

GHANA DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE

MINISTRY OF HEALTH, GHANA

GHANA STATISTICAL SERVICE

IDENTIFICATION																															
LOCALITY NAME _____ NAME OF HOUSEHOLD HEAD _____ EA NUMBER STRUCTURE NUMBER HOUSEHOLD NUMBER REGION DISTRICT..... URBAN/RURAL (URBAN = 1; RURAL = 2) CITY/LARGE TOWN/SMALL TOWN/VILLAGE(CITY=1, LARGE TOWN=2, SMALL TOWN=3, VILLAGE=4) NAME AND LINE NUMBER OF WOMAN _____ WOMAN SELECTED FOR DV INTERVIEW (YES = 1; NO = 2) CHECK COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. IF BOX IS MARKED 'DV' RECORD 1. MAKE SURE LINE NUMBER CORRESPONDS TO THE WOMAN'S LINE NUMBER SELECTED FOR DV.	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																														
INTERVIEWER VISITS																															
	1	2	3	FINAL VISIT																											
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">8</td></tr></table> INT. NUMBER <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					2	0	0	8																			
2	0	0	8																												
INTERVIEWER'S NAME	_____	_____	_____	RESULT <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																											
RESULT*	_____	_____	_____																												
NEXT VISIT: DATE	_____	_____	_____	TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>																											
TIME	_____	_____	_____																												
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)																															
LANGUAGE OF QUESTIONNAIRE: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td></tr></table> LANGUAGE OF INTERVIEW: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> LANGUAGE OF RESPONDENT <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> LANGUAGE CODES: ENGLISH = 1, AKAN = 2, GA = 3, EWE = 4, NZEMA = 5, DAGBANI = 6, OTHER = 7 (SPECIFY) _____ TRANSLATOR USED: (YES = 1, NO = 2) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>					1																										
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SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

<p>INFORMED CONSENT</p> <p>Hello. My name is _____ and I am working for Ghana Statistical Service and Ministry of Health. We are conducting a national survey that asks women and men about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes between 45 and 60 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to anyone other than members of our survey team.</p> <p>Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.</p> <p>At this time, do you want to ask me anything about the survey? May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→ 104
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
104	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS <input type="text"/> <input type="text"/> NONE 00	→ 106
105	In the last 12 months, have you been away from your home community for more than one month at a time?	YES 1 NO 2	
106	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
108	Have you ever attended school?	YES 1 NO 2	→ 112
109	What is the highest level of school you attended: primary, middle/JSS, secondary/SSS, or higher?	PRIMARY 1 MIDDLE/JSS 2 SECONDARY/SSS 3 HIGHER 4	
110	What is the highest grade you completed at that level?	GRADE <input type="text"/> <input type="text"/>	
111	CHECK 109: PRIMARY OR <input type="checkbox"/> MIDDLE/JSS ↓ SECONDARY/SSS <input type="checkbox"/> OR HIGHER		→ 115

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	<p>Now I would like you to read this sentence to me.</p> <p>SHOW LITERACY CARD TO RESPONDENT.</p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?</p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE 2</p> <p>ABLE TO READ WHOLE SENTENCE... 3</p> <p>NO CARD WITH REQUIRED LANGUAGE 4</p> <p>(SPECIFY LANGUAGE)</p> <p>BLIND/VISUALLY IMPAIRED 5</p>	
113	<p>Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?</p>	<p>YES 1</p> <p>NO 2</p>	
114	<p>CHECK 112:</p> <p>CODE '2', '3', OR '4' <input type="checkbox"/> CODE '1' OR '5' <input type="checkbox"/> → 116</p> <p>CIRCLED ↓ CIRCLED</p>		
115	<p>Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?</p>	<p>ALMOST EVERY DAY 1</p> <p>AT LEAST ONCE A WEEK 2</p> <p>LESS THAN ONCE A WEEK 3</p> <p>NOT AT ALL 4</p>	
116	<p>Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?</p>	<p>ALMOST EVERY DAY 1</p> <p>AT LEAST ONCE A WEEK 2</p> <p>LESS THAN ONCE A WEEK 3</p> <p>NOT AT ALL 4</p>	
117	<p>Do you watch television almost every day, at least once a week, less than once a week or not at all?</p>	<p>ALMOST EVERY DAY 1</p> <p>AT LEAST ONCE A WEEK 2</p> <p>LESS THAN ONCE A WEEK 3</p> <p>NOT AT ALL 4</p>	
118	<p>What is your religion?</p>	<p>CATHOLIC 01</p> <p>ANGLICAN 02</p> <p>METHODIST 03</p> <p>PRESBYTERIAN 04</p> <p>PENTECOSTAL/CHARISMATIC 05</p> <p>OTHER CHRISTIAN 06</p> <p>MOSLEM 07</p> <p>TRADITIONAL/SPIRITUALIST 08</p> <p>NO RELIGION 09</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
119	<p>To which ethnic group do you belong?</p>	<p>AKAN 01</p> <p>GA/DANGME 02</p> <p>EWE 03</p> <p>GUAN 04</p> <p>MOLE-DAGBANI 05</p> <p>GRUSSI 06</p> <p>GRUMA 07</p> <p>MANDE 08</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).									
212	213	214	215	216	217 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), including any children who died after birth?
01	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS... 1 MONTHS 2 YEARS... 3	
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
06	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
07	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221	
What name was given to your next baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?	
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH	
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH	
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH	
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH	
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH	
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					YES 1 NO 2				
223	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH BIRTH SINCE JANUARY 2003: MONTH AND YEAR OF BIRTH ARE RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>									
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2003 OR LATER. IF NONE, RECORD '0' AND SKIP TO 226.								<input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 2003, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR (PAGE W-63). WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 229
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN THE CALENDAR (PAGE W-63), 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"/> JAN. 2003 OR LATER LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JAN. 2003	→ 237	
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR (PAGE W-63) IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
233	Since January 2003, have you had any other pregnancies that did not result in a live birth?	YES 1 NO 2	→ 235
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2003 ENTER 'T' IN THE CALENDAR (PAGE W-63) IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any miscarriages, abortions or stillbirths that ended before 2003?	YES 1 NO 2	→ 237
236	When did the last such pregnancy that terminated before 2003 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="1139 237 1227 282"><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1" data-bbox="1139 282 1227 327"><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1" data-bbox="1139 327 1227 371"><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1" data-bbox="1139 371 1227 427"><tr><td></td><td></td></tr></table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996									
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	<table border="1" data-bbox="1246 651 1270 685"><tr><td></td></tr></table> → 301								
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER 6 (SPECIFY) DON'T KNOW 8									



SECTION 3. CONTRACEPTION

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 306
305	ENTER '0' IN THE CALENDAR (PAGE W-63) IN EACH BLANK MONTH. → 333		
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN <input type="text"/> <input type="text"/>	
308	CHECK 302 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 311A
309	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 322
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 322
311	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTABLES E IMPLANTS F MALE CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMEN. METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER _____ X (SPECIFY)	→ 319 → 315 → 315 → 319A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.		
312	RECORD IF CODE 'C' FOR PILL IS CIRCLED IN 311. YES (USING PILL) <input type="checkbox"/> ↓ May I see the package of pills you are using? NO (USING CONDOM BUT NOT PILL) <input type="checkbox"/> ↓ May I see the package of condoms you are using? RECORD NAME OF BRAND IF PACKAGE SEEN.	PACKAGE SEEN 1 ↓ BRAND NAME _____ <input type="text"/> <input type="text"/> (SPECIFY) PACKAGE NOT SEEN 2	→ 314
313	Do you know the brand name of the (pills/condoms) you are using? RECORD NAME OF BRAND.	BRAND NAME _____ <input type="text"/> <input type="text"/> (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
314	How many (pill cycles/condoms) did you get the last time?	NUMBER OF PILL CYCLES/CONDOMS .. <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
315	The last time you obtained (HIGHEST METHOD ON LIST IN 311), how much did you pay in total, including the cost of the method and any consultation you may have had?	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 99.95 DON'T KNOW 99.98	→ 319A
319	In what month and year was the sterilization performed?	MONTH <input type="text"/> <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
319A	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH <input type="text"/> <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
320	CHECK 319/319A, 215 AND 230: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A GO BACK TO 319/319A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).	YES <input type="checkbox"/> NO <input type="checkbox"/>	
321	CHECK 319/319A: YEAR IS 2003 OR LATER <input type="checkbox"/> YEAR IS 2002 OR EARLIER <input type="checkbox"/> ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR (PAGE W-63) AND IN EACH MONTH UP TO THE DATE STARTED USING. ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR (PAGE W-63) AND IN EACH MONTH UP TO JANUARY 2003. THEN SKIP TO → 331		
322	I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years. USE CALENDAR (PAGE W-63) TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2003 USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS. ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH. ILLUSTRATIVE QUESTIONS: * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then?		
323	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 MALE CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMEN. METHOD... 11 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER METHOD 96	→ 333 → 326 → 335 → 324A → 324A → 335 → 335

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
324	Where did you obtain (CURRENT METHOD) when you started using it?	PUBLIC SECTOR GOVT. HOSPITAL/POLYCLINIC . . . 11 GOVT. HEALTH CENTER 12 GOVT. HEALTH POST/CHPS 13 FAMILY PLANNING CLINIC 14 MOBILE CLINIC 15 FIELDWORKER/OUTREACH/ PEER EDUCATOR 16 OTHER PUBLIC _____ 17 (SPECIFY)	
324A	Where did you learn how to use the rhythm/lactational amenorrhea method? IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PRIVATE DOCTOR 22 PHARMACY 23 CHEMICAL/DRUG STORE 24 FP/PPAG CLINIC 25 MATERNITY HOME 26 OTHER PRIVATE MEDICAL _____ 27 (SPECIFY) OTHER SOURCE SHOP/MARKET 31 CHURCH 32 COMMUNITY VOLUNTEER 33 FRIEND/RELATIVE 34 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
332	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/POLYCLINIC . . . 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>GOVT. HEALTH POST/CHPS 13</p> <p>FAMILY PLANNING CLINIC 14</p> <p>MOBILE CLINIC 15</p> <p>FIELDWORKER/OUTREACH/ PEER EDUCATOR 16</p> <p>OTHER PUBLIC _____ 17</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PRIVATE DOCTOR 22</p> <p>PHARMACY 23</p> <p>CHEMICAL/DRUG STORE 24</p> <p>FP/PPAG CLINIC 25</p> <p>MATERNITY HOME 26</p> <p>OTHER PRIVATE MEDICAL _____ 27</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/MARKET 31</p> <p>CHURCH 32</p> <p>COMMUNITY VOLUNTEER 33</p> <p>FRIEND/RELATIVE 34</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→ 335</p>
333	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 335</p>
334	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/POLYCLINIC . . . A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. HEALTH POST/CHPS C</p> <p>FAMILY PLANNING CLINIC D</p> <p>MOBILE CLINIC E</p> <p>FIELDWORKER/OUTREACH/ PEER EDUCATOR F</p> <p>OTHER PUBLIC _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC H</p> <p>PRIVATE DOCTOR I</p> <p>PHARMACY J</p> <p>CHEMICAL/DRUG STORE K</p> <p>FP/PPAG CLINIC L</p> <p>MATERNITY HOME M</p> <p>OTHER PRIVATE MEDICAL _____ N</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/MARKET O</p> <p>CHURCH P</p> <p>COMMUNITY VOLUNTEER Q</p> <p>FRIEND/RELATIVE R</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
335	<p>In the last 12 months, were you visited by a fieldworker who talked to you about family planning?</p>	<p>YES 1</p> <p>NO 2</p>	
336	<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>	<p>→ 401</p>
337	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: ONE OR MORE BIRTHS IN 2003 OR LATER <input type="checkbox"/> NO BIRTHS IN 2003 OR LATER <input type="checkbox"/> → 576												
402	CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2003 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)												
403	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">LINE NUMBER FROM 212</th> <th style="width:33%;">LAST BIRTH</th> <th style="width:33%;">NEXT-TO-LAST BIRTH</th> <th style="width:33%;">SECOND-FROM-LAST BIRTH</th> </tr> </thead> <tbody> <tr> <td>LINE NO. <input type="text"/></td> <td>LINE NO. <input type="text"/></td> <td>LINE NO. <input type="text"/></td> <td>LINE NO. <input type="text"/></td> </tr> </tbody> </table>	LINE NUMBER FROM 212	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH	LINE NO. <input type="text"/>	LINE NO. <input type="text"/>	LINE NO. <input type="text"/>	LINE NO. <input type="text"/>				
LINE NUMBER FROM 212	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH										
LINE NO. <input type="text"/>	LINE NO. <input type="text"/>	LINE NO. <input type="text"/>	LINE NO. <input type="text"/>										
404	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">FROM 212 AND 216</th> <th style="width:33%;">NAME</th> <th style="width:33%;">NAME</th> <th style="width:33%;">NAME</th> </tr> </thead> <tbody> <tr> <td></td> <td>NAME _____</td> <td>NAME _____</td> <td>NAME _____</td> </tr> <tr> <td></td> <td>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></td> <td>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></td> <td>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></td> </tr> </tbody> </table>	FROM 212 AND 216	NAME	NAME	NAME		NAME _____	NAME _____	NAME _____		LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
FROM 212 AND 216	NAME	NAME	NAME										
	NAME _____	NAME _____	NAME _____										
	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	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;"> <tbody> <tr> <td style="width:33%; vertical-align: top;"> At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u>, did you want to wait until <u>later</u>, or did you <u>not want</u> to have any (more) children at all? </td> <td style="width:33%; vertical-align: top;"> THEN 1 (SKIP TO 407) ← </td> <td style="width:33%; vertical-align: top;"> THEN 1 (SKIP TO 432) ← </td> <td style="width:33%; vertical-align: top;"> THEN 1 (SKIP TO 432) ← </td> </tr> <tr> <td></td> <td style="vertical-align: top;"> LATER 2 </td> <td style="vertical-align: top;"> LATER 2 </td> <td style="vertical-align: top;"> LATER 2 </td> </tr> <tr> <td></td> <td style="vertical-align: top;"> NOT AT ALL 3 (SKIP TO 407) ← </td> <td style="vertical-align: top;"> NOT AT ALL 3 (SKIP TO 432) ← </td> <td style="vertical-align: top;"> NOT AT ALL 3 (SKIP TO 432) ← </td> </tr> </tbody> </table>	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 (SKIP TO 407) ←	THEN 1 (SKIP TO 432) ←	THEN 1 (SKIP TO 432) ←		LATER 2	LATER 2	LATER 2		NOT AT ALL 3 (SKIP TO 407) ←	NOT AT ALL 3 (SKIP TO 432) ←	NOT AT ALL 3 (SKIP TO 432) ←
At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 (SKIP TO 407) ←	THEN 1 (SKIP TO 432) ←	THEN 1 (SKIP TO 432) ←										
	LATER 2	LATER 2	LATER 2										
	NOT AT ALL 3 (SKIP TO 407) ←	NOT AT ALL 3 (SKIP TO 432) ←	NOT AT ALL 3 (SKIP TO 432) ←										
406	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="width:33%; vertical-align: top;"> How much longer would you have liked to wait? </td> <td style="width:33%; vertical-align: top;"> MONTHS ..1 <input type="text"/> YEARS ..2 <input type="text"/> DON'T KNOW 998 </td> <td style="width:33%; vertical-align: top;"> MONTHS ..1 <input type="text"/> YEARS ..2 <input type="text"/> DON'T KNOW ... 998 </td> <td style="width:33%; vertical-align: top;"> MONTHS ..1 <input type="text"/> YEARS ..2 <input type="text"/> DON'T KNOW ... 998 </td> </tr> </tbody> </table>	How much longer would you have liked to wait?	MONTHS ..1 <input type="text"/> YEARS ..2 <input type="text"/> DON'T KNOW 998	MONTHS ..1 <input type="text"/> YEARS ..2 <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> YEARS ..2 <input type="text"/> DON'T KNOW ... 998								
How much longer would you have liked to wait?	MONTHS ..1 <input type="text"/> YEARS ..2 <input type="text"/> DON'T KNOW 998	MONTHS ..1 <input type="text"/> YEARS ..2 <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> YEARS ..2 <input type="text"/> DON'T KNOW ... 998										
407	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="width:33%; vertical-align: top;"> Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED. </td> <td style="width:33%; vertical-align: top;"> HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE .. B AUXILIARY MIDWIFE C COMMUNITY HEALTH OFFICER/NURSE D OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT ... F UNTRAINED TRADITIONAL BIRTH ATTENDANT ... G COMMUNITY/VILLAGE HEALTH VOLUNTEER H TRADITIONAL PRACTICIONER... I OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 414) ← </td> <td style="width:33%; background-color: #cccccc;"></td> </tr> </tbody> </table>	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE .. B AUXILIARY MIDWIFE C COMMUNITY HEALTH OFFICER/NURSE D OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT ... F UNTRAINED TRADITIONAL BIRTH ATTENDANT ... G COMMUNITY/VILLAGE HEALTH VOLUNTEER H TRADITIONAL PRACTICIONER... I OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 414) ←										
Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE .. B AUXILIARY MIDWIFE C COMMUNITY HEALTH OFFICER/NURSE D OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT ... F UNTRAINED TRADITIONAL BIRTH ATTENDANT ... G COMMUNITY/VILLAGE HEALTH VOLUNTEER H TRADITIONAL PRACTICIONER... I OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 414) ←												

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
408	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE(S))</p>	<p>HOME YOUR HOME A OTHER HOME B</p> <p>PUBLIC SECTOR GOVT. HOSPITAL/ POLYCLINIC . . C GOVT. HEALTH CENTER D GOVT. HEALTH POST/CHPS . . E MOBILE CLINIC F OTHER PUBLIC _____ (SPECIFY) G</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC H FP/PPAG CLINIC . I MOBILE CLINIC J MATERNITY HOME K OTHER PRIVATE MED. _____ L (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>		
409	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>MONTHS . . . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>		
410	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES . . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>		
411	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once?</p> <p>Were you weighed?</p> <p>Was your blood pressure measured?</p> <p>Did you give a urine sample?</p> <p>Did you give a blood sample?</p>	<p>YES NO</p> <p>WEIGHT 1 2</p> <p>BP 1 2</p> <p>URINE 1 2</p> <p>BLOOD 1 2</p>		
412	<p>During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?</p>	<p>YES 1 NO 2 (SKIP TO 414) ← DONT KNOW 8</p>		
413	<p>Were you told where to go if you had any of these complications?</p>	<p>YES 1 NO 2 DONT KNOW 8</p>		
414	<p>During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?</p>	<p>YES 1 NO 2 (SKIP TO 417) ← DONT KNOW 8</p>		
415	<p>During this pregnancy, how many times did you get this tetanus injection?</p>	<p>TIMES <input type="text"/></p> <p>DONT KNOW 8</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
416	CHECK 415:	2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 421)		
417	At any time before this pregnancy, did you receive any tetanus injections, either to protect yourself or another baby?	YES 1 NO 2 (SKIP TO 421) ← DONT KNOW 8		
418	Before this pregnancy, how many other times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DONT KNOW 8		
419	In what month and year did you receive the last tetanus injection before this pregnancy?	MONTH ... <input type="text"/> <input type="text"/> DK MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 421) ← DK YEAR 9998		
420	How many years ago did you receive that tetanus injection?	YEARS AGO <input type="text"/> <input type="text"/>		
421	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	YES 1 NO 2 (SKIP TO 423) ← DONT KNOW 8		
422	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW 998		
423	During this pregnancy, did you take any drug for intestinal worms?	YES 1 NO 2 DONT KNOW 8		
424	During this pregnancy, did you have difficulty with your vision during daylight?	YES 1 NO 2 DONT KNOW 8		
425	During this pregnancy, did you suffer from night blindness?	YES 1 NO 2 DONT KNOW 8		
426	During this pregnancy, did you take any drugs to keep you from getting malaria?	YES 1 NO 2 (SKIP TO 432) ← DONT KNOW 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____		
427	What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR/ MALAFAN A CHLOROQUINE B PROGUANIL C DARAPRIM D OTHER _____ X (SPECIFY) DON'T KNOW Z				
428	CHECK 427: DRUGS TAKEN FOR MALARIA PREVENTION.	CODE 'A' CODE <input type="checkbox"/> CIRCLED A' NOT <input type="checkbox"/> CIRCLED ↓ ↓ (SKIP TO 432) ←				
429	How many times did you take (SP/Fansidar/Malafan) during this pregnancy?	TIMES <input type="text"/> <input type="text"/>				
430	CHECK 407: ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE 'A', OTHER <input type="checkbox"/> B', 'C' OR 'D' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 432) ←				
431	Did you get the (SP/Fansidar/Malafan) during any antenatal care visit, during another visit to a health facility or from another source?	ANTENATAL VISIT ... 1 ANOTHER FACILITY VISIT 2 OTHER SOURCE 6				
432	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8		
433	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 435) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 435) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 435) ← DON'T KNOW 8		
434	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW .. 99.998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW . 99.998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW . 99.998		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																																				
435	<p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p>HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE . . B AUXILIARY MIDWIFE C COMMUNITY HEALTH OFFICER/NURSE D OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT . . . E UNTRAINED TRADITIONAL BIRTH ATTENDANT . . . F COMMUNITY/VILLAGE HEALTH VOLUNTEER . . . G TRADITIONAL PRACTICIONER... H OTHER _____ X (SPECIFY) NO ONE Y</p>	<p>HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C COMMUNITY HEALTH OFFICER/NURSE D OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT . E UNTRAINED TRADITIONAL BIRTH ATTENDANT . F COMMUNITY/VILLAGE HEALTH VOLUNTEER . . G TRADITIONAL PRACTICIONER. G OTHER _____ X (SPECIFY) NO ONE Y</p>	<p>HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C COMMUNITY HEALTH OFFICER/NURSE D OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT . E UNTRAINED TRADITIONAL BIRTH ATTENDANT . F COMMUNITY/VILLAGE HEALTH VOLUNTEER . . G TRADITIONAL PRACTICIONER. G OTHER _____ X (SPECIFY) NO ONE Y</p>																																				
436	<p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME YOUR HOME 11 OTHER HOME 12 (SKIP TO 443) ←</p> <p>PUBLIC SECTOR GOVT. HOSPITAL/ POLYCLINIC . . . 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST/CHPS . . . 23 OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 31 FP/PPAG CLINIC 32 MATERNITY HOME 33 OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 443) ←</p>	<p>HOME YOUR HOME 11 OTHER HOME 12 (SKIP TO 444) ←</p> <p>PUBLIC SECTOR GOVT. HOSPITAL/ POLYCLINIC . . 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST/CHPS . . 23 OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 31 FP/PPAG CLINIC 32 MATERNITY HOME 33 OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 444) ←</p>	<p>HOME YOUR HOME 11 OTHER HOME 12 (SKIP TO 444) ←</p> <p>PUBLIC SECTOR GOVT. HOSPITAL/ POLYCLINIC . . 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST/CHPS . . 23 OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 31 FP/PPAG CLINIC 32 MATERNITY HOME 33 OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 444) ←</p>																																				
437	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS 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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>WEEKS 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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW . . . 998</p>													<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS 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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>WEEKS 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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW . . . 998</p>													<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS 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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>WEEKS 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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW . . . 998</p>												
438	<p>Was (NAME) delivered by caesarean section?</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>																																				
439	<p>Before you were discharged after (NAME) was born, did any health care provider check on your health?</p>	<p>YES 1 NO 2 (SKIP TO 442) ←</p>	<p>YES 1 (SKIP TO 455) ← NO 2</p>	<p>YES 1 (SKIP TO 455) ← NO 2</p>																																				
440	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS 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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>WEEKS 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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW 998</p>																																						

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
441	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 AUXILIARY MIDWIFE 13 COMMUNITY HEALTH OFFICER/NURSE 14 OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT . . . 21 UNTRAINED TRADITIONAL BIRTH ATTENDANT . . . 22 COMMUNITY/ VILLAGE HEALTH VOLUNTEER23 TRADITIONAL PRACTICIONER... 24 RELATIVE/FRIEND 25 OTHER _____ 96 (SPECIFY) (SKIP TO 453) ←								
442	After you were discharged, did any health care provider or a traditional birth attendant check on your health?	YES 1 (SKIP TO 445) ← NO 2 (SKIP TO 453) ←			YES 1 (SKIP TO 455) ← NO 2	YES 1 (SKIP TO 455) ← NO 2				
443	Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED.	COSTS TOO MUCH . . . A FACILITY NOT OPEN . . B TOO FAR/ NO TRANSPORTATION . . C DON'T TRUST FACILITY/POOR QUALITY SERVICE . . D NO FEMALE PROVID- ER AT FACILITY . . . E NOT THE FIRST CHILD. . F NOT NECESSARY . . . G FATHER DIDN'T THINK IT WAS NECESSARY . . H FAMILY DIDN'T THINK IT WAS NECESSARY . . I HUSBAND/FAMILY DID NOT ALLOW J NOT CUSTOMARY K DID NOT KNOW WHERE TO GO L NO ONE TO ACCOMPANY M INCONVENIENT SERVICE HOUR N AFRAID TO GO O LONG WAITING TIME . . P OTHER _____ X (SPECIFY)								
444	After (NAME) was born, did any health care provider or a traditional birth attendant check on your health?	YES 1 NO 2 (SKIP TO 449) ←			YES 1 NO 2	YES 1 NO 2				
445	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="790 1682 887 1733"> <tr><td></td><td></td></tr> </table> DAYS 2 <table border="1" data-bbox="790 1733 887 1785"> <tr><td></td><td></td></tr> </table> WEEKS 3 <table border="1" data-bbox="790 1785 887 1836"> <tr><td></td><td></td></tr> </table> DON'T KNOW 998								

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
446	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 AUXILIARY MIDWIFE 13 COMMUNITY HEALTH OFFICER/NURSE 14 OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT 21 UNTRAINED TRADITIONAL BIRTH ATTENDANT 22 COMMUNITY/ VILLAGE HEALTH VOLUNTEER 23 TRADITIONAL PRACTICIONER... 24 RELATIVE/FRIEND 25 OTHER _____ 96 (SPECIFY)								
447	Where did this first check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL/ POLYCLINIC 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST/CHPS 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 31 MOBILE CLINIC .. 32 FP/PPAG CLINIC .. 33 MATERNITY HOME 34 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)								
448	CHECK 442:	YES NOT ASKED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 453)								
449	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES 1 NO 2 (SKIP TO 453) ← DON'T KNOW 8								
450	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH .. 1 DAYS AFTER BIRTH .. 2 WKS AFTER BIRTH .. 3 DON'T KNOW 998	<table border="1" data-bbox="790 1668 885 1803"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
451	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE .. 12 AUXILIARY MIDWIFE 13 COMMUNITY HEALTH OFFICER/NURSE 14 OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT 21 UNTRAINED TRADITIONAL BIRTH ATTENDANT 22 COMMUNITY/ VILLAGE HEALTH WORKER..... 23 TRADITIONAL PRACTICIONER... 24 RELATIVE/FRIEND 25 OTHER _____ 96 (SPECIFY)</p>		
452	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME YOUR HOME 11 OTHER HOME 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL/ POLYCLINIC 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST/CHPS 23 OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC..... 31 MOBILE CLINIC ... 32 FP/PPAG CLINIC .. 33 MATERNITY HOME 34 OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>		
453	<p>In the first two months after delivery, did you receive a vitamin A dose (like this/any of these)?</p> <p>SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.</p>	<p>YES 1</p> <p>NO 2</p> <p>DONT KNOW 8</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
454	Has your menstrual period returned since the birth of (NAME)?	YES 1 (SKIP TO 456) ← NO 2 (SKIP TO 457) ←		
455	Did your period return between the birth of (NAME) and your next pregnancy?			
456	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
457	CHECK 226: IS RESPONDENT PREGNANT?	NOT <input type="checkbox"/> PREGNANT OR PREG- <input type="checkbox"/> NANT OR UNSURE <input type="checkbox"/> (SKIP TO 459) ←		
458	Have you begun to have sexual intercourse again since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 460) ←		
459	For how many months after the birth of (NAME) did you <u>not</u> have sexual intercourse?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
460	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 467) ←	YES 1 NO 2 (SKIP TO 467) ←	YES 1 NO 2 (SKIP TO 467) ←
461	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>		
462	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 464) ←		
463	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) ... A PLAIN WATER ... B SUGAR OR GLU- COSE WATER ... C GRIPE WATER ... D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA . G TEA/INFUSIONS ... H HONEY I OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
464	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 466) ←		
465	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 468) ← NO 2		
466	For how many months did you breastfeed (NAME)?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> STILL BF 95 DON'T KNOW ... 98	MONTHS ... <input type="text"/> <input type="text"/> STILL BF 95 DON'T KNOW ... 98
467	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 470) (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 470) (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 470) (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501)
468	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/>		
469	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . <input type="text"/> <input type="text"/>		
470	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
471		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

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

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2003 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).																																																																																																																																															
502	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER	NEXT-TO-LAST BIRTH LINE NUMBER	SECOND-FROM-LAST BIRTH LINE NUMBER																																																																																																																																												
503	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 573)																																																																																																																																												
504	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 508) ← NO CARD 3	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 508) ← NO CARD 3	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 508) ← NO CARD 3																																																																																																																																												
505	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 508) ← NO 2	YES 1 (SKIP TO 508) ← NO 2	YES 1 (SKIP TO 508) ← NO 2																																																																																																																																												
506	<p>(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. (3) IF MORE THAN TWO VITAMIN 'A' DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES.</p> <table border="1"> <thead> <tr> <th></th> <th colspan="3">LAST BIRTH</th> <th colspan="3">NEXT-TO-LAST BIRTH</th> <th colspan="3">SECOND-FROM-LAST BIRTH</th> </tr> <tr> <th></th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr> <td>BCG</td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> </tr> <tr> <td>POLIO 0 (POLIO GIVEN AT BIRTH)</td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> </tr> <tr> <td>POLIO 1</td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> </tr> <tr> <td>POLIO 2</td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> </tr> <tr> <td>POLIO 3</td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> </tr> <tr> <td>DPT/HEP.B/INFL 1</td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> </tr> <tr> <td>DPT/HEP.B/INFL 2</td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> </tr> <tr> <td>DPT/HEP.B/INFL 3</td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> </tr> <tr> <td>MEASLES</td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> </tr> <tr> <td>YELLOW FEVER</td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> </tr> <tr> <td>VITAMIN A (MOST RECENT)</td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> </tr> <tr> <td>VITAMIN A (2nd MOST RECENT)</td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> </tr> </tbody> </table>					LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH				DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	BCG										POLIO 0 (POLIO GIVEN AT BIRTH)										POLIO 1										POLIO 2										POLIO 3										DPT/HEP.B/INFL 1										DPT/HEP.B/INFL 2										DPT/HEP.B/INFL 3										MEASLES										YELLOW FEVER										VITAMIN A (MOST RECENT)										VITAMIN A (2nd MOST RECENT)									
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NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
507	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT/Hep/Inf.B, YELLOW FEVER AND/OR MEASLES VACCINES.	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) ← NO 2 (SKIP TO 510) ← DON'T KNOW 8	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) ← NO 2 (SKIP TO 510) ← DON'T KNOW 8	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) ← NO 2 (SKIP TO 510) ← DON'T KNOW 8
508	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization campaign?	YES 1 NO 2 (SKIP TO 512) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 512) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 512) ← DON'T KNOW 8
509	Please tell me if (NAME) received any of the following vaccinations:			
509A	A BCG vaccination against tuberculosis, that is, an injection in the arm that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
509B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 509E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 509E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 509E) ← DON'T KNOW 8
509C	Was the first polio vaccine received in the first two weeks after birth or later?	FIRST 2 WEEKS ... 1 LATER 2	FIRST 2 WEEKS ... 1 LATER 2	FIRST 2 WEEKS ... 1 LATER 2
509D	How many times was the polio vaccine received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
509E	A DPT/Hep B/Influenza vaccination, that is, an injection given in the thigh, to prevent him/her from getting tetanus, whooping cough, diphtheria, sometimes given at the same time as polio?	YES 1 NO 2 (SKIP TO 509G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 509G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 509G) ← DON'T KNOW 8
509F	How many times was a DPT/HepB/Influenza vaccination received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
509G	A measles injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
509H	An injection to prevent yellow fever- a shot in the arm at the age of 9 months or older (sometimes given at the same time as measles)?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
510	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 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW 8 (SKIP TO 512) ←	YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW 8 (SKIP TO 512) ←	YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW 8 (SKIP TO 512) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
511	At which national immunization day campaigns did (NAME) receive vaccinations? RECORD ALL CAMPAIGNS MENTIONED.	INTEGRATED MEASLES/ POLIO (NOVEMBER 2006) A IMCI/CHILD HEALTH CAMPAIGN (NOV. 2007) B	INTEGRATED MEASLES/ POLIO (NOVEMBER 2006) A IMCI/CHILD HEALTH CAMPAIGN (NOV. 2007) B	INTEGRATED MEASLES/ POLIO (NOVEMBER 2006) A IMCI/CHILD HEALTH CAMPAIGN (NOV. 2007) B
512	CHECK 506: DATE SHOWN FOR VITAMIN A DOSE	DATE FOR MOST RECENT VITAMIN A DOSE OTHER (SKIP TO 514)	DATE FOR MOST RECENT VITAMIN A DOSE OTHER (SKIP TO 514)	DATE FOR MOST RECENT VITAMIN A DOSE OTHER (SKIP TO 514)
513	According to (NAME)'s health card, he/she received a vitamin A dose (like this/any of these) in (MONTH AND YEAR OF MOST RECENT DOSE FROM CARD). Has (NAME) received another vitamin A dose since then? SHOW COMMON TYPES OF AMPULES/CAPSULES.	YES 1 (SKIP TO 515) ← NO 2 (SKIP TO 516) ← DON'T KNOW 8	YES 1 (SKIP TO 515) ← NO 2 (SKIP TO 516) ← DON'T KNOW 8	YES 1 (SKIP TO 515) ← NO 2 (SKIP TO 516) ← DON'T KNOW 8
514	HAS (NAME) ever received a vitamin A dose (like this/ any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES.	YES 1 NO 2 (SKIP TO 516) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 516) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 516) ← DON'T KNOW 8
515	Did (NAME) receive a vitamin A dose within the last six months?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
516	In the last seven days, did (NAME) take iron pills, sprinkles with iron, or iron syrup (like this/any of these)? SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
517	Has (NAME) taken any drug for intestinal worms in the last six months?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
518	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8
519	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
520	<p>Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk).</p> <p>Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?</p>	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
521	<p>When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?</p>	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
522	<p>Did you seek advice or treatment for the diarrhea from any source?</p>	YES 1 NO 2 (SKIP TO 527) ←	YES 1 NO 2 (SKIP TO 527) ←	YES 1 NO 2 (SKIP TO 527) ←
523	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE(S))</p>	PUBLIC SECTOR GOVT HOSPITAL/ POLYCLINIC . A GOVT HEALTH CENTER B GOVT HEALTH POST/CHPS . C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC G PHARMACY ... H PVT DOCTOR ... I MOBILE CLINIC . J FIELDWORKER . K FPG/PPAG CLINIC L MATERNITY HOME M OTHER PRIVATE MED. _____ N (SPECIFY) OTHER SOURCE SHOP/MARKET .. O TRADITIONAL PRACTITIONER P DRUG PEDDLER Q OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL/ POLYCLINIC . A GOVT HEALTH CENTER B GOVT HEALTH POST/CHPS . C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC G PHARMACY ... H PVT DOCTOR ... I MOBILE CLINIC . J FIELDWORKER . K FPG/PPAG CLINIC L MATERNITY HOME M OTHER PRIVATE MED. _____ N (SPECIFY) OTHER SOURCE SHOP/MARKET .. O TRADITIONAL PRACTITIONER P DRUG PEDDLER Q OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL/ POLYCLINIC . A GOVT HEALTH CENTER B GOVT HEALTH POST/CHPS . C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC G PHARMACY ... H PVT DOCTOR ... I MOBILE CLINIC . J FIELDWORKER . K FPG/PPAG CLINIC L MATERNITY HOME M OTHER PRIVATE MED. _____ N (SPECIFY) OTHER SOURCE SHOP/MARKET .. O TRADITIONAL PRACTITIONER P DRUG PEDDLER Q OTHER _____ X (SPECIFY)
524	CHECK 523:	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE <input type="checkbox"/> CIRCLED CIRCLED ↓ (SKIP TO 526) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE <input type="checkbox"/> CIRCLED CIRCLED ↓ (SKIP TO 526) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE <input type="checkbox"/> CIRCLED CIRCLED ↓ (SKIP TO 526) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
525	Where did you first seek advice or treatment? USE LETTER CODE FROM 523.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
526	How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS <input type="checkbox"/> <input type="checkbox"/>	DAYS <input type="checkbox"/> <input type="checkbox"/>	DAYS <input type="checkbox"/> <input type="checkbox"/>
527	Does (NAME) still have diarrhea?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
528	Was he/she given any of the following to drink at any time since he/she started having the diarrhea: a) A fluid made from a special ORS sachet? b) A government-recommended homemade fluid?	YES NO DK FLUID FROM ORS SACH 1 2 8 HOMEMADE FLUID ... 1 2 8	YES NO DK FLUID FROM ORS SACH 1 2 8 HOMEMADE FLUID ... 1 2 8	YES NO DK FLUID FROM ORS SACH 1 2 8 HOMEMADE FLUID ... 1 2 8
529	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8
530	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY . B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC. G UNKNOWN INJECTION ... H (IV) INTRAVENOUS. I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY . B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC. G UNKNOWN INJECTION ... H (IV) INTRAVENOUS. I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY . B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC. G UNKNOWN INJECTION ... H (IV) INTRAVENOUS. I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)
533	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
534	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH		
		NAME _____	NAME _____	NAME _____
535	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES 1 NO 2 (SKIP TO 538) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 538) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 538) ← DON'T KNOW 8
536	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY ... 1 NOSE ONLY ... 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 538) ←	CHEST ONLY ... 1 NOSE ONLY ... 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 538) ←	CHEST ONLY ... 1 NOSE ONLY ... 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 538) ←
537	CHECK 533: HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573)
538	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
539	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
540	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 545) ←	YES 1 NO 2 (SKIP TO 545) ←	YES 1 NO 2 (SKIP TO 545) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
541	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR GOVT HOSPITAL/ POLYCLINIC . A GOVT HEALTH CENTER B GOVT HEALTH POST/CHPS . C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC G PVT DOCTOR ... H PHARMACY ... I MOBILE CLINIC . J FIELDWORKER . K FPG/PPAG CLINIC L MATERNITY HOME M OTHER PRIVATE MED. _____ N (SPECIFY)</p> <p>OTHER SOURCE SHOP/MARKET .. O TRADITIONAL PRACTITIONER P DRUG PEDDLER Q OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR GOVT HOSPITAL/ POLYCLINIC . A GOVT HEALTH CENTER B GOVT HEALTH POST/CHPS . C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC G PVT DOCTOR ... H PHARMACY ... I MOBILE CLINIC . J FIELDWORKER . K FPG/PPAG CLINIC L MATERNITY HOME M OTHER PRIVATE MED. _____ N (SPECIFY)</p> <p>OTHER SOURCE SHOP/MARKET .. O TRADITIONAL PRACTITIONER P DRUG PEDDLER Q OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR GOVT HOSPITAL/ POLYCLINIC . A GOVT HEALTH CENTER B GOVT HEALTH POST/CHPS . C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC G PVT DOCTOR ... H PHARMACY ... I MOBILE CLINIC . J FIELDWORKER . K FPG/PPAG CLINIC L MATERNITY HOME M OTHER PRIVATE MED. _____ N (SPECIFY)</p> <p>OTHER SOURCE SHOP/MARKET .. O TRADITIONAL PRACTITIONER P DRUG PEDDLER Q OTHER _____ X (SPECIFY)</p>
542	CHECK 541:	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 544) ←</p>	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 544) ←</p>	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 544) ←</p>
543	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 541.</p>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
544	<p>How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.</p>	DAYS <input type="text"/>	DAYS <input type="text"/>	DAYS <input type="text"/>
545	Is (NAME) still sick with a (fever/ cough)?	<p>FEVER ONLY 1 COUGH ONLY ... 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DON'T KNOW ... 8</p>	<p>FEVER ONLY 1 COUGH ONLY ... 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DON'T KNOW ... 8</p>	<p>FEVER ONLY 1 COUGH ONLY ... 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DON'T KNOW ... 8</p>
546	At any time during the illness, did (NAME) take any drugs for the illness?	<p>YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573) DON'T KNOW 8</p>	<p>YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573) DON'T KNOW 8</p>	<p>YES 1 NO 2 (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573) DON'T KNOW 8</p>

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

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

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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
573	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2003 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 574)</p> <p>_____ (NAME)</p>		576
574	<p>The last time (NAME FROM 573) passed stools, what was done to dispose of the stools?</p>	<p>CHILD USED TOILET OR LATRINE ... 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER _____ 96 (SPECIFY)</p>	
575	<p>CHECK 528(a), ALL COLUMNS:</p> <p>NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/></p> <p>ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/></p>		577
576	<p>Have you ever heard of a special product called ORS packet or a pre-packaged ORS liquid you can get for the treatment of diarrhea?</p>	<p>YES 1 NO 2</p>	
577	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2005 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 578)</p> <p>_____ (NAME)</p>		601
578	<p>Now I would like to ask you about liquids or foods (NAME FROM 577) had yesterday during the day or at night.</p> <p>Did (NAME FROM 577) (drink/eat):</p> <p>Plain water? Commercially produced infant formula? Any commercially produced baby cereal such as Nestle Cerelac, Fresocrem? Any (other) porridge or gruel? ASK TO SEE THE BOX TO ENSURE THAT IT IS COMMERCIALY PRODUCED AND FORTIFIED</p>	<p>YES NO DK</p> <p>PLAIN WATER 1 2 8 FORMULA 1 2 8 BABY CEREAL 1 2 8 OTHER PORRIDGE/GRUEL... 1 2 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																																																												
579	<p>Now I would like to ask you about (other) liquids or foods that (NAME FROM 577)/you may have had yesterday during the day or at night. I am interested in whether your child/you had the item even if it was combined with other foods.</p> <p>Did (NAME FROM 577)/you drink (eat):</p> <p>a) Milk such as tinned, powdered, or fresh animal milk?</p> <p>b) Tea or coffee?</p> <p>c) Any other liquids (juice, cocoa)?</p> <p>d) Bread, rice, noodles, or other foods made from grains (kenkey,banku, koko,tuo zaafi,akple,weanimix)?</p> <p>e) Pumpkin, red or yellow yams, carrots, sweet potatoes that are yellow or orange inside?</p> <p>f) White potatoes, white yams, manioc, cassava, cocoyam, fufu or any other foods made from roots, tubers or plantain?</p> <p>g) Any dark green, leafy vegetables (kontomire, aleefu, ayoyo, kale,cassava leaves)?</p> <p>h) Ripe mangoes, paw paw?</p> <p>i) Any other fruits or vegetables [e.g. bananas, avocados, tomatoes, oranges, apples]?</p> <p>j) Liver, kidney, heart or other organ meats?</p> <p>k) Any meat, such as beef, pork, lamb, goat, chicken, or duck?</p> <p>l) Eggs?</p> <p>m) Fresh or dried fish or shellfish [e.g. prawn, lobster] ?</p> <p>n) Any foods made from beans, peas, lentils, or nuts?</p> <p>o) Cheese, yogurt or other milk products?</p> <p>p) Any oil, fats, or butter, or foods made with any of these?</p> <p>q) Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?</p> <p>r) Any other solid or semi-solid food?</p>	<table border="1"> <thead> <tr> <th></th> <th colspan="3">CHILD</th> <th colspan="3">MOTHER</th> </tr> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>h</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>i</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>j</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>k</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>l</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>m</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>n</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>o</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>p</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>q</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>r</td> <td>1</td> <td>2</td> <td>8</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		CHILD			MOTHER				YES	NO	DK	YES	NO	DK	a	1	2	8	1	2	8	b	1	2	8	1	2	8	c	1	2	8	1	2	8	d	1	2	8	1	2	8	e	1	2	8	1	2	8	f	1	2	8	1	2	8	g	1	2	8	1	2	8	h	1	2	8	1	2	8	i	1	2	8	1	2	8	j	1	2	8	1	2	8	k	1	2	8	1	2	8	l	1	2	8	1	2	8	m	1	2	8	1	2	8	n	1	2	8	1	2	8	o	1	2	8	1	2	8	p	1	2	8	1	2	8	q	1	2	8	1	2	8	r	1	2	8	1	2	8	
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580	<p>CHECK 578 (LAST 2 CATEGORIES: BABY CEREAL OR OTHER PORRIDGE/GRUEL) AND 579 (CATEGORIES d THROUGH r FOR CHILD):</p> <p>AT LEAST ONE "YES" <input type="checkbox"/></p>	<p>NOT A SINGLE "YES" <input type="checkbox"/></p>	601																																																																																																																																												
581	<p>How many times did (NAME FROM 577) eat solid, semisolid, or soft foods yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES <input type="checkbox"/></p> <p>DONT KNOW 8</p>																																																																																																																																													

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	<input type="checkbox"/> → 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	<input type="checkbox"/> → 617
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> → 609
604	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
606	Does your husband/partner have other wives or does he live with other women as if married?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 609
607	Including yourself, in total, how many wives or partners does your husband live with now as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS..... <input type="text"/> <input type="text"/> DON'T KNOW 98	
608	Are you the first, second, ... wife?	RANK <input type="text"/> <input type="text"/>	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
615	CHECK 609: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN <input type="checkbox"/> ONLY ONCE ↓</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 <input type="checkbox"/> MORE THAN ONCE ↓</p> <p>Now I would like to ask about when you started living with your first husband/partner. In what month and year was that?</p> </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	<input type="checkbox"/> → 617
616	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
617	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
618	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some important life issues.</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95</p>	<p>→ 621</p> <p>→ 621</p>
619	CHECK 107: AGE <input type="text"/> 15-24 AGE <input type="text"/> 25-49		→ 641
620	Do you intend to wait until you get married to have sexual intercourse for the first time?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	→ 641
621	CHECK 107: AGE <input type="text"/> 15-24 AGE <input type="text"/> 25-49		→ 626
622	The <u>first</u> time you had sexual intercourse, was a male condom used?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/DON'T REMEMBER ... 8</p>	
623	How old was the person you first had sexual intercourse with?	<p>AGE OF PARTNER <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	→ 626
624	Was this person older than you, younger than you, or about the same age as you?	<p>OLDER 1</p> <p>YOUNGER 2</p> <p>ABOUT THE SAME AGE 3</p> <p>DON'T KNOW/DON'T REMEMBER ... 8</p>	→ 626
625	Would you say this person was ten or more years older than you or less than ten years older than you?	<p>TEN OR MORE YEARS OLDER 1</p> <p>LESS THAN TEN YEARS OLDER ... 2</p> <p>OLDER, UNSURE HOW MUCH 3</p>	
626	<p>When was the <u>last</u> time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS.</p> <p>IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/> <input type="text"/></p>	→ 640

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
626A	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. → SKIP TO 628			
627	When was the last time you had sexual intercourse with this person?		DAYS . 1 <input type="text"/> WEEKS 2 <input type="text"/> MONTHS 3 <input type="text"/>	DAYS . 1 <input type="text"/> WEEKS 2 <input type="text"/> MONTHS 3 <input type="text"/>
628	The last time you had sexual intercourse (with this second/third person), was a male condom used?	YES 1 NO 2 (SKIP TO 630) ←	YES 1 NO 2 (SKIP TO 630) ←	YES 1 NO 2 (SKIP TO 630) ←
629	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
630	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	HUSBAND 1 (SKIP TO 636) ← LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY)	HUSBAND 1 (SKIP TO 636) ← LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY)	HUSBAND 1 (SKIP TO 636) ← LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY)
631	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	DAYS . 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	DAYS . 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>
632	CHECK 107:	AGE 15-24 <input type="text"/> AGE 25-49 <input type="text"/> (SKIP TO 636) ←	AGE 15-24 <input type="text"/> AGE 25-49 <input type="text"/> (SKIP TO 636) ←	AGE 15-24 <input type="text"/> AGE 25-49 <input type="text"/> (SKIP TO 636) ←
633	How old is this person?	AGE OF PARTNER <input type="text"/> (SKIP TO 636) ← DON'T KNOW 98	AGE OF PARTNER <input type="text"/> (SKIP TO 636) ← DON'T KNOW 98	AGE OF PARTNER <input type="text"/> (SKIP TO 636) ← DON'T KNOW 98
634	Is this person older than you, younger than you, or about the same age?	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 636) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 636) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 636) ←
635	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
636	The last time you had sexual intercourse with this person, did you or this person drink alcohol?	YES 1 NO 2 (SKIP TO 638) ←	YES 1 NO 2 (SKIP TO 638) ←	YES 1 NO 2 (SKIP TO 639) ←
637	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4
638	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 627 ← IN NEXT COLUMN) NO 2 (SKIP TO 639A) ←	YES 1 (GO BACK TO 627 ← IN NEXT COLUMN) NO 2 (SKIP TO 639A) ←	
639	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS LAST 12 MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98
639A	In total, with how many different people have you had sexual intercourse in the last month? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS IN MONTH <input type="text"/> <input type="text"/> DON'T KNOW 98
640	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98
641	Do you know of a place where a person can get male condoms?		YES 1 NO 2	→ 701
642	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))		PUBLIC SECTOR GOVT. HOSPITAL/POLYCLINIC ... A GOVT. HEALTH CENTER B GOVT. HEALTH POST/CHPS ... C FAMILY PLANNING CLINIC D MOBILE CLINIC E FIELDWORKER/OUTREACH/ PEER EDUCATOR F OTHER PUBLIC _____ G (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC H PRIVATE DOCTOR I PHARMACY J CHEMICAL/DRUG STORE K FP/PPAG CLINIC L MATERNITY HOME M OTHER PRIVATE MEDICAL _____ N (SPECIFY) OTHER SOURCE SHOP/MARKET O CHURCH P COMMUNITY VOLUNTEER Q FRIEND/RELATIVE R OTHER _____ X (SPECIFY)	
643	If you wanted to, could you yourself get a condom?		YES 1 NO 2 DON'T KNOW/UNSURE 8	

SECTION 7. FERTILITY PREFERENCES

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	<p>CHECK 702:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY . D</p> <p>SUBFECUND/INFECUND E</p> <p>POSTPARTUM AMENORRHEIC ... F</p> <p>BREASTFEEDING G</p> <p>FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED . J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS O</p> <p>FEAR OF SIDE EFFECTS P</p> <p>LACK OF ACCESS/TOO FAR Q</p> <p>COSTS TOO MUCH R</p> <p>INCONVENIENT TO USE S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES T</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
708	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>↓</p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>↓</p> <p>YES, CURRENTLY USING <input type="checkbox"/></p> <p>→ 713</p>		
709	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 711</p> <p>→ 713</p>
710	<p>Which contraceptive method would you prefer to use?</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>MALE CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>RHYTHM METHOD 12</p> <p>WITHDRAWAL 13</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>UNSURE 98</p>	<p>→ 713</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED 11 FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX ... 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND 24 WANTS AS MANY CHILDREN AS POSSIBLE 26 OPPOSITION TO USE RESPONDENT OPPOSED 31 HUSBAND/PARTNER OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR ... 53 COSTS TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 713
712	Would you ever use a contraceptive method if you were married?	YES 1 NO 2 DON'T KNOW 8	
713	CHECK 216: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> ↓ ↓ If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE 00 NUMBER <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	→ 715 → 715
714	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	
715	In the last few months have you: Heard about family planning on the radio? Seen about family planning on the television? Read about family planning in a newspaper or magazine?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE ... 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
717	CHECK 601: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>	→ 801																													
718	CHECK 311/311A: CODE B, G, OR M CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>	→ 720 → 722																													
719	Does your husband/partner know that you are using a method of family planning?	YES 1 NO 2 DON'T KNOW 8																													
720	Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER _____ 6 (SPECIFY)																													
721	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>	→ 722A																													
722	Does your husband/partner want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8																													
722A	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is women's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous. c) Having too many children may be dangerous for a woman d) It is better not to have more children than we can afford e) Children in smaller families are more likely to succeed	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">DIS- AGREE</th> <th style="text-align: center;">AGREE</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>CONTRACEPTION</td> <td></td> <td></td> <td></td> </tr> <tr> <td>WOMAN'S BUSINESS .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>WOMAN MAY BECOME PROMISCUOUS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>DANGEROUS F/WOMAN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>CHILDREN NOT AFFORD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>CHILDREN SUCCEED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		DIS- AGREE	AGREE	DK	CONTRACEPTION				WOMAN'S BUSINESS .	1	2	8	WOMAN MAY BECOME PROMISCUOUS	1	2	8	DANGEROUS F/WOMAN	1	2	8	CHILDREN NOT AFFORD	1	2	8	CHILDREN SUCCEED	1	2	8	
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SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

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

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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 942																
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8																	
903	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
906	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES 1 NO 2 DON'T KNOW 8																	
907	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
908	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
909	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>DURING PREG.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BREASTFEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY	1	2	8	BREASTFEEDING	1	2	8	
	YES	NO	DK																
DURING PREG.	1	2	8																
DURING DELIVERY	1	2	8																
BREASTFEEDING	1	2	8																
910	CHECK 909: AT LEAST <input type="checkbox"/> ONE 'YES' OTHER <input type="checkbox"/>		→ 912																
911	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
912	Have you heard about special antiretroviral drugs (Nevirapine) that people infected with the AIDS virus can get from a doctor or a nurse to help them live longer?	YES 1 NO 2 DON'T KNOW 8																	
913	CHECK 208 AND 215: LAST BIRTH SINCE <input type="checkbox"/> JANUARY 2005 LAST BIRTH <input type="checkbox"/> BEFORE JANUARY 2005	NO BIRTHS <input type="checkbox"/>	→ 922 → 922																
914	CHECK 407 FOR LAST BIRTH: HAD <input type="checkbox"/> ANTENATAL CARE NO <input type="checkbox"/> ANTENATAL CARE		→ 922																
914A	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
915	During any of the antenatal visits for your last birth, did anyone talk to you about: Babies getting the AIDS virus from their mother? Things that you can do to prevent getting the AIDS virus? Getting tested for the AIDS virus?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>AIDS FROM MOTHER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>THINGS TO DO</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TESTED FOR AIDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	AIDS FROM MOTHER	1	2	8	THINGS TO DO	1	2	8	TESTED FOR AIDS	1	2	8	
	YES	NO	DK																
AIDS FROM MOTHER	1	2	8																
THINGS TO DO	1	2	8																
TESTED FOR AIDS	1	2	8																
916	Were you offered a test for the AIDS virus as part of your antenatal care?	YES 1 NO 2																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
917	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	YES 1 NO 2	→ 922
918	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
919	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL/POLYCLINIC ... 11 GOVT. HEALTH CENTER12 GOVT. HEALTH POST/CHPS 13 STAND-ALONE VCT CENTER ... 14 FAMILY PLANNING CLINIC.....15 MOBILE CLINIC16 FIELDWORKER/OUTREACH/ PEER EDUCATOR17 OTHER PUBLIC 18 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR21 STAND-ALONE VCT CENTER ... 22 PHARMACY23 CHEMICAL/DRUG STORE 24 FP/PPAG CLINIC 25 MATERNITY HOME 26 OTHER PRIVATE MEDICAL 27 (SPECIFY) OTHER96 (SPECIFY)	
920	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES 1 NO 2	→ 923
921	When was the last time you were tested for the AIDS virus?	LESS THAN 12 MONTHS AGO 1 12 - 23 MONTHS AGO 2 2 OR MORE YEARS AGO 3	→ 929
922	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→ 927
923	When was the last time you were tested?	LESS THAN 12 MONTHS AGO 1 12 - 23 MONTHS AGO 2 2 OR MORE YEARS AGO 3	
924	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST 1 OFFERED AND ACCEPTED 2 REQUIRED 3	
925	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
926	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL/POLYCLINIC ... 11 GOVT. HEALTH CENTER12 GOVT. HEALTH POST/CHPS 13 STAND-ALONE VCT CENTER ... 14 FAMILY PLANNING CLINIC.....15 MOBILE CLINIC16 FIELDWORKER/OUTREACH/ PEER EDUCATOR17 OTHER PUBLIC 18 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR21 STAND-ALONE VCT CENTER ... 22 PHARMACY23 CHEMICAL/DRUG STORE 24 FP/PPAG CLINIC 25 MATERNITY HOME 26 OTHER PRIVATE MEDICAL 27 (SPECIFY) OTHER96 (SPECIFY)	→ 929

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
927	Do you know of a place where people can go to get tested for the AIDS virus?	YES 1 NO 2	→ 929
928	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL/POLYCLINIC ... A GOVT. HEALTH CENTER B GOVT. HEALTH POST/CHPS C STAND-ALONE VCT CENTER ... D FAMILY PLANNING CLINIC..... E MOBILE CLINIC F FIELDWORKER/OUTREACH/ PEER EDUCATOR G OTHER PUBLIC _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ H PRIVATE DOCTOR I STAND-ALONE VCT CENTER ... J PHARMACY K CHEMICAL/DRUG STORE L FP/PPAG CLINIC M MATERNITY HOME N OTHER PRIVATE MEDICAL _____ O (SPECIFY) OTHER SOURCE SHOP/MARKET P CHURCH Q FRIEND/RELATIVE R OTHER _____ X (SPECIFY)	
929	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES 1 NO 2 DONT KNOW 8	
930	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DK/NOT SURE/DEPENDS 8	
931	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
932	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED 2 DK/NOT SURE/DEPENDS 8	
940	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
941	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid getting AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
942	CHECK 901: HEARD ABOUT AIDS <input type="checkbox"/> ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	
943	CHECK 618: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 951
944	CHECK 942: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 946

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
945	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DONT KNOW 8	
946	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES 1 NO 2 DONT KNOW 8	
947	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DONT KNOW 8	
948	CHECK 945, 946, AND 947: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 951
949	The last time you had (PROBLEM FROM 945/946/947), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 951
950	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL/POLYCLINIC ... A GOVT. HEALTH CENTER B GOVT. HEALTH POST/CHPS C FAMILY PLANNING CLINIC D STAND-ALONE VCT CENTER ... E FIELDWORKER/OUTREACH/ PEER EDUCATOR F OTHER PUBLIC _____ G (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR H STAND-ALONE VCT CENTER ... I PHARMACY J CHEMICAL/DRUG STORE K FP/PPAG CLINIC L MATERNITY HOME M OTHER PRIVATE MEDICAL _____ N (SPECIFY) OTHER SOURCE SHOP/MARKET O FRIEND/RELATIVE P TRADITIONAL PRACTICIONER OTHER _____ Q (SPECIFY)	
951	Husbands and wives do not always agree on everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	YES 1 NO 2 DONT KNOW 8	
952	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DONT KNOW 8	
953	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	YES 1 NO 2 DONT KNOW 8	
954	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?	YES 1 NO 2 DONT KNOW 8	
955	CHECK 601: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 1001
956	Can you say no to your husband/partner if you do not want to have sexual intercourse?	YES 1 NO 2 DEPENDS/NOT SURE 8	
957	Could you ask your husband/partner to use a condom if you wanted him to?	YES 1 NO 2 DEPENDS/NOT SURE 8	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 1005
1002	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS B THROUGH TOUCHING A PERSON WITH TB C THROUGH FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER _____ X (SPECIFY) DONT KNOW Z	
1003	Can tuberculosis be cured?	YES 1 NO 2 DONT KNOW 8	
1004	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DONT KNOW/NOT SURE/ DEPENDS 8	
1005	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00	→ 1009
1006	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00	→ 1009
1007	The last time you had an injection given to you by a health worker, where did you go to get the injection? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL/POLYCLINIC 11 GOVT. HEALTH CENTER 12 GOVT. HEALTH POST/CHPS 13 STAND-ALONE VCT CENTER 14 FAMILY PLANNING CLINIC 15 MOBILE CLINIC 16 FIELDWORKER/OUTREACH/ PEER EDUCATOR 17 OTHER PUBLIC 18 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21 STAND-ALONE VCT CENTER 22 PHARMACY 23 CHEMICAL/DRUG STORE 24 FP/PPAG CLINIC 25 MATERNITY HOME 26 OTHER PRIVATE MEDICAL 27 (SPECIFY) OTHER PLACE AT HOME 31 OTHER 96 (SPECIFY)	
1008	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES 1 NO 2 DONT KNOW 8	
1009	Do you currently smoke cigarettes?	YES 1 NO 2	→ 1011
1010	In the last 24 hours, how many sticks of cigarettes did you smoke?	CIGARETTES <input type="text"/> <input type="text"/>	
1011	Do you currently smoke or use any other type of tobacco?	YES 1 NO 2	→ 1012A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1012	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE A CHEWING TOBACCO B SNUFF C CIGARS D OTHER _____ X (SPECIFY)	
1012A	Do you consume alcoholic beverages?	YES 1 NO 2	→ 1013
1012B	In the last 7 days (a week) did you drink an alcoholic beverage? IF 'YES', PROBE: How many times?	ONCE 01 2-3 TIMES 02 4 TIMES OR MORE 03 NONE 04	
1013	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not? Getting permission to go? Getting money needed for treatment? The distance to the health facility? Having to take transport? Not wanting to go alone? Concern that there may not be a female health provider? Concern that there may not be any health provider? Concern that there may be no drugs available?	BIG PROB- NOT A BIG PROB- LEM PROB- LEM PERMISSION TO GO ... 1 2 GETTING MONEY 1 2 DISTANCE 1 2 TAKING TRANSPORT ... 1 2 GO ALONE 1 2 NO FEMALE PROV..... 1 2 NO PROVIDER 1 2 NO DRUGS 1 2	
1014	Do you have any health insurance or are you a member of a mutual health organization?	YES 1 NO 2	→ 1016
1015	What type of health insurance do you have? RECORD ALL MENTIONED.	NATIONAL /DISTRICT HEALTH INSURANCE(NHIS) A HEALTH INSURANCE THROUGH EMPLOYER B MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE.... D OTHER _____ X (SPECIFY)	
1015A	CHECK 1015: CODE 'A' FOR <input type="checkbox"/> NHIS <u>NOT</u> CIRCLED ✓ CODE 'A' FOR <input type="checkbox"/> NHIS CIRCLED		→ 1015C
1015B	Why have you <u>not</u> registered with the National Health Insurance Scheme (NHIS)? RECORD ALL MENTIONED	NOT HEARD OF NHIS A CANNOT AFFORD PREMIUM B DO NOT TRUST C DON'T NEED HEALTH INSURANCE D NHIS DOES NOT COVER HEALTH SERVICES I NEED E OTHER _____ X (SPECIFY)	→ 1015I
1015C	Did you pay your NHIS membership yourself?	YES, PAID MYSELF 01 YES, PAID BY A RELATIVE/FRIEND ... 02 YES, PAID BY EMPLOYER/SSNIT 03 NO, EXEMPT AS ELDERLY (70+ YEARS) 04 NO, EXEMPT AS PENSIONER 05 NO, EXEMPT AS INDIGENT (POOR) ... 06 NO, OTHER _____ 96 (SPECIFY)	
1015D	Do you hold a valid National Health Insurance Scheme (NHIS) card? IF ANSWER IS 'YES', REQUEST TO SEE THE CARD	YES, CARD SEEN 1 YES, CARD NOT SEEN/LOST 2 NO 3	→ 1015F

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1015E	Why do you <u>not</u> have a valid NHIS card?	REGISTERED, NOT PAID FULLY..... 1 REGISTERED, CARD NOT RECEIVED 2 REGISTERED, WAITING PERIOD..... 3 NOT RENEWED REGISTRATION..... 4 LOST NHIS CARD 5 OTHER 6 (SPECIFY)	→1015I →1015G →1015I
1015F	How many weeks did it take you to obtain your NHIS card?	NUMBER OF WEEKS <input type="text"/> DONT KNOW 98	→1015I
1015G	Do you plan to renew the NHIS card?	YES 1 NO 2 DONT KNOW/NOT SURE 8	→1015I →1015I
1015H	Why do you <u>not</u> want to renew the NHIS card? Anything else? RECORD ALL MENTIONED.	HAVE NOT BEEN SICK A PREMIUM EXPENSIVE..... B STILL PAY OUT OF POCKET C WORSE QUALITY CARE WITH CARD... D WAITING TIME FOR CARD LONG E USED SERVICES NOT COVERED F DID NOT USE ANY HEALTH SERVICES G USE CLINICS OR TRADITIONAL PRACTITIONERS WHO ARE NOT COVERED H OTHER X (SPECIFY)	
1015I	Do you have to pay out of pocket for drugs and services?	YES 1 NO 2 SOMETIMES 3	
1015J	Are there any services that you need from a health provider that are not covered by NHIS?	YES 1 NO 2	→1015L
1015K	What are these services? Anything else? RECORD ALL MENTIONED.	FAMILY PLANNING A LABORATORY INVESTIGATIONS B ANTENATAL CARE C POSTNATAL CARE D CARE FOR NEWBORN FOR UP TO 3 MONTHS E OTHER X (SPECIFY)	
1015L	In your opinion, do NHIS card holders get better/same/worse service than others?	BETTER 1 SAME 2 WORSE 3 DONT KNOW/NOT SURE 8	
1015M	In your opinion, did you receive good service last time you were treated at a clinic or hospital? IF NO, PROBE	YES 1 NO, WAITING TIMES WERE TOO LONG 2 NO, STAFF NOT POLITE 3 NO, DID NOT RECEIVE ENOUGH INFORMATION ABOUT ILLNESS AND TREATMENT 4 OTHER 6 (SPECIFY)	
1016	I am going to ask you about the time you spent being physically active in the last 7 days. This is about the activities you do at work, as part of your house and yard work, to get from place to place in your spare time, exercise or sport. Now, think about all the vigorous activities which take hard physical effort that you did in the past 7 days: activities that make you breathe much harder than normal and may include heavy lifting, digging, jogging, or fast bicycling. Think about only those physical activities that you did at least 15 minutes at a time. In the last 7 days, on how many days did you do vigorous physical activities that lasted for at least 15mins each time? IF 'NONE' RECORD '0'	NUMBER OF DAYS <input type="text"/> DONT KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1017	How many hours do you rest a day, including naps and sleep both during the day and night?	1-3 HOURS 1 4-6 HOURS 2 7-9 HOURS 3 10 AND MORE HOURS 4 DONT KNOW 8	
1018	Now I would like to ask you about liquids and foods that you consume. How many glasses of water do you drink in one day on average? IF MORE THAN 9, RECORD '9', IF 'NONE' RECORD '0'	NUMBER OF GLASSES <input data-bbox="1166 353 1233 394" type="text"/>	
1019	In a typical week, on how many days do you eat fruits, for example mangoes, paw paw, banana, orange, avocados, tomatoes, passion fruit, etc? IF 'NONE' RECORD '0'	NUMBER OF DAYS <input data-bbox="1166 472 1233 512" type="text"/> DONT KNOW/NOT SURE 8	→ 1021
1020	On a day when you eat fruits, how many servings do you eat on average? IF 'NONE' RECORD '0'	NUMBER OF SERVINGS <input data-bbox="1166 577 1233 618" type="text"/> DONT KNOW/NOT SURE 8	
1021	In a typical week, on how many days do you eat vegetables, for example carrots, cabbage, dark green leafy vegetables (e.g. kontomire), pumpkin, squash, etc? IF 'NONE' RECORD '0'	NUMBER OF DAYS <input data-bbox="1166 683 1233 723" type="text"/> DONT KNOW/NOT SURE 8	→ 1100
1022	On a day when you eat vegetables, how many servings do you eat on average? IF 'NONE' RECORD '0'	NUMBER OF SERVINGS <input data-bbox="1166 824 1233 864" type="text"/> DONT KNOW/NOT SURE 8	

SECTION 11: DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
1100	CHECK HH Q.138 AND COVER PAGE OF WOMAN'S QUESTIONNAIRE: WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/> WOMAN NOT SELECTED <input type="checkbox"/>		→ 1135																																
1101	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED. PRIVACY OBTAINED 1 PRIVACY NOT POSSIBLE 2		→ 1134																																
<p>READ TO THE RESPONDENT</p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Ghana. Let me assure you that your answers are completely confidential and will not be told to anyone, no one else will know that you were asked these questions, and no one else in this household is being asked these questions.</p>																																			
1102	CHECK 601 AND 602: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/LIVED WITH A MAN (READ IN PAST TENSE) <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/>		→ 1114																																
1103	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband/partner?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) He (is/was) jealous or angry if you (talk/talked) to other men?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) He frequently (accuses/accused) you of being unfaithful?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) He (does/did) not permit you to meet your female friends?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) He (tries/tried) to limit your contact with your family?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) He (insists/insisted) on knowing where you (are/were) at all times?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) He (does/did) not trust you with any money?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g) He (refuses/refused) or (denies/denied) to have sexual intercourse with you?</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) He (is/was) jealous or angry if you (talk/talked) to other men?	1	2	8	b) He frequently (accuses/accused) you of being unfaithful?	1	2	8	c) He (does/did) not permit you to meet your female friends?	1	2	8	d) He (tries/tried) to limit your contact with your family?	1	2	8	e) He (insists/insisted) on knowing where you (are/were) at all times?	1	2	8	f) He (does/did) not trust you with any money?	1	2	8	g) He (refuses/refused) or (denies/denied) to have sexual intercourse with you?	1	2	8	
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1103A	CHECK 204 AND 205: HAS CHILDREN LIVING ELSEWHERE <input type="checkbox"/> NO CHILDREN LIVING ELSEWHERE <input type="checkbox"/>		→ 1104																																
1103B	Does/did he prevent you from seeing your children?	<table border="1"> <tbody> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td>DK</td> <td>8</td> </tr> </tbody> </table>	YES	1	NO	2	DK	8																											
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1103C	CHECK 215 AND 217: IF CHILD 3 YEARS OR OLDER OR BORN BEFORE JAN 2005 <input type="checkbox"/> IF CHILD LESS THAN 3 YEARS <input type="checkbox"/>		→ 1104																																
1103D	Does/did he refuse to pay children's school fees?	<table border="1"> <tbody> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td>DK</td> <td>8</td> </tr> </tbody> </table>	YES	1	NO	2	DK	8																											
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1104	<p>Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband/partner. If we should come to any question that you do not want to answer, just let me know and we will go on to the next question.</p> <p>A (Does/did) your (last) husband/partner ever:</p> <p>a) say or do something to humiliate you in front of others?</p> <p>b) threaten to hurt or harm you or someone close to you?</p> <p>c) insult you or make you feel bad about yourself?</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT AT ALL</th> </tr> </thead> <tbody> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		OFTEN	SOME-TIMES	NOT AT ALL	YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓																																				
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1105	<p>A (Does/did) your (last) husband/partner ever do any of the following things to you:</p> <p>a) push you, shake you, or throw something at you?</p> <p>b) slap you?</p> <p>c) twist your arm or pull your hair?</p> <p>d) punch you with his fist or with something that could hurt you?</p> <p>e) kick you, drag you or beat you up?</p> <p>f) try to choke you or burn you on purpose?</p> <p>g) threaten or attack you with a knife, gun, or any other weapon?</p> <p>h) physically force you to have sexual intercourse with him even when you did not want to?</p> <p>i) force you to perform any sexual acts you did not want to?</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT AT ALL</th> </tr> </thead> <tbody> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		OFTEN	SOME-TIMES	NOT AT ALL	YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				
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1106	<p>CHECK 1105A (a-i):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/></p>		→ 1109																																																												
1107	<p>How long after you first got married to/started living with your (last) husband/partner did (this/any of these things) first happen?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>NUMBER OF YEARS <input type="text"/> <input type="text"/></p> <p>BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95</p>																																																													
1108	<p>Did the following ever happen as a result of what your (last) husband/partner did to you:</p> <p>a) You had cuts, bruises or aches?</p> <p>b) You had eye injuries, sprains, dislocations, or burns?</p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</p>	<p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p>																																																													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1109	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband/partner at times when he was not already beating or physically hurting you?	YES 1 NO 2	→ 1112
1111	In the last 12 months, how often have you done this to your (last) husband/partner: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
1112	Does (did) your (last) husband/partner drink alcohol?	YES 1 NO 2	→ 1114
1113	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3	
1114	CHECK 601 AND 602: EVER MARRIED/LIVED WITH A MAN <input type="checkbox"/> NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/> From the time you were 15 years old has anyone other than your (current/last) husband/partner hit, slapped, kicked, or done anything else to hurt you physically? From the time you were 15 years old has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1117
1115	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER A FATHER/STEP-FATHER B SISTER/BROTHER C DAUGHTER/SON D OTHER RELATIVE E FORMER HUSBAND/PARTNER F CURRENT BOYFRIEND G FORMER BOYFRIEND H MOTHER-IN-LAW I FATHER-IN-LAW J OTHER IN-LAW K TEACHER L EMPLOYER/SOMEONE AT WORK M POLICE/SOLDIER N OTHER X (SPECIFY)	
1116	In the last 12 months, how often have you been hit, slapped, kicked, or physically hurt by this/these person(s): often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
1117	CHECK 201, 226, AND 229: EVER BEEN PREGNANT (YES ON 201 OR 226 OR 229) <input type="checkbox"/> NEVER BEEN PREGNANT <input type="checkbox"/>		→ 1120
1118	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	→ 1120
1119	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND/ LIVE-IN PARTNER A MOTHER/STEP-MOTHER B FATHER/STEP-FATHER C SISTER/BROTHER D DAUGHTER/SON E OTHER RELATIVE F FORMER HUSBAND/ PARTNER G CURRENT BOYFRIEND H FORMER BOYFRIEND I MOTHER-IN-LAW J FATHER-IN-LAW K OTHER IN-LAW L TEACHER M EMPLOYER/SOMEONE AT WORK N POLICE/SOLDIER O OTHER X (SPECIFY)	→ 1120 → 1120
1119A	Have you ever lost your pregnancy as a result of what your (last) husband/partner did to you?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1120	CHECK 618: EVER HAD SEX? HAS EVER HAD SEX <input type="checkbox"/> NEVER HAD SEX <input type="checkbox"/>		→ 1125
1121	The first time you had sexual intercourse, would you say that you had it because you wanted to, or because you were forced to have it against your will?	WANTED TO 1 FORCED TO 2 REFUSED TO ANSWER/ NO RESPONSE 3	
1122	CHECK 601 AND 602: EVER MARRIED/LIVED WITH A MAN <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> In the last 12 months, has anyone other than your husband/partner forced you to have sexual intercourse against your will? In the last 12 months has anyone forced you to have sexual intercourse against your will?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	
1123	CHECK 1121 AND 1122: 1121 = '1' OR '3' <input type="checkbox"/> AND 1122 = '2' OR '3' <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 1126
1124	CHECK 1105A(h) and 1105A(i): 1105A(h) IS NOT '1' <input type="checkbox"/> AND 1105A(i) IS NOT '1' <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 1126
1125	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1128
1126	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEARS <input type="text"/> DONT KNOW 98	
1127	Who was the person who forced you at that time?	CURRENT HUSBAND/PARTNER 01 FORMER HUSBAND/PARTNER 02 CURRENT/FORMER BOYFRIEND 03 FATHER 04 STEP FATHER 05 OTHER RELATIVE 06 IN-LAW 07 OWN FRIEND/ACQUAINTANCE 08 FAMILY FRIEND 09 TEACHER 10 EMPLOYER/SOMEONE AT WORK 11 POLICE/SOLDIER 12 PRIEST/RELIGIOUS LEADER 13 STRANGER 14 OTHER 96 (SPECIFY)	
1128	CHECK 1105A (a-i), 1114, 1122 AND 1125: AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/>		→ 1132
1129	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help to stop (the/these) person(s) from doing this to you again?	YES 1 NO 2	→ 1131
1130	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY A HUSBAND/PARTNER'S FAMILY B CURRENT/LAST/LATE HUSBAND/PARTNER C CURRENT/FORMER BOYFRIEND D MALE FRIEND E FEMALE FRIEND F NEIGHBOR G RELIGIOUS LEADER H DOCTOR/MEDICAL PERSONNEL I POLICE J LAWYER K SOCIAL SERVICE ORGANIZATION L COMMUNITY LEADER/LOCAL ADMIN M OTHER X (SPECIFY)	→ 1132

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1131	Have you ever told any one else about this?	YES 1 NO 2																	
1132	As far as you know, did your father ever beat your mother?	YES 1 NO 2 DONT KNOW 8																	
1132A	As far as you know, did your mother ever beat your father?	YES 1 NO 2 DONT KNOW 8																	
THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.																			
1133	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="1"> <thead> <tr> <th></th> <th>YES ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT	1	2	3	FEMALE ADULT	1	2	3	
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1134	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE _____ _____																		
1135	RECORD THE TIME.	<table border="1"> <tr> <td>HOURS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>MINUTES</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		HOURS	<input type="text"/>	<input type="text"/>	MINUTES	<input type="text"/>	<input type="text"/>										
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INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

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

INFORMATION TO BE CODED FOR EACH COLUMN

BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
 - P PREGNANCIES
 - T TERMINATIONS

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

12	DEC	01		
11	NOV	02		
10	OCT	03		
09	SEP	04		
2	08	AUG	05	2
0	07	JUL	06	0
0	06	JUN	07	0
8	05	MAY	08	8
	04	APR	09	
	03	MAR	10	
	02	FEB	11	
	01	JAN	12	

12	DEC	13		
11	NOV	14		
10	OCT	15		
09	SEP	16		
2	08	AUG	17	2
0	07	JUL	18	0
0	06	JUN	19	0
7	05	MAY	20	7
	04	APR	21	
	03	MAR	22	
	02	FEB	23	
	01	JAN	24	

12	DEC	25		
11	NOV	26		
10	OCT	27		
09	SEP	28		
2	08	AUG	29	2
0	07	JUL	30	0
0	06	JUN	31	0
6	05	MAY	32	6
	04	APR	33	
	03	MAR	34	
	02	FEB	35	
	01	JAN	36	

12	DEC	37		
11	NOV	38		
10	OCT	39		
09	SEP	40		
2	08	AUG	41	2
0	07	JUL	42	0
0	06	JUN	43	0
5	05	MAY	44	5
	04	APR	45	
	03	MAR	46	
	02	FEB	47	
	01	JAN	48	

12	DEC	49		
11	NOV	50		
10	OCT	51		
09	SEP	52		
2	08	AUG	53	2
0	07	JUL	54	0
0	06	JUN	55	0
4	05	MAY	56	4
	04	APR	57	
	03	MAR	58	
	02	FEB	59	
	01	JAN	60	

12	DEC	61		
11	NOV	62		
10	OCT	63		
09	SEP	64		
2	08	AUG	65	2
0	07	JUL	66	0
0	06	JUN	67	0
3	05	MAY	68	3
	04	APR	69	
	03	MAR	70	
	02	FEB	71	
	01	JAN	72	

