	An injection to prevent yellow fever?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
464	Were any of the vaccinations (NAME) received during the last two years given as part of a national immunization day campaign?	YES 1 NO 2 (SKIP TO 466)← NO VACCINATION IN THE LAST 2 YEARS 3 (SKIP TO 466)← DON'T KNOW 8 (SKIP TO 466)←	YES 1 NO 2 (SKIP TO 466)← NO VACCINATION IN THE LAST 2 YEARS 3 (SKIP TO 466)← DON'T KNOW 8 (SKIP TO 466)←
465	At which national immunization day campaigns did (NAME) receive vaccinations? RECORD ALL CAMPAIGNS MENTIONED.	OCT/NOV 2002 A OCT/NOV 2001 B	OCT/NOV 2002 A OCT/NOV 2001 B
466	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
467	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 469)← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 469)← DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
468	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, fast breaths?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
469	CHECK 466 AND 467: FEVER OR COUGH?	"YES" IN 466 OR 467 <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 475)	"YES" IN 466 OR 467 <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 475)
470	Did you seek advice or treatment for the fever/cough?	YES 1 NO 2 (SKIP TO 472) ←	YES 1 NO 2 (SKIP TO 472) ←
471	Where did you seek advice or treatment? Anywhere else? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL/CLINIC A GOVT. HEALTH CENTER B GOVT. HEALTH POST C MOBILE CLINIC D FIELDWORKER E OTHER PUBLIC F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC G PRIVATE DOCTOR H PHARMACY/CHEMIST/ DRUG STORE I MOBILE CLINIC J FIELDWORKER K MATERNITY HOME L OTHER PRIVATE MEDICAL M (SPECIFY) OTHER SOURCE SHOP N TRAD. PRACTITIONER O DRUG PEDDLER P OTHER X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL/CLINIC A GOVT. HEALTH CENTER B GOVT. HEALTH POST C MOBILE CLINIC D FIELDWORKER E OTHER PUBLIC F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC G PRIVATE DOCTOR H PHARMACY/CHEMIST/ DRUG STORE I MOBILE CLINIC J FIELDWORKER K MATERNITY HOME L OTHER PRIVATE MEDICAL M (SPECIFY) OTHER SOURCE SHOP N TRAD. PRACTITIONER O DRUG PEDDLER P OTHER X (SPECIFY)
472	CHECK 466: HAD FEVER?	"YES" IN 466 <input type="checkbox"/> "NO"/"DK" IN 466 <input type="checkbox"/> (SKIP TO 475)	"YES" IN 466 <input type="checkbox"/> "NO"/"DK" IN 466 <input type="checkbox"/> (SKIP TO 475)
472A	Does (NAME) have a fever now?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
472B	CHECK 466 AND 472A HAD FEVER?	"YES" IN 466 OR 472A <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 475)	"YES" IN 466 OR 472A <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 475)
473	Did (NAME) take any drugs for the fever?	YES 1 NO 2 (SKIP TO 474) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 474) ← DON'T KNOW 8

		LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
474	What drugs did (NAME) take? RECORD ALL MENTIONED. ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN. IF TYPE OF DRUG IS STILL NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	ANTI-MALARIAL FANSIDARA CHLOROQUINEB AMODIAQUINEC QUININED ARTESUNATEE OTHER DRUGS ASPIRINF IBUPROFEN/ACETAMINOPHEN/ PANADOL/PARACETAMOLG OTHER _____ X (SPECIFY) DON'T KNOWZ	ANTI-MALARIAL FANSIDARA CHLOROQUINEB AMODIAQUINEC QUININED ARTESUNATEE OTHER DRUGS ASPIRINF IBUPROFEN/ACETAMINOPHEN/ PANADOL/PARACETAMOLG OTHER _____ X (SPECIFY) DON'T KNOWZ		
474A	CHECK 474: WHICH MEDICINES?	CODE "B" CIRCLED <input type="checkbox"/> ↓ (SKIP TO 474E)	CODE "B" NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 474E)	CODE "B" CIRCLED <input type="checkbox"/> ↓ (SKIP TO 474E)	CODE "B" NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 474E)
474B	How long after the (fever) started did (NAME) first take chloroquine?	SAME DAY0 NEXT DAY1 TWO DAYS AFTER THE FEVER2 THREE OR MORE DAYS AFTER THE FEVER3 DON'T KNOW8	SAME DAY0 NEXT DAY1 TWO DAYS AFTER THE FEVER2 THREE OR MORE DAYS AFTER THE FEVER3 DON'T KNOW8		
474B1	How was the chloroquine taken?	TABLETS1 INJECTION2 SYRUP3 MIX4 DON'T KNOW8 (SKIP TO 474C)	TABLETS1 INJECTION2 SYRUP3 MIX4 DON'T KNOW8 (SKIP TO 474C)		
474B2	How many tablets did (NAME) take each day?	NUMBER OF TABLETS <input type="text"/> DON'T KNOW 8	NUMBER OF TABLETS <input type="text"/> DON'T KNOW 8		
474C	For how many days did (NAME) take chloroquine? IF 7 OR MORE DAYS, RECORD '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8		
474D	Did you have the chloroquine at home or did you get it from somewhere else? IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the chloroquine first?	AT HOME1 OTHER SOURCE2 DON'T KNOW8	AT HOME1 OTHER SOURCE2 DON'T KNOW8		
474E	CHECK 474: WHICH MEDICINES?	CODE "C" CIRCLED <input type="checkbox"/> ↓ (SKIP TO 474I)	CODE "C" NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 474I)	CODE "C" CIRCLED <input type="checkbox"/> ↓ (SKIP TO 474I)	CODE "C" NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 474I)
474F	How long after the (fever) started did (NAME) first take Amodiaquine?	SAME DAY0 NEXT DAY1 TWO DAYS AFTER THE FEVER2 THREE OR MORE DAYS AFTER THE FEVER3 DON'T KNOW8	SAME DAY0 NEXT DAY1 TWO DAYS AFTER THE FEVER2 THREE OR MORE DAYS AFTER THE FEVER3 DON'T KNOW8		
474G	For how many days did (NAME) take Amodiaquine? IF 7 OR MORE DAYS, RECORD '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8		
474H	Did you have the Amodiaquine at home or did	AT HOME1	AT HOME1		

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
	you get it from somewhere else? IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the Amodiaquine first?	OTHER SOURCE.....2 DON'T KNOW8	OTHER SOURCE..... 2 DON'T KNOW..... 8
474I	Was anything else done about (NAME)'s (fever)?	YES 1 NO 2 (SKIP TO 475) ← DON'T KNOW 8	YES..... 1 NO 2 (SKIP TO 475) ← DON'T KNOW..... 8
474J	What was done about (NAME)'s (fever)?	CONSULTED TRADITIONAL HEALERA GAVE TEPID SPONGING.....B GAVE HERBS C OTHER _____ X (SPECIFY)	CONSULTED TRADITIONAL HEALERA GAVE TEPID SPONGING.....B GAVE HERBS C OTHER _____ X (SPECIFY)
475	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 483) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 483) ← DON'T KNOW 8
476	Now I would like to know how much (NAME) was offered to drink during the diarrhea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she offered much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS2 ABOUT THE SAME.....3 MORE4 NOTHING TO DRINK.....5 DON'T KNOW 8	MUCH LESS.....1 SOMEWHAT LESS2 ABOUT THE SAME.....3 MORE4 NOTHING TO DRINK5 DON'T KNOW 8
477	When (NAME) had diarrhea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she offered much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS2 ABOUT THE SAME.....3 MORE4 STOPPED FOOD.....5 NEVER GAVE FOOD.....6 DON'T KNOW 8	MUCH LESS.....1 SOMEWHAT LESS2 ABOUT THE SAME.....3 MORE4 STOPPED FOOD5 NEVER GAVE FOOD6 DON'T KNOW 8
478	Was he/she given any of the following to drink: a A fluid made from a special packet called ORS? b A government-recommended homemade fluid?	YES NO DK FLUID FROM ORS PKT.... 1 2 8 HOMEMADE FLUID..... 1 2 8	YES NO DK FLUID FROM ORS PKT.... 1 2 8 HOMEMADE FLUID..... 1 2 8
479	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 481) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 481) ← DON'T KNOW 8
480	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS MENTIONED.	PILL OR SYRUPA INJECTIONB (I.V.) INTRAVENOUS.....C HOME REMEDIES/ HERBAL MEDICINESD OTHER _____ X (SPECIFY)	PILL OR SYRUPA INJECTION.....B (I.V.) INTRAVENOUS C HOME REMEDIES/ HERBAL MEDICINES D OTHER _____ X (SPECIFY)
481	Did you seek advice or treatment for the diarrhea?	YES 1 NO 2 (SKIP TO 483) ←	YES 1 NO 2 (SKIP TO 483) ←

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
482	<p>Where did you seek advice or treatment?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Anywhere else?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/CLINIC.....A</p> <p>GOVT. HEALTH CENTERB</p> <p>GOVT. HEALTH POSTC</p> <p>MOBILE CLINICD</p> <p>FIELDWORKER.....E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PRIVATE DOCTORH</p> <p>PHARMACY/CHEMIST/ DRUG STORE I</p> <p>MOBILE CLINIC J</p> <p>FIELDWORKERK</p> <p>MATERNITY HOME L</p> <p>OTHER PRIVATE MEDICAL _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOPN</p> <p>TRAD. PRACTITIONER..... O</p> <p>DRUG PEDDLER.....P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/CLINIC.....A</p> <p>GOVT. HEALTH CENTERB</p> <p>GOVT. HEALTH POST C</p> <p>MOBILE CLINIC D</p> <p>FIELDWORKER.....E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC..... G</p> <p>PRIVATE DOCTOR..... H</p> <p>PHARMACY/CHEMIST/ DRUG STORE..... I</p> <p>MOBILE CLINIC J</p> <p>FIELDWORKERK</p> <p>MATERNITY HOME L</p> <p>OTHER PRIVATE MEDICAL _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP N</p> <p>TRAD. PRACTITIONER..... O</p> <p>DRUG PEDDLERP</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
483		GO BACK TO 456 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484.	GO BACK TO 456 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 484.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
484	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 1998 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/>		→487																								
485	What is usually done to dispose of your (youngest) child's stools when he/she does not use any toilet facility?	CHILD ALWAYS USE TOILET/LATRINE.....01 THROW IN THE TOILET/LATRINE02 THROW OUTSIDE THE DWELLING03 THROW OUTSIDE THE YARD.....04 BURY IN THE YARD05 RINSE AWAY06 USE DISPOSABLE DIAPERS07 USE WASHABLE DIAPERS08 NOT DISPOSED OF09 OTHER _____ 96 (SPECIFY)																									
486	CHECK 478a, ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/>		→488																								
487	Have you ever heard of a special product called ORS you can get for the treatment of diarrhea?	YES1 NO2																									
488	CHECK 218: HAS ONE OR MORE CHILDREN LIVING WITH HER <input type="checkbox"/> HAS NO CHILDREN LIVING WITH HER <input type="checkbox"/>		→490																								
489	When (your child/one of your children) is seriously ill, can you decide by yourself whether or not the child should be taken for medical treatment? IF SAYS NO CHILD EVER SERIOUSLY ILL, ASK: If (your child/one of your children) became seriously ill, could you decide by yourself whether the child should be taken for medical treatment?	YES1 NO2 DEPENDS3																									
490	Now I would like to ask you some questions about medical care for you yourself. 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?	<table border="0"> <thead> <tr> <th></th> <th>BIG PROBLEM</th> <th>NOT A BIG PROBLEM</th> </tr> </thead> <tbody> <tr> <td>Knowing where to go.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Getting permission to go.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Getting money needed for treatment.</td> <td>1</td> <td>2</td> </tr> <tr> <td>The distance to a health facility.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Having to take transport.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Not wanting to go alone.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Concern that there may not be a female health provider.</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		BIG PROBLEM	NOT A BIG PROBLEM	Knowing where to go.	1	2	Getting permission to go.	1	2	Getting money needed for treatment.	1	2	The distance to a health facility.	1	2	Having to take transport.	1	2	Not wanting to go alone.	1	2	Concern that there may not be a female health provider.	1	2	
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Concern that there may not be a female health provider.	1	2																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
491	<p>CHECK 215 AND 218:</p> <p>HAS AT LEAST ONE CHILD BORN IN 2000¹ OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>DOES NOT HAVE ANY CHILDREN BORN IN 2000¹ OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE TO 492)</p> <p>_____</p> <p>(NAME)</p>		→496
492	<p>Now I would like to ask you about liquids (NAME FROM Q. 491) drank over the last seven days, including yesterday.</p> <p>How many <u>days</u> during last seven days did (NAME FROM Q. 491) drink each of the following?</p> <p>FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BEFORE PROCEEDING TO THE NEXT ITEM, ASK:</p> <p>In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) drink (ITEM)?</p> <p>a Plain water?</p> <p>b Commercially produced infant formula?</p> <p>c Any other milk such as tinned, powdered, or fresh animal milk?</p> <p>d Fruit juice?</p> <p>e Any other liquids?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p>	<p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p>
493	<p>Now I would like to ask you about the types of foods (NAME FROM Q. 491) ate over the last seven days, including yesterday.</p> <p>How many <u>days</u> during last seven days did (NAME FROM Q. 491) eat each of the following foods either separately or combined with other food?</p> <p>FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BEFORE PROCEEDING TO THE NEXT ITEM, ASK:</p> <p>In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) eat (ITEM)?</p> <p>a Any food made from grains [e.g. kenkey, banku, koko, tuo zaafi, akple, rice, bread, weanimix]?</p> <p>b Pumpkin, red or yellow yams or squash, carrots, or red sweet potatoes?</p> <p>c Any other food made from roots or tubers [e.g. white potatoes, white yams, cocoyam, cassava, fufu or other local roots/tubers]?</p> <p>d Any green leafy vegetables (e.g.kontamire)?</p> <p>e Mango, paw paw [or other local Vitamin A rich fruits]?</p> <p>f Any other fruits and vegetables [e.g. bananas, plantain, apples/sauce, green beans, avocados, tomatoes]?</p> <p>g Meat, poultry, fish, shellfish (e.g. prawn, lobster), or eggs?</p> <p>h Any food made from legumes [e.g. lentils, beans, soybeans, pulses, or peanuts]?</p> <p>i Cheese or yoghurt?</p> <p>j Any food made with oil, fat, or butter?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p> <p>f <input type="text"/></p> <p>g <input type="text"/></p> <p>h <input type="text"/></p> <p>i <input type="text"/></p> <p>j <input type="text"/></p>	<p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p> <p>f <input type="text"/></p> <p>g <input type="text"/></p> <p>h <input type="text"/></p> <p>i <input type="text"/></p> <p>j <input type="text"/></p>
496	<p>Do you currently smoke cigarettes or tobacco?</p> <p>IF YES: what type of tobacco do you smoke?</p> <p>RECORD ALL TYPES MENTIONED.</p>	<p>YES, CIGARETTES A</p> <p>YES, PIPE B</p> <p>YES, OTHER TOBACCO C</p> <p>NO Y</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
497	CHECK 496: CODE 'A' CIRCLED <input type="checkbox"/>	CODE 'A' NOT CIRCLED <input type="checkbox"/> _____	→501
498	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/> <input type="text"/>	

SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Are you currently married or living with a man?	YES, CURRENTLY MARRIED..... 1 YES, LIVING WITH A MAN..... 2 NO, NOT IN UNION..... 3	→505
502	Have you ever been married or lived with a man?	YES, FORMERLY MARRIED..... 1 YES, LIVED WITH A MAN..... 2 NO..... 3	→510 →514
504	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED..... 1 DIVORCED..... 2 SEPARATED..... 3	→510
505	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER..... 1 STAYING ELSEWHERE..... 2	
506	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
507	Does your husband/partner have any other wives besides yourself?	YES..... 1 NO..... 2	→510
508	How many other wives does he have?	NUMBER. <input type="text"/> <input type="text"/> DON'T KNOW..... 98	→510
509	Are you the first, second, ... wife?	RANK..... <input type="text"/> <input type="text"/>	
510	Have you been married or lived with a man only once, or more than once?	ONCE..... 1 MORE THAN ONCE..... 2	
511	CHECK 510: <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="text"/></p> <p>↓</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="text"/></p> <p>↓</p> <p>Now we will talk 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	→514
512	How old were you when you started living with him?	AGE..... <input type="text"/> <input type="text"/>	
514	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse (if ever)?	NEVER..... 00 AGE IN YEARS..... <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER.... 95	→524
514A	CHECK 106: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>15-24 YEARS OLD</p> <p><input type="text"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>25-49 YEARS OLD</p> <p><input type="text"/></p> </div> </div>		→515
514B	The first time you had sexual intercourse, was a condom used?	YES..... 1 NO..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
515	When was the last time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><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> WEEKS AGO 2 <table border="1" style="display: inline-table; vertical-align: middle;"><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> MONTHS AGO..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><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> YEARS AGO 4 <table border="1" style="display: inline-table; vertical-align: middle;"><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>																																	→524
515B	The last time you had sexual intercourse, had you or your partner been drinking alcohol? IF YES: Who was drinking?	RESPONDENT ONLY..... 1 PARTNER ONLY 2 RESPONDENT AND PARTNER..... 3 NEITHER 4																																	
516	The last time you had sexual intercourse, was a condom used?	YES 1 NO 2	→517																																
516A	What was the main reason a condom was used on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV01 RESPONDENT WANTED TO PREVENT PREGNANCY02 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY03 DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS.....04 PARTNER REQUESTED/INSISTED05 OTHER _____ 96 (SPECIFY) DON'T KNOW98																																	
517	What is your relationship to the man with whom you last had sex? IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER..... 01 MAN IS BOYFRIEND/FIANCÉ 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 PROSTITUTE..... 06 OTHER _____ 96 (SPECIFY)	→519																																
517A	CHECK 106: 15-19 YEARS OLD <input type="checkbox"/> 20-49 YEARS OLD <input type="checkbox"/>		→518																																
517B	Was this man younger, about the same age or older than you? IF OLDER: Do you think that he was less than 10 years older than you or 10 or more years older than you?	YOUNGER 1 ABOUT SAME AGE 2 LESS THAN 10 YEARS OLDER..... 3 10 OR MORE YEARS OLDER..... 4 OLDER, DON'T KNOW DIFFERENCE... 5 DON'T KNOW 8																																	
518	For how long have you had sexual relations with this man?	DAYS..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><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> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><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> MONTHS..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><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> YEARS 4 <table border="1" style="display: inline-table; vertical-align: middle;"><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>																																	
519	Have you had sex with any other man in the last 12 months?	YES 1 NO 2	→524																																
520	The last time you had sexual intercourse with another man, was a condom used?	YES 1 NO 2	→521																																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
520A	What was the main reason a condom was used on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 01 RESPONDENT WANTED TO PREVENT PREGNANCY 02 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 03 DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS 04 PARTNER REQUESTED/INSISTED 05 OTHER _____ 96 (SPECIFY) DON'T KNOW 98									
521	What is your relationship to this man? IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex with him? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER 01 MAN IS BOYFRIEND/FIANCÉ 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 PROSTITUTE 06 OTHER _____ 96 (SPECIFY)	→522A								
521A	CHECK 106: 15-19 YEARS OLD <input type="checkbox"/> 20-49 YEARS OLD <input type="checkbox"/>		→522								
521B	Was this man younger, about the same age or older than you? IF OLDER: Do you think that he was less than 10 years older than you or 10 or more years older than you?	YOUNGER 1 ABOUT SAME AGE 2 LESS THAN 10 YEARS OLDER 3 10 OR MORE YEARS OLDER 4 OLDER, DON'T KNOW DIFFERENCE 5 DON'T KNOW 8									
522	For how long have you had sexual relations with this man?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEARS 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
522A	Other than these two men, have you had sex with any other man in the last 12 months?	YES 1 NO 2	→524								
522B	The last time you had sexual intercourse with this other man, was a condom used?	YES 1 NO 2	→522D								
522C	What was the main reason a condom was used on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 01 RESPONDENT WANTED TO PREVENT PREGNANCY 02 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 03 DID NOT TRUST PARTNERS/FELT PARTNER HAD OTHER PARTNERS 04 PARTNER REQUESTED/INSISTED 05 OTHER _____ 96 (SPECIFY) DON'T KNOW 98									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
522D	What is your relationship to this man? IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex with him? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER 01 MAN IS BOYFRIEND/FIANCÉ 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 PROSTITUTE..... 06 OTHER _____ 96 (SPECIFY)	→523
522D1	CHECK 106: 15-19 YEARS OLD <input type="checkbox"/> 20-49 YEARS OLD <input type="checkbox"/>		→522E
522D2	Was this man younger, about the same age or older than you? IF OLDER: Do you think that he was less than 10 years older than you or 10 or more years older than you?	YOUNGER 1 ABOUT SAME AGE 2 LESS THAN 10 YEARS OLDER..... 3 10 OR MORE YEARS OLDER..... 4 OLDER, DON'T KNOW DIFFERENCE... 5 DON'T KNOW 8	
522E	For how long have you had sexual relations with this man?	DAYS 1 <input type="checkbox"/> <input type="checkbox"/> WEEKS 2 <input type="checkbox"/> <input type="checkbox"/> MONTHS 3 <input type="checkbox"/> <input type="checkbox"/> YEARS 4 <input type="checkbox"/> <input type="checkbox"/>	
523	In total, with how many different men have you had sex in the last 12 months?	NUMBER OF PARTNERS <input type="checkbox"/> <input type="checkbox"/>	
524	Do you know of a place where a person can get male condoms?	YES..... 1 NO 2	→527
525	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL/POLYCLINIC..... A GOVT. HEALTH CENTER..... B FAMILY PLANNING CLINIC..... C MOBILE CLINIC..... D FIELDWORKER..... E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC G PRIVATE DOCTOR H PHARMACY/CHEMIST/ DRUG STORE I MOBILE CLINIC..... J FIELDWORKER..... K FP/PPAG CLINIC..... L MATERNITY HOME..... M OTHER PRIVATE MEDICAL _____ N (SPECIFY) OTHER SOURCE SHOP O CHURCH P FRIENDS/RELATIVES Q OTHER _____ X (SPECIFY)	
526	If you wanted to, could you yourself get a male condom?	YES 1 NO..... 2 DON'T KNOW/UNSURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
527	Do you know of a place where a person can get female condoms?	YES 1 NO 2	→601
528	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/POLYCLINIC A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>MOBILE CLINIC D</p> <p>FIELDWORKER E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PRIVATE DOCTOR H</p> <p>PHARMACY/CHEMIST/</p> <p>DRUG STORE I</p> <p>MOBILE CLINIC J</p> <p>FIELDWORKER K</p> <p>FP/PPAG CLINIC L</p> <p>MATERNITY HOME M</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ N</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP O</p> <p>CHURCH P</p> <p>FRIENDS/RELATIVES Q</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
529	If you wanted to, could you yourself get a female condom?	YES 1 NO 2 DON'T KNOW/UNSURE 8	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
601	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→614								
602	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW: AND PREGNANT 4 AND NOT PREGNANT OR UNSURE 5	→604 →614 →610 →608								
603	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 (SPECIFY) DON'T KNOW 998									→609 →614 →609
604	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→610								
605	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→608								
606	CHECK 603: 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"/>		→610								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
607	<p>CHECK 602:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why?</p> <p>Any other reason?</p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED..... A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX..... B</p> <p>INFREQUENT SEX..... C</p> <p>MENOPAUSAL/HYSTERECTOMY..... D</p> <p>SUBFECUND/INFECUND..... E</p> <p>POSTPARTUM AMENORRHEIC..... F</p> <p>BREASTFEEDING..... G</p> <p>FATALISTIC..... H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED..... I</p> <p>HUSBAND/PARTNER OPPOSED..... J</p> <p>OTHERS OPPOSED..... K</p> <p>RELIGIOUS PROHIBITION..... L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD..... M</p> <p>KNOWS NO SOURCE..... N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS..... O</p> <p>FEAR OF SIDE EFFECTS..... P</p> <p>LACK OF ACCESS/TOO FAR..... Q</p> <p>COSTS TOO MUCH..... R</p> <p>INCONVENIENT TO USE..... S</p> <p>INTERFERES WITH BODY'S NATURAL PROCESSES..... T</p> <p>OTHER..... X (SPECIFY)</p> <p>DON'T KNOW..... Z</p>	
608	<p>In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?</p>	<p>BIG PROBLEM..... 1</p> <p>SMALL PROBLEM..... 2</p> <p>NO PROBLEM..... 3</p> <p>SAYS SHE CAN'T GET PREGNANT/ NOT HAVING SEX..... 4</p>	
609	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>YES, CURRENTLY USING <input type="checkbox"/></p>		→614
610	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW..... 8</p>	→612
611	<p>Which contraceptive method would you prefer to use?</p>	<p>FEMALE STERILIZATION..... 01</p> <p>MALE STERILIZATION..... 02</p> <p>PILL..... 03</p> <p>IUD..... 04</p> <p>INJECTABLES..... 05</p> <p>IMPLANTS..... 06</p> <p>CONDOM..... 07</p> <p>FEMALE CONDOM..... 08</p> <p>DIAPHRAGM..... 09</p> <p>FOAM/JELLY..... 10</p> <p>LACTATIONAL AMEN. METHOD..... 11</p> <p>PERIODIC ABSTINENCE..... 12</p> <p>WITHDRAWAL..... 13</p> <p>OTHER..... 96 (SPECIFY)</p> <p>UNSURE..... 98</p>	→614

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED..... 11 FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND 24 WANTS AS MANY CHILDREN AS POSSIBLE 26 OPPOSITION TO USE RESPONDENT OPPOSED 31 HUSBAND OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COSTS TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→614
613	Would you ever use a contraceptive method if you were married?	YES 1 NO 2 DON'T KNOW 8	
614	CHECK 216: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE 00 NUMBER..... <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	→614 →616
615	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	
616	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 DON'T KNOW/UNSURE 8	
617	In the last few months have you heard or seen messages about family planning: On the radio? On the television? In a newspaper or magazine? In a poster? In leaflets or brochures? From a health worker? At a community or social club meeting?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE 1 2 POSTER 1 2 LEAFLETS OR BROCHURES 1 2 HEALTH WORKER 1 2 MEETING 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
618	Have you heard the following messages about family planning: Life Choices: It's your life. It's your choice? Make the choice that is best for you? Contraceptives are safe and effective? Obra ni wora bo?	<p style="text-align: right;">YES NO</p> LIFE CHOICES: ITS YOUR LIFE ITS YOUR CHOICE 1 2 MAKE THE CHOICE THAT IS BEST FOR YOU..... 1 2 CONTRACEPTIVES ARE SAFE AND EFFECTIVE 1 2 OBRA NI WORA BO..... 1 2	
619	In the last few months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES.....1 NO2	→621
620	With whom? Anyone else? RECORD ALL PERSONS MENTIONED.	HUSBAND/PARTNER A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER(S) F SON(S) G MOTHER-IN-LAW H FRIENDS/NEIGHBORS I OTHER _____ X (SPECIFY)	
621	CHECK 501: YES, <input type="checkbox"/> CURRENTLY MARRIED YES, <input type="checkbox"/> LIVING WITH A MAN NO, <input type="checkbox"/> NOT IN UNION		→628
622	CHECK 311/311A: ANY CODE CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/>		→624
623	You have told me that you are currently using contraception. Would you say that using contraception is mainly your decision, mainly your husband's decision or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER.....2 JOINT DECISION3 OTHER _____ 6 (SPECIFY)	
624	Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner approves or disapproves of couples using a contraceptive method to avoid pregnancy?	APPROVES 1 DISAPPROVES2 DON'T KNOW.....8	
625	How often have you talked to your husband/partner about family planning in the past year?	NEVER 1 ONCE OR TWICE2 MORE OFTEN.....3	
626	CHECK 311/311A: NEITHER <input type="checkbox"/> STERILIZED HE OR SHE <input type="checkbox"/> STERILIZED		→628
627	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN.....2 FEWER CHILDREN3 DON'T KNOW.....8	
628	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: She knows her husband has a sexually transmitted disease? She knows her husband has sex with women other than his wives? She has recently given birth? She is tired or not in the mood?	<p style="text-align: right;">YES NO DK</p> HAS STD 1 2 8 OTHER WOMEN 1 2 8 RECENT BIRTH 1 2 8 TIRED/MOOD..... 1 2 8	

SECTION 7. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 501 AND 502: 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"/>	→703 →707	
702	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/>	
703	Did your (last) husband/partner ever attend school?	YES1 NO2	→706
704	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY1 MIDDLE/JSS2 SECONDARY/SSS.....3 HIGHER.....4 DON'T KNOW8	→706
705	What was the highest (grade/form/year) he completed at that level?	GRADE..... <input type="text"/> DON'T KNOW98	
706	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> What is your husband's/partner's occupation? That is, what kind of work does he mainly do? What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?	<input type="text"/> <input type="text"/> <input type="text"/>	
707	Aside from your own housework, are you currently working?	YES1 NO2	→710
708	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES1 NO2	→710
709	Have you done any work in the last 12 months?	YES1 NO2	→719
710	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> <input type="text"/>	
711	CHECK 710: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>	→713	
712	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND1 FAMILY LAND2 RENTED LAND3 SOMEONE ELSE'S LAND4	
713	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER1 FOR SOMEONE ELSE2 SELF-EMPLOYED3	
714	Do you usually work at home or away from home?	HOME1 AWAY2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR1 SEASONALLY/PART OF THE YEAR2 ONCE IN A WHILE.....3	
716	Are you paid or do you earn in cash or kind for this work or are you not paid at all?	CASH ONLY1 CASH AND KIND2 IN KIND ONLY.....3 NOT PAID.....4	↳719
717	Who mainly decides how the money you earn will be used?	RESPONDENT1 HUSBAND/PARTNER.....2 RESPONDENT AND HUSBAND/PARTNER JOINTLY3 SOMEONE ELSE4 RESPONDENT AND SOMEONE ELSE JOINTLY5	
718	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE1 LESS THAN HALF2 ABOUT HALF3 MORE THAN HALF4 ALL5 NONE, HER INCOME IS ALL SAVED.6	
719	Who in your household usually has the final say on the following decisions: Your own health care? Making large household purchases? Making household purchases for daily needs? Visits to family or relatives? What food should be cooked each day?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 DECISION NOT MADE/NOT APPLICABLE = 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6	
720	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING OR NOT PRESENT)	PRES/ LISTEN. PRES/ NOT LISTEN. NOT PRES CHILDREN <10 1 2 8 HUSBAND 1 2 8 OTHER MALES 1 2 8 OTHER FEMALES..... 1 2 8	
721	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	YES NO DK GOES OUT..... 1 2 8 NEGL. CHILDREN ... 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNS FOOD..... 1 2 8	

SECTION 8: AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812B	Are there any special drugs that a pregnant woman infected with the AIDS virus can take to reduce the risk of transmission to the baby during pregnancy?	YES 1 NO 2 DON'T KNOW 8	
813	CHECK 501: YES, CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→814A
814	Have you ever talked about ways to prevent getting the virus that causes AIDS with (your husband/the man you are living with)?	YES 1 NO 2	
814A	In your opinion, is it acceptable or unacceptable for AIDS to be discussed: on the radio? on the TV? in newspapers?	ACCEPT- NOT ABLE ACCEPT- ABLE ON THE RADIO 1 2 ON THE TV 1 2 IN NEWSPAPERS 1 2	
814A1	Have you heard or seen any messages about HIV/AIDS?	YES 1 NO 2 DON'T KNOW 8	
814A2	Have you heard or seen the slogan "Reach Out, Show Compassion?"	YES 1 NO 2 DON'T KNOW 8	
814A3	Have you heard or seen the slogan "Stop AIDS, Love Life?"	YES 1 NO 2 DON'T KNOW 8	
814A4	CHECK 814A2: YES, CIRCLED FOR AND 814A3 EITHER OR BOTH <input type="checkbox"/> NO, DON'T KNOW CIRCLED <input type="checkbox"/>		→814B
814A5	Did you hear or see this slogan: On the TV? In a music video? On the radio? In a newspaper or magazine? In a poster? On a car sticker? In leaflets or brochures? On a tee-shirt or a cap? From a mobile 'ISD' van? During a community event? At a road show?	YES NO TV 1 2 MUSIC VIDEO 1 2 RADIO 1 2 NEWSPAPER/MAGAZINE 1 2 POSTER 1 2 CAR STICKER 1 2 LEAFLETS/BROCHURES 1 2 T-SHIRT/CAP 1 2 ISD VAN 1 2 COMMUNITY EVENT 1 2 ROAD SHOW 1 2	
814A6	Have you seen a television show called "Things we do for love" that features the characters Pusher, B.B. and Marcia?	YES 1 NO 2 DON'T KNOW 8	
814B	Would you buy fresh vegetables from a vendor who has the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
815	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES 1 NO 2 DK/NOT SURE 8	
816	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
816A	If a female teacher has the AIDS virus, should she be allowed to continue teaching in the school?	CAN CONTINUE 1 SHOULD NOT CONTINUE 2 DK/NOT SURE/DEPENDS 8	
816B	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
816B1	CHECK 407A: ANY CODE D-L CIRCLED <input type="checkbox"/> ANY CODE A-C OR X CIRCLED OR <input type="checkbox"/> Q.407A NOT ASKED <input type="checkbox"/>		→816CX
816B2	Now I would like to ask some questions about your last birth. During any of the antenatal visits for this pregnancy, were you given any information or counseled about AIDS or the AIDS virus?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
816B3	I don't want to know the results, but were you tested for the AIDS virus during any of your antenatal care visits?	YES..... 1 NO..... 2 DON'T KNOW..... 8	└→816CX
816B4	Did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST..... 1 OFFERED AND ACCEPTED..... 2 REQUIRED..... 8	
816B5	I don't want to know the results, but did you get the results of the test?	YES..... 1 NO..... 2	
816B6	Where did you go for the test? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL/POLYCLINIC..... 11 GOVT. HEALTH CENTER..... 12 FAMILY PLANNING CLINIC..... 13 MOBILE CLINIC..... 14 FIELDWORKER..... 15 OTHER PUBLIC..... 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC..... 21 PRIVATE DOCTOR..... 22 PHARMACY/CHEMIST/ DRUG STORE..... 23 MOBILE CLINIC..... 24 FIELDWORKER..... 25 FP/PPAG CLINIC..... 26 MATERNITY HOME..... 27 OTHER PRIVATE MEDICAL..... 28 (SPECIFY) OTHER SOURCE SHOP..... 31 CHURCH..... 32 FRIEND/RELATIVE..... 33 OTHER..... 96 (SPECIFY)	
816C	I don't want to know the results, but have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES..... 1 NO..... 2 DON'T KNOW..... 8	└→816D
816CX	I don't want to know the results, but have you ever been tested for the AIDS virus?		
816C1	When was the last time you were tested?	LESS THAN 12 MONTHS..... 1 12-23 MONTHS..... 2 2 YEARS OR MORE..... 3	
816C2	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST..... 1 OFFERED AND ACCEPTED..... 2 REQUIRED..... 3	
816C3	I don't want to know the results, but did you get the results of the test?	YES..... 1 NO..... 2	└→816FX
816D	Would you want to be tested for the AIDS virus?	YES..... 1 NO..... 2 DON'T KNOW/ NOT SURE..... 8	
816E	Do you know a place where you could go to get an AIDS test?	YES..... 1 NO..... 2	→817

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
816F 816FX	<p>Where can you go for the test?</p> <p>RECORD ONLY FIRST RESPONSE GIVEN.</p> <p>Where did you go for the test?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/POLYCLINIC 11</p> <p>GOVT. HEALTH CENTER..... 12</p> <p>FAMILY PLANNING CLINIC..... 13</p> <p>MOBILE CLINIC 14</p> <p>FIELDWORKER 15</p> <p>OTHER PUBLIC..... 16</p> <p style="text-align: center;">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC..... 21</p> <p>PRIVATE DOCTOR..... 22</p> <p>PHARMACY/CHEMIST/ DRUG STORE..... 23</p> <p>MOBILE CLINIC 24</p> <p>FIELDWORKER 25</p> <p>FP/PPAG CLINIC 26</p> <p>MATERNITY HOME 27</p> <p>OTHER PRIVATE MEDICAL 28</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP..... 31</p> <p>CHURCH 32</p> <p>FRIEND/RELATIVE 33</p> <p>OTHER 96</p> <p style="text-align: center;">(SPECIFY)</p>	
817	<p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	→819A
818	<p>If a man has a sexually transmitted disease, what symptoms might he have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE/DRIPPING..... B</p> <p>FOUL SMELLING DISCHARGE..... C</p> <p>BURNING PAIN ON URINATION..... D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING..... I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>IMPOTENCE L</p> <p>OTHER W</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER X</p> <p style="text-align: center;">(SPECIFY)</p> <p>NO SYMPTOMS..... Y</p> <p>DON'T KNOW..... Z</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
819	<p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>HARD TO GET PREGNANT/HAVE CHILD L</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS Y</p> <p>DON'T KNOW Z</p>																
819A	<p>CHECK 514:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>		→820															
819A1	<p>CHECK 817:</p> <p>KNOWS STI <input type="checkbox"/></p> <p>DOES NOT KNOW STI <input type="checkbox"/></p>		→819C															
819B	<p>Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a sexually-transmitted disease?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																
819C	<p>Sometimes, women experience a bad smelling abnormal genital discharge.</p> <p>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>																
819D	<p>Sometimes women have a genital sore or ulcer.</p> <p>During the last 12 months, have you had a genital sore or ulcer?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																
819E	<p>CHECK 819B, 819C, 819D:</p> <p>HAS HAD AN INFECTION <input type="checkbox"/></p> <p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></p>		→820															
819F	<p>The last time you had (PROBLEM FROM 819B/819C/819D), did you seek any kind of advice or treatment?</p>	<p>YES 1</p> <p>NO 2</p>	→819H															
819G	<p>The last time you had (PROBLEM FROM 819B/819C/819D), did you do any of the following? Did you....</p> <p>Go to a clinic, hospital or private doctor?</p> <p>Consult a traditional healer?</p> <p>Seek advice or buy medicines in a shop or pharmacy?</p> <p>Ask for advice from friends or relatives?</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CLINIC/HOSPITAL</td> <td>1</td> <td>2</td> </tr> <tr> <td>TRADITIONAL HEALER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SHOP/PHARMACY</td> <td>1</td> <td>2</td> </tr> <tr> <td>FRIENDS/RELATIVES</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	CLINIC/HOSPITAL	1	2	TRADITIONAL HEALER.....	1	2	SHOP/PHARMACY	1	2	FRIENDS/RELATIVES	1	2	
	YES	NO																
CLINIC/HOSPITAL	1	2																
TRADITIONAL HEALER.....	1	2																
SHOP/PHARMACY	1	2																
FRIENDS/RELATIVES	1	2																
819H	<p>When you had (PROBLEM FROM 819B/819C/819D), did you inform the person with whom you were having sex?</p>	<p>YES 1</p> <p>NO 2</p> <p>SOME/ NOT ALL 3</p> <p>DID NOT HAVE PARTNER 4</p>	→820															
819I	<p>When you had (PROBLEM FROM 819B/819C/819D), did you do something to avoid infecting your sexual partner(s)?</p>	<p>YES 1</p> <p>NO 2</p> <p>PARTNER ALREADY INFECTED 3</p>	↘820															

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
819J	What did you do to avoid infecting your partner(s)? Did you.... Use medicine? Stop having sex? Use a condom when having sex?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="text-align: right; width: 20%;">YES</td> <td style="text-align: right; width: 20%;">NO</td> </tr> <tr> <td>USE MEDICINE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>STOP SEX</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>USE CONDOM</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	USE MEDICINE	1	2	STOP SEX	1	2	USE CONDOM	1	2	
	YES	NO													
USE MEDICINE	1	2													
STOP SEX	1	2													
USE CONDOM	1	2													
820	In many communities, girls are also circumcised. In your community, is female circumcision practiced?	YES 1 NO 2													
821	Are you circumcised?	YES 1 NO 2													
822	RECORD THE TIME.	HOUR..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>													

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:
 ONLY ONE CODE SHOULD APPEAR IN ANY BOX.

BIRTHS AND PREGNANCIES

B BIRTHS
 P PREGNANCIES
 T TERMINATIONS

	12 DEC	01	
	11 NOV	02	
	10 OCT	03	
	09 SEP	04	
2	08 AUG	05	
0	07 JUL	06	
0	06 JUN	07	
3	05 MAY	08	
	04 APR	09	
	03 MAR	10	
	02 FEB	11	
	01 JAN	12	
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	12 DEC	13	
	11 NOV	14	
	10 OCT	15	
	09 SEP	16	
2	08 AUG	17	
0	07 JUL	18	
0	06 JUN	19	
2	05 MAY	20	
	04 APR	21	
	03 MAR	22	
	02 FEB	23	
	01 JAN	24	
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	12 DEC	25	
	11 NOV	26	
	10 OCT	27	
	09 SEP	28	
2	08 AUG	29	
0	07 JUL	30	
0	06 JUN	31	
1	05 MAY	32	
	04 APR	33	
	03 MAR	34	
	02 FEB	35	
	01 JAN	36	
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	12 DEC	37	
	11 NOV	38	
	10 OCT	39	
	09 SEP	40	
2	08 AUG	41	
0	07 JUL	42	
0	06 JUN	43	
0	05 MAY	44	
	04 APR	45	
	03 MAR	46	
	02 FEB	47	
	01 JAN	48	
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	12 DEC	49	
	11 NOV	50	
	10 OCT	51	
	09 SEP	52	
1	08 AUG	53	
9	07 JUL	54	
9	06 JUN	55	
9	05 MAY	56	
	04 APR	57	
	03 MAR	58	
	02 FEB	59	
	01 JAN	60	
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	12 DEC	61	
	11 NOV	62	
	10 OCT	63	
	09 SEP	64	
1	08 AUG	65	
9	07 JUL	66	
9	06 JUN	67	
8	05 MAY	68	
	04 APR	69	
	03 MAR	70	
	02 FEB	71	
	01 JAN	72	