

**2014 GHANA DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE**

MINISTRY OF HEALTH, GHANA

GHANA STATISTICAL SERVICE

IDENTIFICATION																												
LOCALITY NAME _____	<table border="1" style="width: 100%; height: 100%; 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> </table>																											
NAME OF HOUSEHOLD HEAD _____																												
CLUSTER NUMBER																												
STRUCTURE NUMBER																												
HOUSEHOLD NUMBER																												
REGION																												
DISTRICT																												
URBAN/RURAL (URBAN = 1; RURAL = 2)																												
NAME AND LINE NUMBER OF WOMAN _____																												
INTERVIEWER VISITS																												
	1	2	3	FINAL VISIT																								
DATE	_____	_____	_____	DAY _____																								
INTERVIEWER'S NAME	_____	_____	_____	MONTH _____																								
RESULT*	_____	_____	_____	YEAR 2 0 1 4																								
NEXT VISIT: DATE	_____	_____		INT. NUMBER _____																								
TIME	_____	_____		RESULT _____																								
				TOTAL NUMBER OF VISITS _____																								
<p>*RESULT CODES:</p> <table style="width: 100%;"> <tr> <td>1 COMPLETED</td> <td>4 REFUSED</td> <td></td> </tr> <tr> <td>2 NOT AT HOME</td> <td>5 PARTLY COMPLETED</td> <td>7 OTHER _____</td> </tr> <tr> <td>3 POSTPONED</td> <td>6 INCAPACITATED</td> <td style="text-align: right;">(SPECIFY)</td> </tr> </table>					1 COMPLETED	4 REFUSED		2 NOT AT HOME	5 PARTLY COMPLETED	7 OTHER _____	3 POSTPONED	6 INCAPACITATED	(SPECIFY)															
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LANGUAGE OF QUESTIONNAIRE: <input checked="" type="checkbox"/> 1	LANGUAGE OF INTERVIEW: <input type="checkbox"/>	LANGUAGE OF RESPONDENT: <input type="checkbox"/>	TRANSLATOR USED: (YES = 1, NO = 2) <input type="checkbox"/>																									
LANGUAGE OF QUESTIONNAIRE: English																												
LANGUAGE CODES: ENGLISH = 1, AKAN = 2, GA = 3, EWE = 4, NZEMA = 5, DAGBANI = 6, OTHER = 7 (SPECIFY)																												
SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY																									
NAME _____	NAME _____	_____	_____																									
DATE _____	DATE _____	_____	_____																									

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____. I am working with Ghana Statistical Service and the Ministry of Health. We are conducting a survey about health all over Ghana. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30-60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions? May I begin the interview now?




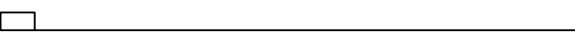
SIGNATURE OF INTERVIEWER: _____ DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED ... 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END

↓

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
101	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>																
101A	<p>During the interview I would like to measure your blood pressure. This will be done three times during the interview. This is a harmless procedure. It is used to find out if a person has high blood pressure. If it is not treated, high blood pressure may eventually cause serious damage to the heart.</p> <p>The results of this blood pressure measurement will be given to you after the interview together with an explanation of the meaning of your blood pressure numbers. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey.</p> <p>Do you have any questions about the blood pressure measurement so far? If you have any questions about the procedure at any time, please ask me.</p> <p>You can say yes or no to having the blood pressure measurement now. You can also decide at anytime not to participate in the blood pressure measures.</p> <p>Would you allow me to proceed to take your blood pressure measurement at this time?</p> <p>Signature of interviewer: _____ Date: _____</p>	RESPONDENT AGREES 1 RESPONDENT DOES NOT AGREE 2 → 102																
101B	<p>Before taking your blood pressure, I would like to ask a few questions about things that may affect these measurements.</p> <p>Have you done any of the following within the past 30 minutes:</p> <p>a) Eaten anything?</p> <p>b) Had coffee, tea, cola or other drink that has caffeine?</p> <p>c) Smoked any tobacco product?</p> <p>d) Conducted any vigorous physical activity or exercises?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>EATEN</td> <td>1</td> <td>2</td> </tr> <tr> <td>HAD CAFFEINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>SMOKED</td> <td>1</td> <td>2</td> </tr> <tr> <td>EXERCISES</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	EATEN	1	2	HAD CAFFEINE	1	2	SMOKED	1	2	EXERCISES	1	2	
	YES	NO																
EATEN	1	2																
HAD CAFFEINE	1	2																
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EXERCISES	1	2																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101C	May I begin the process of measuring your blood pressure? BEFORE TAKING THE FIRST BLOOD PRESSURE READING, MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETERS.	ARM CIRCUMFERENCE (IN CENTIMETRES) <input type="text"/> <input type="text"/>	
101D	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR MODEL AND CUFF SIZE. CIRCLE THE CODE FOR THE MODEL AND CUFF SIZE.	MODEL 767 SMALL: 16 CM – 23 CM 1 MEDIUM: 24 CM – 35 CM 2 LARGE: 36 CM – 41 CM 3 MODEL 789 EXTRA LARGE: 42 CM – 60 CM 4	
101E	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE. THEN PROCEED TO Q.102 IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEMS 995 OTHER 996	
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS . <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, middle, JSS/JHS, secondary, SSS/SHS, or higher?	PRIMARY 1 MIDDLE 2 JSS/JHS 3 SECONDARY 4 SSS/SHS 5 HIGHER 6	
106	What is the highest (grade) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE <input type="text"/> <input type="text"/>	
106A	CHECK 103: AGE 24 OR YOUNGER <input type="checkbox"/> AGE 25 OR OLDER <input type="checkbox"/>		→ 107
106B	At what age did you enroll in primary school?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
106C	Are you currently attending school at any level?	YES 1 NO 2	→ 107

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106D	Why did you stop attending school?	HAD TO WORK 01 MOVED 02 NO MONEY TO COVER COSTS 03 HAD BAD GRADES 04 HEALTH REASONS 05 FAMILY REASONS/ GOT MARRIED . . . 06 COMPLETED DESIRED LEVEL 07 NO DESIRE TO CONTINUE 08 OTHER _____ 96 SPECIFY	
107	CHECK 105: PRIMARY/MIDDLE/ <input type="checkbox"/> JSS/JHS 	SECONDARY/ <input type="checkbox"/> SSS/SHS OR HIGHER 	110
108	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE . 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
109	CHECK 108: CODE '2', '3' <input type="checkbox"/> OR '4'  CIRCLED	CODE '1' OR '5' <input type="checkbox"/> CIRCLED 	111
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	What is your religion?	CATHOLIC 01 ANGLICAN 02 METHODIST 03 PRESBYTERIAN 04 PENTECOSTAL/CHARISMATIC 05 OTHER CHRISTIAN 06 ISLAM 07 TRADITIONAL/SPIRITUALIST 08 NO RELIGION 09 OTHER _____ 96 (SPECIFY)	
114	To which ethnic group do you belong?	AKAN 01 GA/DANGME 02 EWE 03 GUAN 04 MOLE-DAGBANI 05 GRUSI 06 GURMA 07 MANDE 08 OTHER _____ 96 (SPECIFY)	
115	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES <input type="text"/> <input type="text"/> NONE 00	→ 201
116	In the last 12 months, have you been away from home for more than one month at a time?	YES 1 NO 2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																	
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206																																	
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204																																	
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" data-bbox="1216 344 1313 453" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" data-bbox="1216 401 1313 453" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																																		
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206																																	
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00' AND SKIP TO '206'.	SONS ELSEWHERE <table border="1" data-bbox="1216 606 1313 716" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE ... <table border="1" data-bbox="1216 663 1313 716" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																																		
205A	How many sons living elsewhere are younger than age 18? And how many daughters living elsewhere are younger than age 18? IF NONE, RECORD '00' AND SKIP TO '206'.	SONS <18 ELSEWHERE <table border="1" data-bbox="1216 762 1313 871" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS <18 ELSEWHERE <table border="1" data-bbox="1216 814 1313 871" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																																		
205B	These children under 18 who do not live with you: where do they live at the moment? How many girls and how many boys live with: a) Relatives? b) Family friends? c) Institution: care home? d) Institution: disability? e) Institution: boarding school? f) Institution: criminal justice? g) On the streets / runaway? h) Formally adopted? x) Other? (specify) z) Don't know	<table border="0" style="width: 100%;"> <tr> <td></td> <td align="center">Girls</td> <td align="center">Boys</td> </tr> <tr> <td>a)</td> <td><table border="1" style="width: 20px; height: 20px;"></table></td> <td><table border="1" style="width: 20px; height: 20px;"></table></td> </tr> <tr> <td>b)</td> <td><table border="1" style="width: 20px; height: 20px;"></table></td> <td><table border="1" style="width: 20px; height: 20px;"></table></td> </tr> <tr> <td>c)</td> <td><table border="1" style="width: 20px; height: 20px;"></table></td> <td><table border="1" style="width: 20px; height: 20px;"></table></td> </tr> <tr> <td>d)</td> <td><table border="1" style="width: 20px; height: 20px;"></table></td> <td><table border="1" style="width: 20px; height: 20px;"></table></td> </tr> <tr> <td>e)</td> <td><table border="1" style="width: 20px; height: 20px;"></table></td> <td><table border="1" style="width: 20px; height: 20px;"></table></td> </tr> <tr> <td>f)</td> <td><table border="1" style="width: 20px; height: 20px;"></table></td> <td><table border="1" style="width: 20px; height: 20px;"></table></td> </tr> <tr> <td>g)</td> <td><table border="1" style="width: 20px; height: 20px;"></table></td> <td><table border="1" style="width: 20px; height: 20px;"></table></td> </tr> <tr> <td>h)</td> <td><table border="1" style="width: 20px; height: 20px;"></table></td> <td><table border="1" style="width: 20px; height: 20px;"></table></td> </tr> <tr> <td>x)</td> <td><table border="1" style="width: 20px; height: 20px;"></table></td> <td><table border="1" style="width: 20px; height: 20px;"></table></td> </tr> <tr> <td>z)</td> <td><table border="1" style="width: 20px; height: 20px;"></table></td> <td><table border="1" style="width: 20px; height: 20px;"></table></td> </tr> </table>		Girls	Boys	a)	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	b)	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	c)	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	d)	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	e)	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	f)	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	g)	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	h)	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	x)	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	z)	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	
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205C	SUM ANSWERS TO 205B a-z, AND ENTER TOTAL. IF NONE, RECORD '00'.	<table border="0" style="width: 100%;"> <tr> <td></td> <td align="center">Girls</td> <td align="center">Boys</td> </tr> <tr> <td></td> <td><table border="1" style="width: 40px; height: 20px;"></table></td> <td><table border="1" style="width: 40px; height: 20px;"></table></td> </tr> </table>		Girls	Boys		<table border="1" style="width: 40px; height: 20px;"></table>	<table border="1" style="width: 40px; height: 20px;"></table>																												
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206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" data-bbox="1214 296 1313 405" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" data-bbox="1214 342 1313 405" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <table border="1" data-bbox="1214 478 1313 537" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> ↓ NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> ↓ NO BIRTHS <input type="checkbox"/> →		→ 226								

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).									
212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: 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	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS.. 3 <input type="text"/> <input type="text"/>	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS.. 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
03	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS.. 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
04	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS.. 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
05	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS.. 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
06	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS.. 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH
07	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS.. 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↙ BIRTH

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: 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	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH
09	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH
10	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH
11	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH
12	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					YES 1 NO 2			
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)								
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2009 OR LATER.					NUMBER OF BIRTHS <input type="text"/> NONE 0			→ 226

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	<p>C FOR EACH BIRTH SINCE JANUARY 2009, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)</p>		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 230
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
228	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 230
229	Did you want to have a baby later on or did you not want any (more) children?	LATER 1 NO MORE 2	
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 238
231	When did the last such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
232	CHECK 231: LAST PREGNANCY ENDED IN <input type="checkbox"/> JAN. 2009 OR LATER LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JAN. 2009		→ 238
233	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS. C	MONTHS <input type="text"/> <input type="text"/>	
234	Since January 2009, have you had any other pregnancies that did not result in a live birth?	YES 1 NO 2	→ 236
235	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2009. C ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
236	Did you have any miscarriages, abortions or stillbirths that ended before 2009?	YES 1 NO 2	→ 238
237	When did the last such pregnancy that terminated before 2009 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								
238	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <table border="1" data-bbox="1230 149 1328 365"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996									
239	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 301								
240	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8									

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?		
1	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2	
2	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2	
3	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2	
4	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2	
5	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
6	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	
7	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	
8	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2	
9	Lactational Amenorrhea Method (LAM).	YES 1 NO 2	
10	Rhythm/Calendar Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES 1 NO 2	
11	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2	
12	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2	
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	
302	CHECK 226: NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/> OR UNSURE <input type="checkbox"/> → 311		
303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 311

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	<p>Which method are you using?</p> <p>CIRCLE ALL MENTIONED.</p> <p>IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.</p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>PILL F</p> <p>CONDOM G</p> <p>FEMALE CONDOM H</p> <p>DIAPHRAGM I</p> <p>FOAM/JELLY J</p> <p>LACTATIONAL AMEN. METHOD K</p> <p>RHYTHM METHOD L</p> <p>WITHDRAWAL M</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD Y</p>	<p>→ 307</p> <p>→ 308A</p> <p>→ 306</p> <p>→ 308A</p>
305	<p>What is the brand name of the pills you are using?</p> <p>IF DON'T KNOW THE BRAND,</p> <p>ASK TO SEE THE PACKAGE.</p>	<p>SECURE 01</p> <p>MICROGYNON 02</p> <p>DUOFEM 03</p> <p>N/M TABLETS 04</p> <p>MICROLUT 05</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→ 308A</p>
306	<p>What is the brand name of the condoms you are using?</p> <p>IF DON'T KNOW THE BRAND,</p> <p>ASK TO SEE THE PACKAGE.</p>	<p>CHAMPION 01</p> <p>GOLD CYCLE 02</p> <p>PANTHER 03</p> <p>BAZOOKA 04</p> <p>BE SAFE NO LOGO 05</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→ 308A</p>
307	<p>In what facility did the sterilization take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER/CLINIC ... 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>MOBILE CLINIC 14</p> <p>OTHER PUBLIC SECTOR _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PRIVATE DOCTOR'S OFFICE 23</p> <p>MOBILE CLINIC 24</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 26</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
308	In what month and year was the sterilization performed?										
308A	<p>Since what month and year have you been using (CURRENT METHOD) without stopping?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>									
309	<p>CHECK 308/308A, 215 AND 231:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308/308A</p> <p>GO BACK TO 308/308A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>									
310	<p>CHECK 308/308A:</p> <p>YEAR IS 2009 OR LATER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p>	<p>YEAR IS 2008 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2009.</p> <p>THEN SKIP TO \longrightarrow 322</p>									
311	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2009.</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>C IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p>a) When was the last time you used a method? Which method was that?</p> <p>b) When did you start using that method? How long after the birth of (NAME)?</p> <p>c) How long did you use the method then?</p> <p>IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO THE LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p>d) Why did you stop using the (METHOD)? Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?</p> <p>e) IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.</p>										
312	<p>CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH</p> <p>NO METHOD USED <input type="checkbox"/></p> <p>ANY METHOD USED <input type="checkbox"/></p>	<p>\longrightarrow 314</p>									
313	<p>Have you ever used anything or tried in any way to delay or avoid getting pregnant?</p>	<p>YES 1</p> <p>NO 2</p>	<p>\longrightarrow 324</p>								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
314	<p>CHECK 304:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>NO CODE CIRCLED 00</p> <p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>IUD 03</p> <p>INJECTABLES 04</p> <p>IMPLANTS 05</p> <p>PILL 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>RHYTHM METHOD 12</p> <p>WITHDRAWAL 13</p> <p>OTHER MODERN METHOD 95</p> <p>OTHER TRADITIONAL METHOD 96</p>	<p>→ 324</p> <p>→ 317A</p> <p>→ 326</p> <p>→ 315A</p> <p>→ 326</p>
315	<p>You first started using (CURRENT METHOD) in (DATE FROM 308/308A). Where did you get it at that time?</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/POLYCLINIC ... 11</p> <p>GOVT. HEALTH CENTER/CLINIC ... 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>	
315A	<p>Where did you learn how to use the rhythm/lactational amenorrhea method?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</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>	
316	<p>CHECK 304:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>IUD 03</p> <p>INJECTABLES 04</p> <p>IMPLANTS 05</p> <p>PILL 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>RHYTHM METHOD 12</p>	<p>→ 323</p> <p>→ 320</p> <p>→ 326</p> <p>→ 326</p>

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
323	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/POLYCLINIC 11</p> <p>GOVT. HEALTH CENTER/CLINIC ... 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>→ 326</p>
324	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 326</p>
325	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/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>	
326	<p>In the last 12 months, were you visited by a fieldworker who talked to you about family planning?</p>	<p>YES 1</p> <p>NO 2</p>	
327	<p>In the last 12 months, have you visited a health facility for care for yourself (or your children)?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 401</p>
328	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224:	ONE OR MORE BIRTHS IN 2009 OR LATER <input type="checkbox"/>	NO BIRTHS IN 2009 OR LATER <input type="checkbox"/>	→ 556
CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2009 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).				
402	Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)			
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 (SKIP TO 408) ← NO 2	YES 1 (SKIP TO 430) ← NO 2	YES 1 (SKIP TO 430) ← NO 2
406	Did you want to have a baby later on, or did you not want any (more) children?	LATER 1 NO MORE 2 (SKIP TO 408) ←	LATER 1 NO MORE 2 (SKIP TO 430) ←	LATER 1 NO MORE 2 (SKIP TO 430) ←
407	How much longer did you want to wait?	MONTHS . . 1 <input type="text"/> <input type="text"/> YEARS . . . 2 <input type="text"/> <input type="text"/> DON'T KNOW . . . 998	MONTHS . . 1 <input type="text"/> <input type="text"/> YEARS . . . 2 <input type="text"/> <input type="text"/> DON'T KNOW . . . 998	MONTHS . . 1 <input type="text"/> <input type="text"/> YEARS . . . 2 <input type="text"/> <input type="text"/> DON'T KNOW . . . 998
408	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2 (SKIP TO 415) ←		
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B COM. HEALTH OFFICER/ NURSE ... C OTHER PERSON TRAD. BIRTH ATTENDANT/ TBA D VILLAGE HEALTH VOLUNTEER . E TRAD. HEALTH PRACTITIONER F OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____										
410	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>HOME</p> <p>YOUR HOME . . . A</p> <p>OTHER HOME . . . B</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL . C</p> <p>GOVT. HEALTH CENTER/CLINIC . D</p> <p>GOVT. HEALTH POST/CHPS . . E</p> <p>MOBILE CLINIC . . F</p> <p>OTHER PUBLIC SECTOR _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC H</p> <p>FP/PPAG CLINIC . I</p> <p>MOBILE CLINIC . . J</p> <p>MATERNITY HOME K</p> <p>OTHER PRIVATE MED. SECTOR . L</p> <p>_____ (SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>												
411	<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>												
412	<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>												
413	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once:</p> <p>a) Was your blood pressure measured?</p> <p>b) Did you give a urine sample?</p> <p>c) Did you give a blood sample?</p>	<p>YES NO</p> <p>BP 1 2</p> <p>URINE 1 2</p> <p>BLOOD 1 2</p>												
414	<p>During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>												
415	<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</p> <p>NO 2</p> <p>(SKIP TO 418) ←</p> <p>DON'T KNOW 8</p>												

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
416	During this pregnancy, how many times did you get a tetanus injection?	TIMES <input type="text"/> DON'T KNOW 8		
417	CHECK 416:	2 OR MORE TIMES <input type="checkbox"/> (SKIP TO 421) OTHER <input type="checkbox"/>		
418	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 (SKIP TO 421) ← DON'T KNOW 8		
419	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8		
420	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO <input type="text"/> <input type="text"/>		
421	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	YES 1 NO 2 (SKIP TO 423) ← DON'T KNOW 8		
422	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ... 998		
423	During this pregnancy, did you take any drug for intestinal worms?	YES 1 NO 2 DON'T KNOW 8		
424	During this pregnancy, did you take any drugs to keep you from getting malaria?	YES 1 NO 2 (SKIP TO 429A) ← DON'T KNOW 8		
425	What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR A CHLOROQUINE ... B OTHER _____ X (SPECIFY) DON'T KNOW Z		

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH		
		NAME _____	NAME _____	NAME _____	NAME _____		
426	CHECK 425: SP/FANSIDAR TAKEN FOR MALARIA PREVENTION.	CODE 'A' CIRCLED <input type="checkbox"/> ↓	CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓				
427	How many times did you take (SP/Fansidar) during this pregnancy?	TIMES <input type="text"/> <input type="text"/>					
428	CHECK 409: ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE 'A', 'B' OR 'C' CIRCLED <input type="checkbox"/> ↓	OTHER <input type="checkbox"/> ↓				
429	Did you get the (SP/Fansidar) during any antenatal care visit, during another visit to a health facility or from another source?	ANTENATAL VISIT . . . 1 ANOTHER FACILITY VISIT 2 OTHER SOURCE 6					
429A	CHECK 408: ANC RECEIVED	ANC RECEIVED <input type="checkbox"/> ↓	NO ANC <input type="checkbox"/> ↓				
429B	Do you have an ANC card for the time you were pregnant with (NAME)?	YES, SEEN 1 YES, NOT SEEN 2 (SKIP TO 430) ← NO CARD 3					
429C	CHECK ANC CARD AND RECORD NUMBER OF DOSES OF SP/FANSIDAR GIVEN.	DOSES <input type="text"/> NONE 0					
430	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	
431	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 433) ← DON'T KNOW 8				YES 1 NO 2 (SKIP TO 433) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 433) ← DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
432	<p>How much did (NAME) weigh?</p> <p>RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.</p>	<p>KG FROM CARD</p> <p>1 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/></p> <p>KG FROM RECALL</p> <p>2 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW . 99998</p>	<p>KG FROM CARD</p> <p>1 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/></p> <p>KG FROM RECALL</p> <p>2 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW . 99998</p>	<p>KG FROM CARD</p> <p>1 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/></p> <p>KG FROM RECALL</p> <p>2 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW . 99998</p>
433	<p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p>HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE . . B COM. HEALTH OFFICER/ NURSE C</p> <p>OTHER PERSON TRAD. BIRTH ATTENDANT/ TBA D VILLAGE HEALTH VOLUNTEER . E TRAD. HEALTH PRACTITIONER F</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE ASSISTED . Y</p>	<p>HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE . . B COM. HEALTH OFFICER/ NURSE C</p> <p>OTHER PERSON TRAD. BIRTH ATTENDANT/ TBA D VILLAGE HEALTH VOLUNTEER . E TRAD. HEALTH PRACTITIONER F</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE ASSISTED . Y</p>	<p>HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE . . B COM. HEALTH OFFICER/ NURSE C</p> <p>OTHER PERSON TRAD. BIRTH ATTENDANT/ TBA D VILLAGE HEALTH VOLUNTEER . E TRAD. HEALTH PRACTITIONER F</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE ASSISTED . Y</p>
434	<p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME YOUR HOME . . . 11 (SKIP TO 438) ←</p> <p>OTHER HOME . . . 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL . . 21 GOVT. HEALTH CENTER/CLINIC 22 GOVT. HEALTH POST/ CHPS 23 MOBILE CLINIC . . 24 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 31 FP/PPAG CLINIC . 32 MOBILE CLINIC . . 33 MATERNITY HOME 34 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 438) ←</p>	<p>HOME YOUR HOME . . . 11 (SKIP TO 448) ←</p> <p>OTHER HOME . . . 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL . . 21 GOVT. HEALTH CENTER/CLINIC 22 GOVT. HEALTH POST/ CHPS 23 MOBILE CLINIC . . 24 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 31 FP/PPAG CLINIC . 32 MOBILE CLINIC . . 33 MATERNITY HOME 34 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 448) ←</p>	<p>HOME YOUR HOME . . . 11 (SKIP TO 448) ←</p> <p>OTHER HOME . . . 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL . . 21 GOVT. HEALTH CENTER/CLINIC 22 GOVT. HEALTH POST/ CHPS 23 MOBILE CLINIC . . 24 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 31 FP/PPAG CLINIC . 32 MOBILE CLINIC . . 33 MATERNITY HOME 34 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 448) ←</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____													
434A	<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>															
435	<p>Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?</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>													
436	<p>I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?</p>	<p>YES 1 (SKIP TO 439) ←</p> <p>NO 2</p>															
437	<p>Did anyone check on your health after you left the facility?</p>	<p>YES 1 (SKIP TO 439) ←</p> <p>NO 2 (SKIP TO 441) ←</p>															
438	<p>I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 441) ←</p>															
439	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE/MIDWIFE 12</p> <p>COM. HEALTH OFFICER/ NURSE 13</p> <p>OTHER PERSON</p> <p>TRAD. BIRTH ATTENDANT/ TBA 21</p> <p>VILLAGE HEALTH VOLUNTEER . 22</p> <p>TRADITIONAL HEALTH PRACTITIONER 23</p> <p>OTHER _____ 96 (SPECIFY)</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	How long after birth was (NAME) bathed for the first time?	LESS THAN 1 HOUR .. 1 1-5 HOURS 2 6-12 HOURS 3 MORE THAN 12 HOURS 4 NEVER BATHED ... 5 DON'T KNOW 8								
441A	How long after birth was (NAME) wrapped?	LESS 30 MINUTES .. 1 30 MINUTES TO 1 HOUR 2 MORE THAN 1 HOUR . 3 NEVER WRAPPED .. 4 DON'T KNOW 8								
442	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES 1 NO 2 (SKIP TO 446) ← DON'T KNOW 8								
443	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH .. 1 DAYS AFTER BIRTH .. 2 WKS AFTER BIRTH .. 3 DON'T KNOW ... 998 <table border="1" data-bbox="812 793 906 955" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
444	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE .. 12 COM. HEALTH OFFICER/ NURSE 13 OTHER PERSON TRAD. BIRTH ATTENDANT/ TBA 21 VILLAGE HEALTH VOLUNTEER . 22 TRADITIONAL HEALTH PRACTITIONER . 23 OTHER _____ 96 (SPECIFY)								

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
445	<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 PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME</p> <p>YOUR HOME ... 11</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL ... 21</p> <p>GOVT. HEALTH CENTER/CLINIC 22</p> <p>GOVT. HEALTH POST/ CHPS 23</p> <p>MOBILE CLINIC ... 24</p> <p>OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC 31</p> <p>FP/PPAG CLINIC . 32</p> <p>MOBILE CLINIC ... 33</p> <p>MATERNITY HOME 34</p> <p>OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>		
446	<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>DON'T KNOW 8</p>		
447	<p>Has your menstrual period returned since the birth of (NAME)?</p>	<p>YES 1 (SKIP TO 449) ←</p> <p>NO 2 (SKIP TO 450) ←</p>		
448	<p>Did your period return between the birth of (NAME) and your next pregnancy?</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 452) ←</p>		
449	<p>For how many months after the birth of (NAME) did you not have a period?</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____				
450	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- NANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 452) ←						
451	Have you had sexual intercourse since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 453) ←						
452	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98				
453	Did you ever breastfeed (NAME)?	YES 1 (SKIP TO 455) ← NO 2	YES 1 NO 2	YES 1 NO 2				
454	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 460) GO TO 470						
455	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ... 000 HOURS .. 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>						
456	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 458) ←						
457	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER ... C GRIPE WATER ... D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS ... H COFFEE I HONEY J OTHER _____ X (SPECIFY)						

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
458	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> GO TO 470	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) GO TO 460	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501) GO TO 460
459	Are you still breastfeeding (NAME)?	YES 1 NO 2		
460	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8 (GO TO 470) ←	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
461			GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____				
470	<p>Now I would like to ask some questions about taking time off work around the time (NAME) was born.</p> <p>Aside from your own house chores, were you doing any work paid in cash or kind around the time (NAME) was born (for instance selling things, have a small business or work on the family farm or in the family business)?</p>	<p>YES 1 NO 2 (SKIP TO 479) ← DON'T REMEMBER 8</p>						
471	<p>What was your occupation, that is, what kind of work were you mainly doing around the time (NAME) was born?</p>	<table border="1" style="width: 100px; height: 20px; margin-bottom: 5px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table> <p>_____</p> <p>_____</p>						
472	<p>Did you do this work for a member of your family, for someone else, or were you self-employed?</p>	<p>FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED . 3</p>						
473	<p>Were you paid in cash or kind for this work or were you not paid at all?</p>	<p>CASH ONLY 1 CASH AND KIND . . 2 IN KIND ONLY 3 NOT PAID 4</p>						
474	<p>Did you take paid or unpaid maternity leave around the time of (NAME)'s birth?</p>	<p>YES, PAID LEAVE . . 1 YES, UNPAID LEAVE . 2 (SKIP TO 476) ← NO 3 (SKIP TO 479) ← DON'T REMEMBER . 8</p>						
475	<p>Who paid for maternity leave?</p>	<p>EMPLOYER 1 MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSUR . . 2 OTHER PRIVATELY PURCHASED HEALTH INSUR. . 3 OTHER _____ 6 (SPECIFY)</p>						

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
476	When did you stop working before (NAME)'s birth? IF ON THE DAY (NAME) WAS BORN, RECORD '00' DAYS. IF LESS THAN 7 DAYS BEFORE BIRTH, RECORD DAYS. IF LESS THAN 4 WEEKS RECORD WEEKS IF MORE THAN 4 WEEKS RECORD MONTHS	NAME _____ DAYS BEFORE 1 <table border="1" data-bbox="753 268 849 317"><tr><td></td><td></td></tr></table> WEEKS BEFORE 2 <table border="1" data-bbox="753 323 849 371"><tr><td></td><td></td></tr></table> MONTHS BEFORE 3 <table border="1" data-bbox="753 378 849 426"><tr><td></td><td></td></tr></table> NEVER STOPPED 994								
477	When did you start working after (NAME)'s birth? IF ON THE DAY (NAME) WAS BORN, RECORD '00' DAYS. IF LESS THAN 7 DAYS AFTER BIRTH, RECORD DAYS. IF LESS THAN 4 WEEKS RECORD WEEKS IF MORE THAN 4 WEEKS RECORD MONTHS	DAYS AFTER . 1 <table border="1" data-bbox="753 533 849 581"><tr><td></td><td></td></tr></table> WEEKS AFTER . 2 <table border="1" data-bbox="753 588 849 636"><tr><td></td><td></td></tr></table> MONTHS AFTER . 3 <table border="1" data-bbox="753 642 849 690"><tr><td></td><td></td></tr></table> (SKIP TO 479) ← STILL ON LEAVE . . 994 STOPPED WORKING 995								
478	Why did you stop working after (NAME)'s birth?	LOST JOB 1 WAITING ANSWER FOR NEW JOB . . 2 CAN'T FIND JOB/LACK OF BUSINESS . . . 3 NO SUITABLE JOB RELEVANT TO MY SKILLS 4 NO ONE TO CARE OF MY CHILDREN/TOO EXPENSIVE 5 OTHER _____ 6 (SPECIFY)								
479		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.								

SECTION 5. CHILD IMMUNIZATION, HEALTH AND NUTRITION

501	ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2009 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).			
502	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>
503	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 553)
504	Do you have a card where (NAME)'s vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 509) ← NO CARD 3	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 509) ← NO CARD 3	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 509) ← NO CARD 3
505	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 509) ← NO 2	YES 1 (SKIP TO 509) ← NO 2	YES 1 (SKIP TO 509) ← NO 2
506	(1) COPY DATES FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.			
	LAST BIRTH DAY MONTH YEAR	NEXT-TO-LAST BIRTH DAY MONTH YEAR	SECOND-FROM-LAST BIRTH DAY MONTH YEAR	
	BCG	BCG	BCG	
	POLIO 0 (POLIO GIVEN AT BIRTH)	P0	P0	
	POLIO 1	P1	P1	
	POLIO 2	P2	P2	
	POLIO 3	P3	P3	
	DPT/Hep B/Hib 1	D1	D1	
	DPT/Hep B/Hib- 2	D2	D2	
	DPT/Hep B/Hib-3	D3	D3	
	PNEUMOCOCCAL-1	Pn1	Pn1	
	PNEUMOCOCCAL-2	Pn2	Pn2	
	PNEUMOCOCCAL -3	Pn3	Pn3	
	ROTAVIRUS 1	R1	R1	
	ROTAVIRUS 2	R2	R2	
	MEASLES-1	MEA1	MEA1	
	MEASLES-2	MEA2	MEA2	
	YELLOW FEVER	YF	YF	
	VITAMIN A (MOST RECENT)	VIT A	VIT A	
507	CHECK 506:	BCG TO YELLOW FEVER ALL RECORDED <input type="checkbox"/> OTHER <input type="checkbox"/> (GO TO 511)	BCG TO YELLOW FEVER ALL RECORDED <input type="checkbox"/> OTHER <input type="checkbox"/> (GO TO 511)	BCG TO YELLOW FEVER ALL RECORDED <input type="checkbox"/> OTHER <input type="checkbox"/> (GO TO 511)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
508	Has (NAME) had any vaccinations that are not recorded on this card, including vaccinations given in a national immunization day campaign? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 506 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) NO 2 (SKIP TO 511) DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) NO 2 (SKIP TO 511) DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) NO 2 (SKIP TO 511) DON'T KNOW 8
509	Did (NAME) ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES 1 NO 2 (SKIP TO 511) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 511) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 511) DON'T KNOW 8
510	Please tell me if (NAME) had any of the following vaccinations:			
510A	A BCG vaccination against tuberculosis, that is, an injection in the right upper arm or shoulder 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
510B	Polio vaccine, that is, two drops in the mouth?	YES 1 NO 2 (SKIP TO 510E) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510E) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510E) DON'T KNOW 8
510C	Was the first polio vaccine given 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
510D	How many times was the polio vaccine given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
510E	A PENTA vaccination, that is, an injection given in the LEFT thigh, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 510G) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510G) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510G) DON'T KNOW 8
510F	How many times was the PENTA vaccination given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
510G	A measles injection - that is, a shot in the left upper arm at the age of 9 months and 18 months - to prevent him/her from getting measles?	YES 1 NO 2 (SKIP TO 510I) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510I) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510I) DON'T KNOW 8
510H	How many times was the measles vaccination given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
510I	A PNEUMOCOCCAL vaccination, that is a new vaccine against childhood pneumonia, ear infection and meningitis, an injection given in the RIGHT thigh?	YES 1 NO 2 (SKIP TO 510K) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510K) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510K) ← DON'T KNOW 8
510J	How many times was the PNEUMOCOCCAL vaccination given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
510K	ROTAVIRUS vaccination, a new vaccine against childhood diarrhoea, that is, a liquid suspension administered from the vial in the mouth to swallow?	YES 1 NO 2 (SKIP TO 510M) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510M) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510M) ← DON'T KNOW 8
510L	How many times was the ROTAVIRUS vaccination given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
510M	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
511	Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
512	In the last seven days, was (NAME) given 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
513	Was (NAME) given any drug for intestinal worms in the last six months?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
514	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8
515	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
516	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
517	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . . 2 ABOUT THE SAME . . 3 MORE 4 STOPPED FOOD . . . 5 NEVER GAVE FOOD . 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . . 2 ABOUT THE SAME . . 3 MORE 4 STOPPED FOOD . . . 5 NEVER GAVE FOOD . 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . . 2 ABOUT THE SAME . . 3 MORE 4 STOPPED FOOD . . . 5 NEVER GAVE FOOD . 6 DON'T KNOW 8
518	Did you seek advice or treatment for the diarrhea from any source?	YES 1 NO 2 (SKIP TO 522) ←	YES 1 NO 2 (SKIP TO 522) ←	YES 1 NO 2 (SKIP TO 522) ←
519	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT HOSPITAL . A GOVT HEALTH CENTER/CLINIC B GOVT HEALTH POST/CHPS . . . C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC SECTOR _____ (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC G PVT DOCTOR . . . H PHARMACY I CHEMICAL/DRUG STORE J MOBILE CLINIC . K FIELDWORKER . L FPG/PPAG CLINIC . M MATERNITY HOME N OTHER PRIVATE MED. SECTOR _____ (SPECIFY) OTHER SOURCE SHOP/MARKET . . . P TRADITIONAL PRACTITIONER . Q DRUG PEDDLER . . R OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL . A GOVT HEALTH CENTER/CLINIC B GOVT HEALTH POST/CHPS . . . C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC SECTOR _____ (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC G PVT DOCTOR . . . H PHARMACY I CHEMICAL/DRUG STORE J MOBILE CLINIC . K FIELDWORKER . L FPG/PPAG CLINIC . M MATERNITY HOME N OTHER PRIVATE MED. SECTOR _____ (SPECIFY) OTHER SOURCE SHOP/MARKET . . . P TRADITIONAL PRACTITIONER . Q DRUG PEDDLER . . R OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL . A GOVT HEALTH CENTER/CLINIC B GOVT HEALTH POST/CHPS . . . C MOBILE CLINIC . D FIELDWORKER . E OTHER PUBLIC SECTOR _____ (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC G PVT DOCTOR . . . H PHARMACY I CHEMICAL/DRUG STORE J MOBILE CLINIC . K FIELDWORKER . L FPG/PPAG CLINIC . M MATERNITY HOME N OTHER PRIVATE MED. SECTOR _____ (SPECIFY) OTHER SOURCE SHOP/MARKET . . . P TRADITIONAL PRACTITIONER . Q DRUG PEDDLER . . R OTHER _____ X (SPECIFY)
520	CHECK 519:	TWO OR ONLY [] MORE ONE [] [] CODES CODE [] [] CIRCLED CIRCLED [] ↓ (SKIP TO 522) ←	TWO OR ONLY [] MORE ONE [] [] CODES CODE [] [] CIRCLED CIRCLED [] ↓ (SKIP TO 522) ←	TWO OR ONLY [] MORE ONE [] [] CODES CODE [] [] CIRCLED CIRCLED [] ↓ (SKIP TO 522) ←
521	Where did you first seek advice or treatment? USE LETTER CODE FROM 519.	FIRST PLACE . . . []	FIRST PLACE . . . []	FIRST PLACE . . . []

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
522	Was he/she given any of the following to drink at any time since he/she started having the diarrhea: a) A fluid made from a special ORS packet? c) A homemade fluid?	<p style="text-align: center;">YES NO DK</p> FLUID FROM ORS PKT 1 2 8 HOMEMADE FLUID ... 1 2 8	<p style="text-align: center;">YES NO DK</p> FLUID FROM ORS PKT 1 2 8 HOMEMADE FLUID ... 1 2 8	<p style="text-align: center;">YES NO DK</p> FLUID FROM ORS PKT 1 2 8 HOMEMADE FLUID ... 1 2 8
523	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8
524	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY ... B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION ... H (IV) INTRAVENOUS . I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY ... B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION ... H (IV) INTRAVENOUS . I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY ... B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION ... H (IV) INTRAVENOUS . I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)
525	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 527) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 527) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 527) ← DON'T KNOW 8
526	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
527	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8
528	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8
529	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 531) ←	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 531) ←	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 531) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____		
530	CHECK 525: HAD FEVER?	YES <input type="checkbox"/> ↓	NO OR DK <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> ↓	NO OR DK <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> ↓	NO OR DK <input type="checkbox"/> ↓ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
531	Now I would like to know how much (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	MUCH LESS 1 SOMEWHAT LESS .. 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK . 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS .. 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK . 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS .. 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK . 5 DON'T KNOW 8
532	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS .. 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD ... 5 NEVER GAVE FOOD . 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS .. 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD ... 5 NEVER GAVE FOOD . 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS .. 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD ... 5 NEVER GAVE FOOD . 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS .. 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD ... 5 NEVER GAVE FOOD . 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS .. 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD ... 5 NEVER GAVE FOOD . 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS .. 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD ... 5 NEVER GAVE FOOD . 6 DON'T KNOW 8
533	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 537) ←	YES 1 NO 2 (SKIP TO 537) ←	YES 1 NO 2 (SKIP TO 537) ←	YES 1 NO 2 (SKIP TO 537) ←	YES 1 NO 2 (SKIP TO 537) ←	YES 1 NO 2 (SKIP TO 537) ←

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

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME _____		NAME _____		NAME _____	
538	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED. PLEASE NOTE BRAND NAMES: SP/SULPHADOXINE- PYRIMETHAMINE Fansidar Malafan Palidar Suldox DP/DIHYDROARTEMISININ- PIPERAQUINE P-Alaxin Duo-Cotexcin AA/ARTESUNATE AMODIAQUINE ArtesunateAmodiaquineWinthrop Arsumoon Camoquine Plus G Sunate Co-arsucam AL/ARTEMETHER LUMAFANTRINE Coartem Lumarterm Artefan Lonart Gen-M Artemos Plus	ANTIMALARIAL DRUGS SP/SULFADOXINE PYRIMETH. ... A CHLOROQUINE .. B DIHYDROARTEMIS.- PIPERAQUINE .. C QUININE D ARTESUNATE- AMODIAQUINE . E ARTEMISININ ... F ARTEMETHER- LUMEFANTRINE G OTHER ANTI- MALARIAL _____ H (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP I INJECTION J OTHER DRUGS ASPIRIN K PARACETAMOL/ PANADOL ... L IBUPROFEN ... M HERBAL MEDICINE N OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/SULFADOXINE PYRIMETH. ... A CHLOROQUINE .. B DIHYDROARTEMIS.- PIPERAQUINE .. C QUININE D ARTESUNATE- AMODIAQUINE . E ARTEMISININ ... F ARTEMETHER- LUMEFANTRINE G OTHER ANTI- MALARIAL _____ H (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP I INJECTIO J OTHER DRUGS ASPIRIN K PARACETAMOL/ PANADOL ... L IBUPROFEN ... M HERBAL MEDICINE N OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/SULFADOXINE PYRIMETH. ... A CHLOROQUINE .. B DIHYDROARTEMIS.- PIPERAQUINE .. C QUININE D ARTESUNATE- AMODIAQUINE . E ARTEMISININ ... F ARTEMETHER- LUMEFANTRINE G OTHER ANTI- MALARIAL _____ H (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP I INJECTIO J OTHER DRUGS ASPIRIN K PARACETAMOL/ PANADOL ... L IBUPROFEN ... M HERBAL MEDICINE N OTHER _____ X (SPECIFY) DON'T KNOW Z			
539	CHECK 538: 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 553)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)			
540	CHECK 538: SP/SULFADOXINE- PYRIMETHAMINE, ('A') GIVEN	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 542)	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 542)	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 542)			
541	How long after the fever started did (NAME) first take (SP/Sulfadoxine-Pyrimethamine)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8			

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
542	CHECK 538: CHLOROQUINE ('B') GIVEN	CODE 'B' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 544) ←	CODE 'B' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 544) ←	CODE 'B' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 544) ←
543	How long after the fever started did (NAME) first take chloroquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
544	CHECK 538: DIHYDROARTEMISININ- PIPERAQUINE ('C') GIVEN	CODE 'C' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 546) ←	CODE 'C' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 546) ←	CODE 'C' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 546) ←
545	How long after the fever started did (NAME) first take Dihydroartemisinin-Piperaquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
546	CHECK 538: QUININE ('D') GIVEN	CODE 'D' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 547A) ←	CODE 'D' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 547A) ←	CODE 'D' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 547A) ←
547	How long after the fever started did (NAME) first take quinine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
547A	CHECK 538: ARTESUNUATE/ AMODIAQUINE ('E') GIVEN	CODE 'E' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 548) ←	CODE 'E' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 548) ←	CODE 'E' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 548) ←
547B	How long after the fever started did (NAME) first take artesunate with amodiaquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
553	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2009 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 554</p> <p>_____</p> <p>(NAME)</p>		556
554	<p>The last time (NAME FROM 553) 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>	
555	<p>CHECK 522(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>		557
556	<p>Have you ever heard of a special product called ORS you can get for the treatment of diarrhea?</p>	<p>YES 1 NO 2</p>	
557	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2012 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 558</p> <p>_____</p> <p>(NAME)</p>		562

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
558	<p>Now I would like to ask you about liquids or foods that (NAME FROM 557) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods. Did (NAME FROM 557) (drink/eat):</p>		
		YES NO DK	
	a) Plain water?	a) 1 2 8	
	b) Juice or juice drinks?	b) 1 2 8	
	c) Clear broth?	c) 1 2 8	
	d) Milk such as tinned, powdered, or fresh animal milk? IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	d) 1 2 8 NUMBER OF TIMES DRANK MILK <input type="text"/>	
	e) Infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	e) 1 2 8 NUMBER OF TIMES DRANK FORMULA <input type="text"/>	
	f) Any other liquids?	f) 1 2 8	
	g) Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	g) 1 2 8 NUMBER OF TIMES ATE YOGURT <input type="text"/>	
	h) Any Cerelac, Weanimix, Beechnut, Motherluc, Frisolac, Gerber Baby Foods or other fortified baby foods?	h) 1 2 8	
	i) Bread, rice, noodles, porridge, or other foods made from grains, such as kenkey, banku, koko, tuo zaafi, akple?	i) 1 2 8	
	j) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?	j) 1 2 8	
	k) White potatoes, white yams, cassava, or any other foods made from roots, tubers or plantain?	k) 1 2 8	
	l) Any dark green, leafy vegetables, such as kontomire, aleefu, ayoyo, kale, cassave leaves?	l) 1 2 8	
	m) Ripe mangoes or paw paw?	m) 1 2 8	
	n) Any other fruits or vegetables?	n) 1 2 8	
	o) Liver, kidney, heart or other organ meats?	o) 1 2 8	
	p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	p) 1 2 8	
	q) Eggs?	q) 1 2 8	
	r) Fresh or dried fish or shellfish?	r) 1 2 8	
	s) Any foods made from beans, peas, lentils, or nuts?	s) 1 2 8	
	t) Cheese or other food made from milk?	t) 1 2 8	
	u) Any other solid, semi-solid, or soft food?	u) 1 2 8	
559	CHECK 558 (CATEGORIES "g" THROUGH "u"):		
	NOT A SINGLE "YES" <input type="checkbox"/> AT LEAST ONE "YES" <input type="checkbox"/> → 561		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
560	<p>Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?</p>	<p>YES 1 (GO BACK TO 558 TO RECORD ← FOOD EATEN YESTERDAY)</p> <p>NO 2 → 562</p>	
561	<p>How many times did (NAME FROM 557) eat solid, semi-solid, 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="text"/></p> <p>DON'T KNOW 8</p>	
562	<p>Now I would like to ask you about foods that you had yesterday during the day or at night. I am interested in whether you or anyone else who cooked for the household added any of the following ingredients or items to food cooked for the household in the last 24 hours: Did you or anybody else add any of the following ingredients or items to food cooked for the household in the last 24 hours:</p>	<p>YES NO DK</p> <p>a) Bouillion cube (such as Maggie, Jumbo, Onga or others)? a) 1 2 8</p> <p>b) Processed canned meat / fish / legume? b) 1 2 8</p> <p>c) Salted dried fish/koobi/kako? c) 1 2 8</p> <p>d) Any other ingredient of processed food that the household consumed within the period that contained salt? d) 1 2 8</p>	
563	<p>Have you ever heard about iodized salt?</p>	<p>YES 1 NO 2</p>	→ 600
564	<p>Can you mention benefits for consuming iodized salt?</p> <p>PROBE: Any other benefits?</p> <p>RECORD ALL MENTIONED.</p>	<p>IMPROVE INTELLIGENCE A PROVIDES ENERGY B PREVENTS STILL BIRTH C PREVENTS MENTAL RETARDATION .. D PREVENTS MISCARRIAGES E PREVENTS GOITER F</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
565	<p>How can you tell iodized salt from non-iodized salt?</p> <p>RECORD ALL MENTIONED.</p>	<p>TESTING SALT A IODIZED SALT LOGO B FINE POWDERED SALT C OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
600	CHECK 101A: AGREED TO MEASUREMENT <input type="checkbox"/>	DID NOT AGREE TO MEASUREMENT <input type="checkbox"/>	→ 601												
600A	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>													
600B	May I measure your blood pressure at this time? _____ DATE _____ INTERVIEWER SIGNATURE	YES, RESPONDENT AGREES 1 NO, RESPONDENT DOES NOT AGREE 2	→ 601												
600C	TAKE THE BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE. THEN PROCEED TO Q.601 IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	SYSTOLIC <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></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> DIASTOLIC <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></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> REFUSED 994 TECHNICAL PROBLEMS 995 OTHER 996													
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	→ 604 → 602												
601A	Was bridewealth negotiated in your current union?	YES 1 NO 2	→ 601C												
601B	Why was the bridewealth not negotiated?	FAMILY DID NOT AGREE A BRIDEWEALTH NOT NEGOTIABLE ... B HUSBAND NOT GIVEN OPPORTUNITY TO NEGOTIATE C FAMILY TIES D I DID NOT AGREE E NO NEED F PRESTIGE G DETECTED I WAS PREGNANT H OTHER _____ X (SPECIFY)	→ 604												
601C	What is the status of the bridewealth in your current union?	PAID IN FULL 1 PARTLY PAID 2 NOT PAID AT ALL 3 OTHER _____ 6 (SPECIFY)	→ 604												
601D	Why was the bridewealth not completely paid?	IT WAS EXPENSIVE A AGREED TO PAY IN INSTALMENTS ... B INTENTIONALLY C DETECTED I WAS PREGNANT D FINANCIAL CONSTRAINT E PART OF BRIDEWEALTH USED FOR OTHER PURPOSES F FAMILY TIES G CUSTOMARY DEMANDS H OTHER _____ X (SPECIFY)	→ 604												
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 612												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 609
604	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
606	Does your (husband/partner) have other wives or does he live with other women as if married?	YES 1 NO 2 DON'T KNOW 8	→ 609
607	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	
608	Are you the first, second, ... wife?	RANK <input type="text"/> <input type="text"/>	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
610	CHECK 609: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN ONLY ONCE ↓ <input type="checkbox"/> </div> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN MORE THAN ONCE ↓ <input type="checkbox"/> </div> </div> <p>a) In what month and year did you start living with your (husband/partner)?</p> <p>b) Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?</p>	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 612
611	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
612	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
613	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	→ 628
614	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.		
615	When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	→ 627

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
616	When was the last time you had sexual intercourse with this person?		DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/>	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/>
617	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES 1 NO 2 (SKIP TO 619) ←	YES 1 NO 2 (SKIP TO 619) ←	YES 1 NO 2 (SKIP TO 619) ←
618	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
619	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	HUSBAND 1 LIVE-IN PARTNER ... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE ... 4 CLIENT/PROSTITUTE . 5 OTHER 6 (SPECIFY) (SKIP TO 622) ←	HUSBAND 1 LIVE-IN PARTNER ... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE ... 4 CLIENT/PROSTITUTE . 5 OTHER 6 (SPECIFY) (SKIP TO 622) ←	HUSBAND 1 LIVE-IN PARTNER ... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE ... 4 CLIENT/PROSTITUTE . 5 OTHER 6 (SPECIFY) (SKIP TO 622) ←
620	CHECK 609:	MARRIED ONLY MARRIED MORE THAN ONCE <input type="checkbox"/> ONCE ↓ (SKIP TO 622)	MARRIED ONLY MARRIED MORE THAN ONCE <input type="checkbox"/> ONCE ↓ (SKIP TO 622)	MARRIED ONLY MARRIED MORE THAN ONCE <input type="checkbox"/> ONCE ↓ (SKIP TO 622)
621	CHECK 613:	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND ↓ (SKIP TO 623) OTHER <input type="checkbox"/>	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND ↓ (SKIP TO 623) OTHER <input type="checkbox"/>	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND ↓ (SKIP TO 623) OTHER <input type="checkbox"/>
622	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
623	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
624	How old is this person?	AGE OF PARTNER . <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER . <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER . <input type="text"/> <input type="text"/> DON'T KNOW 98
625	Apart from (this person/these two people), have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 616 ← IN NEXT COLUMN) NO 2 (SKIP TO 627) ←	YES 1 (GO BACK TO 616 ← IN NEXT COLUMN) NO 2 (SKIP TO 627) ←	
626	In total, with how many 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 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST 12 MONTHS . . . <input type="text"/> <input type="text"/> DON'T KNOW . . . 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
627	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.</p>	<p>NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>													
628	<p>PRESENCE OF OTHERS DURING THIS SECTION</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>CHILDREN <10</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MALE ADULTS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FEMALE ADULTS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	CHILDREN <10	1	2	MALE ADULTS	1	2	FEMALE ADULTS	1	2	
	YES	NO													
CHILDREN <10	1	2													
MALE ADULTS	1	2													
FEMALE ADULTS	1	2													
629	<p>Do you know of a place where a person can get male condoms?</p>	<p>YES 1</p> <p>NO 2</p>	→ 632												
630	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p style="text-align: center;">(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/POLYCLINIC ... A</p> <p>GOVT. HEALTH CENTER/CLINIC... 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 style="text-align: center;">(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 style="text-align: center;">(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 style="text-align: center;">(SPECIFY)</p>													
631	<p>If you wanted to, could you yourself get a condom?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
632	Do you know of a place where a person can get female condoms?	YES 1 NO 2	→ 701
633	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL/POLYCLINIC ... A GOVT. HEALTH CENTER/CLINIC... 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)	
634	If you wanted to, could you yourself get a female condom?	YES 1 NO 2 DON'T KNOW/UNSURE 8	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
701	CHECK 304: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 712								
702	CHECK 226: PREGNANT <input type="checkbox"/> NOT PREGNANT OR UNSURE <input type="checkbox"/>		→ 704								
703	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 705 → 711								
704	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8	→ 707 → 712 → 710								
705	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> a) How long would you like to wait from now before the birth of (a/another) child? b) After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT . 994 AFTER MARRIAGE 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998									→ 710 → 712 → 710
706	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 711								
707	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→ 712								
708	CHECK 705: NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		→ 711								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	<p>CHECK 704:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>a) You have said that you do not want (a/another) child soon.</p> <p>Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>b) You have said that you do not want any (more) children.</p> <p>Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY . D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE</p> <p>LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED . J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>SIDE EFFECTS/HEALTH CONCERNS O</p> <p>LACK OF ACCESS/TOO FAR P</p> <p>COSTS TOO MUCH Q</p> <p>PREFERRED METHOD</p> <p>NOT AVAILABLE R</p> <p>NO METHOD AVAILABLE S</p> <p>INCONVENIENT TO USE T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES U</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
710	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>YES, CURRENTLY USING <input type="checkbox"/></p>		→ 712
711	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
712	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>NUMBER <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	→ 714 → 714

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
713	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 2px;">BOYS</td> <td style="padding: 2px;">GIRLS</td> <td style="padding: 2px;">EITHER</td> </tr> <tr> <td style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> </td> <td style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> </td> <td style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> </td> </tr> </table> NUMBER OTHER _____ 96 (SPECIFY)	BOYS	GIRLS	EITHER	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>							
BOYS	GIRLS	EITHER													
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>													
714	In the last few months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>RADIO</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE ...</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER OR MAGAZINE ...	1	2	
	YES	NO													
RADIO	1	2													
TELEVISION	1	2													
NEWSPAPER OR MAGAZINE ...	1	2													
716	CHECK 601: YES, <input type="checkbox"/> CURRENTLY MARRIED ↓ YES, <input type="checkbox"/> LIVING WITH A MAN ↓ NO, <input type="checkbox"/> NOT IN UNION →		801												
717	CHECK 303: USING A CONTRACEPTIVE METHOD? CURRENTLY <input type="checkbox"/> USING ↓ NOT <input type="checkbox"/> CURRENTLY USING OR NOT ASKED →		720												
718	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER _____ 6 (SPECIFY)													
719	CHECK 304: NEITHER <input type="checkbox"/> STERILIZED ↓ HE OR SHE <input type="checkbox"/> STERILIZED →		801												
720	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8													

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	<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"/> <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/JHS, secondary, SSS/SHS, or higher?	<p>PRIMARY 1</p> <p>MIDDLE 2</p> <p>JSS/JHS 3</p> <p>SECONDARY 4</p> <p>SSS/SHS 5</p> <p>HIGHER 6</p> <p>DON'T KNOW 8</p>	→ 806
805	<p>What was the highest (grade) he completed at that level?</p> <p>IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.</p>	<p>GRADE <input type="text"/> <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>a) What is your (husband's/ partner's) occupation? That is, what kind of work does he mainly do?</p> <p>b) What was your (last) (husband's/ partner's) occupation? That is, what kind of work did he mainly do?</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>_____</p> <p>_____</p> <p>_____</p>	
807	Aside from your own house chores, have you done any work in the last seven days?	<p>YES 1</p> <p>NO 2</p>	→ 811
808	<p>As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business.</p> <p>In the last seven days, have you done any of these things or any other work?</p>	<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>	→ 815
811	What is your occupation, that is, what kind of work do you mainly do?	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>_____</p> <p>_____</p> <p>_____</p>	
812	Do you do this work for a member of your family, for someone else, or are you self-employed?	<p>FOR FAMILY MEMBER 1</p> <p>FOR SOMEONE ELSE 2</p> <p>SELF-EMPLOYED 3</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR . 2 ONCE IN A WHILE 3	
814	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
814A	In case of birth of a child, would you be entitled to paid or unpaid maternity leave on this job?	YES, PAID LEAVE 1 YES , UNPAID LEAVE 2 NO 3 DON'T KNOW 8	
815	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 823
816	CHECK 814: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 819
817	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 OTHER _____ 6 (SPECIFY)	
818	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER HAS NO EARNINGS 4 DON'T KNOW 8	→ 820
819	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 HUSBAND/PARTNER HAS NO EARNINGS 4 OTHER _____ 6 (SPECIFY)	
820	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6	
821	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
822	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6	
823	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	
824	Do you own any land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	
825	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	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	
826	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	YES NO DK GOES OUT 1 2 8 NEGL. CHILDREN ... 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNS FOOD 1 2 8	

SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 937																
902	Can people reduce their chance of getting 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 get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
907	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
908	Can the virus that causes AIDS be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>DURING PREG.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BREASTFEEDING ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY ...	1	2	8	BREASTFEEDING ...	1	2	8	
	YES	NO	DK																
DURING PREG.	1	2	8																
DURING DELIVERY ...	1	2	8																
BREASTFEEDING ...	1	2	8																
909	CHECK 908: AT LEAST ONE 'YES' <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 910A																
910	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																	
910A	Have you heard about special antiretroviral drugs (e.g. ARV, nevirapine, zidovudine, lamivudine) 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																	
911	CHECK 208 AND 215: LAST BIRTH SINCE JANUARY 2012 <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→ 926																
	LAST BIRTH BEFORE JANUARY 2012 <input type="checkbox"/>		→ 926																
912	CHECK 408 FOR LAST BIRTH: HAD ANTENATAL CARE <input type="checkbox"/> NO ANTENATAL CARE <input type="checkbox"/>		→ 920																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
913	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
914	During any of the antenatal visits for your last birth were you given any information about: a) Babies getting the AIDS virus from their mother? b) Things that you can do to prevent getting the AIDS virus? c) Getting tested for the AIDS virus?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>AIDS FROM MOTHER</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>THINGS TO DO . . .</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>TESTED FOR AIDS . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	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																
915	Were you offered a test for the AIDS virus as part of your antenatal care?	YES 1 NO 2																	
916	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	→ 920																
917	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL/POLYCLINIC . . . 11 GOVT. HEALTH CENTER/CLINIC . . . 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 SECTOR _____ 27 (SPECIFY) OTHER SOURCE HOME 31 CORRECTIONAL FACILITY 32 OTHER _____ 96 (SPECIFY)																	
918	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	→ 924																
919	All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling?	YES 1 NO 2 DON'T KNOW 8	→ 924																
920	CHECK 434 FOR LAST BIRTH: ANY CODE <input type="checkbox"/> 21-36 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 926																
921	Between the time you went for delivery but before the baby was born, were you offered a test for the AIDS virus?	YES 1 NO 2																	
922	I don't want to know the results, but were you tested for the AIDS virus at that time?	YES 1 NO 2	→ 926																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
923	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
924	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES 1 NO 2	→ 927
925	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95	→ 932
926	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→ 930
927	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95	
928	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
929	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL/POLYCLINIC ... 11 GOVT. HEALTH CENTER/CLINIC ... 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 SECTOR _____ 27 (SPECIFY) OTHER SOURCE HOME 31 CORRECTIONAL FACILITY 32 OTHER _____ 96 (SPECIFY)	→ 932
930	Do you know of a place where people can go to get tested for the AIDS virus?	YES 1 NO 2	→ 932

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
931	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/POLYCLINIC A</p> <p>GOVT. HEALTH CENTER/CLINIC B</p> <p>GOVT. HEALTH POST/CHPS C</p> <p>STAND-ALONE VCT CENTER D</p> <p>FAMILY PLANNING CLINIC E</p> <p>MOBILE CLINIC F</p> <p>FIELDWORKER/OUTREACH/ PEER EDUCATOR G</p> <p>OTHER PUBLIC _____ H</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR I</p> <p>STAND-ALONE VCT CENTER J</p> <p>PHARMACY K</p> <p>CHEMICAL/DRUG STORE L</p> <p>FP/PPAG CLINIC M</p> <p>MATERNITY HOME N</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ O</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>HOME P</p> <p>CORRECTIONAL FACILITY Q</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
932	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
933	<p>If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
934	<p>If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
935	<p>In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?</p>	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
936	<p>Should children age 12-14 be taught about using a condom to avoid getting AIDS?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
937	<p>CHECK 901:</p> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>a) Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> <p>b) Have you heard about infections that can be transmitted through sexual contact?</p>	<p>YES 1</p> <p>NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
938	CHECK 613: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>	<input type="checkbox"/> → 946	
939	CHECK 937: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> → 941	
940	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 DON'T KNOW 8	
941	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 DON'T KNOW 8	
942	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DON'T KNOW 8	
943	CHECK 940, 941, AND 942: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>	<input type="checkbox"/> → 946	
944	The last time you had (PROBLEM FROM 940/941/942), did you seek any kind of advice or treatment?	YES 1 NO 2	<input type="checkbox"/> → 946
945	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL/POLYCLINIC ... A GOVT. HEALTH CENTER/CLINIC ... 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 H (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ 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 HOME P CORRECTIONAL FACILITY Q OTHER X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
946	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DON'T KNOW 8	
947	Is a wife justified in refusing to have sex with her husband when she knows he has sex with women other than his wives?	YES 1 NO 2 DON'T KNOW 8	
948	CHECK 601: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	NOT IN UNION <input type="checkbox"/>	1001
949	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	
950	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	<p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 1004																					
1002	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 1004																					
1003	<p>The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>																						
1004	<p>Do you currently smoke cigarettes?</p>	<p>YES 1 NO 2</p>	→ 1006																					
1005	<p>In the last 24 hours, how many cigarettes did you smoke?</p>	<p>NUMBER OF CIGARETTES <input type="text"/> <input type="text"/></p>																						
1006	<p>Do you currently smoke or use any (other) type of tobacco?</p>	<p>YES 1 NO 2</p>	→ 1008																					
1007	<p>What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.</p>	<p>PIPE A CHEWING TOBACCO B SNUFF C OTHER _____ X (SPECIFY)</p>																						
1008	<p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?</p> <p>a) Getting permission to go to the doctor? b) Getting money needed for advice or treatment? c) The distance to the health facility? d) Not wanting to go alone?</p>	<table border="0"> <tr> <td></td> <td align="center">BIG</td> <td align="center">NOT A BIG</td> </tr> <tr> <td></td> <td align="center">PROB-</td> <td align="center">PROB-</td> </tr> <tr> <td></td> <td align="center">LEM</td> <td align="center">LEM</td> </tr> <tr> <td>PERMISSION TO GO ...</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>GETTING MONEY</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>DISTANCE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>GO ALONE</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		BIG	NOT A BIG		PROB-	PROB-		LEM	LEM	PERMISSION TO GO ...	1	2	GETTING MONEY	1	2	DISTANCE	1	2	GO ALONE	1	2	
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DISTANCE	1	2																						
GO ALONE	1	2																						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
1009	Are you covered by any health insurance?	YES 1 NO 2	→ 1010																												
1009A	Are you registered with the National Health Insurance Scheme (NHIS)?	YES 1 NO 2	→ 1016 → 1013																												
1010	What type of health insurance are you (covered/registered) by? 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)																													
1011	Does your insurance cover any of the following maternity benefits: a) Antenatal health care? b) Childbirth health care in a health facility? c) Postnatal health care for the mother? d) Postnatal health care for the child? e) Cash benefits during maternity leave? f) Other?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ANTENATAL</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>CHILDBIRTH</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PNC MOTHER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PNC CHILD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>CASH BENEFITS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> (SPECIFY)		YES	NO	DK	ANTENATAL	1	2	8	CHILDBIRTH	1	2	8	PNC MOTHER	1	2	8	PNC CHILD	1	2	8	CASH BENEFITS	1	2	8	OTHER	1	2	8	
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CASH BENEFITS	1	2	8																												
OTHER	1	2	8																												
1012	CHECK 1010: CODE 'A' FOR NHIS <u>NOT</u> CIRCLED <input type="checkbox"/> CODE 'A' FOR NHIS CIRCLED <input type="checkbox"/>		→ 1014																												
1013	Why have you not 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 DON'T UNDERSTANDS SCHEME ... F DON'T KNOW WHERE TO REGISTER ... G NO EASY ACCESS TO A HEALTH FACILITY H DO NOT LIKE THE ATTITUDE OF STAFF IN A HEALTH FACILITY ... I THOSE WITH INSURANCE ARE GIVEN SUBSTANDARD SERVICES AND MEDICINE J OTHER _____ X (SPECIFY)	→ 1025																												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
1014	Who paid for your NHIS membership?	PAID MYSELF 1 PAID BY A RELATIVE/FRIEND 2 PAID BY EMPLOYER/SSNIT 3 EXEMPT AS ELDERLY 4 EXEMPT AS PENSIONER 5 EXEMPT AS INDIGENT 7 OTHER _____ 6 (SPECIFY)			
1015	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 2 NO 3	→ 1017		
1016	Why do you not 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)	→ 1020 → 1018 → 1020		
1017	How many weeks did it take you to obtain your NHIS card?	NUMBER OF WEEKS <table border="1" data-bbox="1235 800 1333 856" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW 98			→ 1020
1018	Do you plan to renew the NHIS card?	YES 1 NO 2 DON'T KNOW/NOT SURE 8	→ 1020 → 1020		
1019	Why do you not 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 POOR 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)			
1020	Do you have to pay out of pocket for drugs and services?	YES 1 NO 2 DON'T KNOW/NOT SURE 8			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1021	Are there any services that you need from a health provider that are not covered by NHIS?	YES 1 NO 2 DON'T KNOW/NOT SURE 8	→ 1023
1022	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)	
1023	In your opinion, do NHIS card holders get better, the same, or worse service than others?	BETTER 1 SAME 2 WORSE 3 DON'T KNOW/NOT SURE 8	
1024	In your opinion, did you receive good service last time you were treated at a clinic or hospital? IF NO, PROBE: "What was the main problem?"	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)	
1025	Are you aware of any programmes that help pregnant women accessing health services?	YES 1 NO 2	→ 1027
1026	Which ones? RECORD ALL MENTIONED.	FREE NHIS PREMIUM FOR PREGNANT WOMEN A OTHER _____ X (SPECIFY)	
1027	Are you aware of any programmes that help children under age 18 accessing health services?	YES 1 NO 2	→ 1029
1028	Which ones? RECORD ALL MENTIONED.	FREE NHIS PREMIUM FOR CHILDREN UNDER THE AGE OF 18 .. A OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1036	During the last 7 days, on how many days did you eat fruits, for example mangoes, pawpaw, banana, orange, avocados, tomatoes, passion fruit, etc?	NUMBER OF DAYS <input type="text"/> NONE 0 DON'T KNOW/NOT SURE 8	
1038	During the last 7 days, on how many days did you eat vegetables, for example carrots, cabbage, dark green, leafy vegetables (e.g. kontomire), pumpkin, squash, etc?	NUMBER OF DAYS <input type="text"/> NONE 0 DON'T KNOW/NOT SURE 8	
1040	In the last 6 months, did you visit a health facility?	YES 1 NO 2	→ 1053
1041	What type of facility did you visit during your most recent visit? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC/GOVERNMENT 1 PRIVATE 2 OTHER 6 (SPECIFY) DON'T KNOW 8	
1042	What type of service did you receive during this most recent visit?	OUTPATIENT FAMILY PLANNING 01 ANC/DELIVERY/PNC 02 NEWBORN CARE 03 MALARIA 04 FEVER 05 DIARRHOEA 06 HIV/AIDS/STI 07 HIGH BLOOD PRESSURE 08 EAR/NOSE/THROAT INFECTION ... 09 DIABETES 10 EYE INFECTION 11 CHECKUP/PREVENTIVE CARE . 12 ACCIDENT/INJURY 13 OTHER OUTPT. _____ 14 (SPECIFY) INPATIENT PREGNANCY/DELIVERY 15 CHILD ILLNESS 16 HER OWN ILLNESS 17 ACCIDENT/INJURY 18 OTHER INPT. _____ 19 (SPECIFY) OTHER _____ 96 (SPECIFY)	
1043	How did you pay for the service during this most recent visit?	CASH 1 NATIONAL HEALTH INSURANCE ... 2 OTHER INSURANCE 3 COMBINATION OF ANY OF THE ABOVE 4 OTHER _____ 6 (SPECIFY)	
1044	Now I want to ask you about the ease of getting care. In your opinion, was it very easy, easy, fairly easy, difficult, or very difficult to see the health provider?	VERY EASY 1 EASY 2 FAIRLY EASY 3 DIFFICULT 4 VERY DIFFICULT 5	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1045	Is the location of the health facility very convenient, convenient, fairly convenient, not convenient, or very inconvenient for you?	VERY CONVENIENT 1 CONVENIENT 2 FAIRLY CONVENIENT 3 NOT CONVENIENT 4 VERY INCONVENIENT 5	
1046	Are the hours the health facility open during the day very good, good, fair, poor, or very poor for you?	VERY GOOD 1 GOOD 2 FAIR 3 POOR 4 VERY POOR 5	
1047	Now I want to talk about waiting time at the health facility. Were you very satisfied, satisfied, fairly satisfied, not satisfied, or very dissatisfied about: a) Time to wait for your turn? b) Time spent in consulting/examination room? c) Time to wait for tests to be performed? d) Time to wait for test results? e) Time at pharmacy/dispensary?	VERY SATISFIED = 1 SATISFIED = 2 FAIRLY SATISFIED = 3 NOT SATISFIED = 4 VERY DISSATISFIED = 5 NOT APPLICABLE = 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6	
1048	Were you very satisfied, satisfied, fairly satisfied, not satisfied, or very dissatisfied with the staff at the health facility when they: a) Listened to you? b) Explained what you wanted to you? c) Gave advice and information on options for treatment?	VERY SATISFIED = 1 SATISFIED = 2 FAIRLY SATISFIED = 3 NOT SATISFIED = 4 VERY DISSATISFIED = 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5	
1049	In your opinion, did the health provider spend enough time with you?	YES 1 NO 2	
1050	Did the health provider seek your consent before providing treatment?	YES 1 NO 2	
1051	Was the health provider friendly to you?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																									
1052	<p>Now I want to ask you about the condition of the health facility.</p> <p>Were you very satisfied, satisfied, fairly satisfied, not satisfied, or very dissatisfied with:</p> <p>a) The cleanliness of the facility?</p> <p>b) Ease of finding where to go?</p> <p>c) Comfort and safety while waiting?</p> <p>d) Privacy during examination?</p> <p>e) Confidentiality and protection of personal information?</p>	<p>VERY SATISFIED = 1 1</p> <p>SATISFIED = 2</p> <p>FAIRLY SATISFIED = 3</p> <p>NOT SATISFIED = 4</p> <p>VERY DISSATISFIED = 5</p> <table border="0"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td> </tr> </table>	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	
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1	2	3	4	5																								
1	2	3	4	5																								
1	2	3	4	5																								
1	2	3	4	5																								
1053	<p>CHECK 101A:</p> <p>AGREED TO MEASUREMENT <input type="checkbox"/></p> <p>DID NOT AGREE TO MEASUREMENT <input type="checkbox"/></p>	<p>→ 1101</p>	→ 1101																									
1054	<p>RECORD THE TIME.</p>	<p>HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p>																										
1055	<p>May I measure your blood pressure at this time?</p> <p>_____ INTERVIEWER SIGNATURE DATE</p>	<p>YES, RESPONDENT AGREES 1</p> <p>NO, RESPONDENT DOES NOT AGREE 2</p>	→ 1101																									
1056	<p>TAKE THE BLOOD PRESSURE READING.</p> <p>RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE. THEN PROCEED TO Q.1101</p> <p>IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.</p>	<p>SYSTOLIC <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table></p> <p>DIASTOLIC <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table></p> <p>REFUSED 994</p> <p>TECHNICAL PROBLEMS 995</p> <p>OTHER 996</p>																										

SECTION 11. AVERAGING BLOOD PRESSURE MEASURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
1101	CHECK Q600C AND Q1056: SYSTOLIC <u>AND</u> DIASTOLIC BLOOD PRESSURE RECORDED IN BOTH Q600C AND Q1056	SYSTOLIC <u>AND</u> DIASTOLIC BLOOD PRESSURE MEASURES NOT RECORDED IN BOTH Q600C AND Q1056	→ 1107				
1102	RECORD AND CALCULATE THE AVERAGE OF THE SYSTOLIC AND DIASTOLIC BLOOD PRESSURE FROM Q600C AND Q1056.						
1103	BLOOD PRESSURE MEASUREMENTS FROM Q600C	<table border="1" style="width:100%; text-align:center;"> <tr> <td style="width:50%;">SYSTOLIC</td> <td style="width:50%;">DIASTOLIC</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	SYSTOLIC	DIASTOLIC	<input type="text"/>	<input type="text"/>	
SYSTOLIC	DIASTOLIC						
<input type="text"/>	<input type="text"/>						
1104	BLOOD PRESSURE MEASUREMENTS FROM Q1056	<table border="1" style="width:100%; text-align:center;"> <tr> <td style="width:50%;">SYSTOLIC</td> <td style="width:50%;">DIASTOLIC</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	SYSTOLIC	DIASTOLIC	<input type="text"/>	<input type="text"/>	
SYSTOLIC	DIASTOLIC						
<input type="text"/>	<input type="text"/>						
1105	RECORD THE SUM OF THE SYSTOLIC AND DIASTOLIC MEASURES.	<table border="1" style="width:100%; text-align:center;"> <tr> <td style="width:50%;">SUM SYSTOLIC</td> <td style="width:50%;">SUM DIASTOLIC</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	SUM SYSTOLIC	SUM DIASTOLIC	<input type="text"/>	<input type="text"/>	
SUM SYSTOLIC	SUM DIASTOLIC						
<input type="text"/>	<input type="text"/>						
1106	CALCULATE THE AVERAGE SYSTOLIC AND DIASTOLIC PRESSURES BY DIVIDING THE SUM IN Q1105 BY 2.	<table border="1" style="width:100%; text-align:center;"> <tr> <td style="width:50%;">AVERAGE SYSTOLIC</td> <td style="width:50%;">AVERAGE DIASTOLIC</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	AVERAGE SYSTOLIC	AVERAGE DIASTOLIC	<input type="text"/>	<input type="text"/>	→ 1111
AVERAGE SYSTOLIC	AVERAGE DIASTOLIC						
<input type="text"/>	<input type="text"/>						
1107	CHECK Q1056: SYSTOLIC <u>AND</u> DIASTOLIC BLOOD PRESSURE NOT RECORDED IN Q1056	BOTH SYSTOLIC <u>AND</u> DIASTOLIC BLOOD PRESSURE RECORDED IN Q1056	→ 1110				
1108	CHECK Q600C: SYSTOLIC <u>AND</u> DIASTOLIC BLOOD PRESSURE NOT RECORDED IN Q600C	BOTH SYSTOLIC <u>AND</u> DIASTOLIC BLOOD PRESSURE RECORDED IN Q600C	→ 1110				
1109	CHECK Q101E: SYSTOLIC <u>AND</u> DIASTOLIC BLOOD PRESSURE RECORDED IN Q101E	BOTH SYSTOLIC <u>AND</u> DIASTOLIC BLOOD PRESSURE NOT RECORDED IN Q101E	→ 1113				
1110	RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.	<table border="1" style="width:100%; text-align:center;"> <tr> <td style="width:50%;">SYSTOLIC</td> <td style="width:50%;">DIASTOLIC</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	SYSTOLIC	DIASTOLIC	<input type="text"/>	<input type="text"/>	
SYSTOLIC	DIASTOLIC						
<input type="text"/>	<input type="text"/>						

1111

USE THE TABLE BELOW TO DETERMINE THE CORRECT CODE TO RECORD ON THE BLOOD PRESSURE REPORT AND REFERRAL FORM.

CIRCLE THE **ROW** IN WHICH THE VALUE FOR THE **SYSTOLIC** BLOOD PRESSURE FROM Q1106 OR Q1110 IS FOUND.

THEN CIRCLE THE **COLUMN** IN WHICH THE VALUE FOR THE **DIASTOLIC** BLOOD FROM Q1106 OR Q1110 IS FOUND.

THE VALUE WHERE THE ROW AND COLUMN YOU HAVE CIRCLED INTERSECT IN THE TABLE WILL BE USED IN COMPLETING Q1112.

AVERAGE SYSTOLIC PRESSURE	AVERAGE DIASTOLIC PRESSURE					
	<84	85-89	90-99	100-109	110-119	≥ 120
≤129	1	2	3	4	5	6
130-139	2	2	3	4	5	6
140-159	3	3	3	4	5	6
160-179	4	4	4	4	5	6
180-209	5	5	5	5	5	6
≥ 210	6	6	6	6	6	6

1112

RECORD THE NUMBER YOU CIRCLED IN Q1111 IN THE CHART BELOW. THEN USE THE INSTRUCTIONS TO THE RIGHT OF THAT NUMBER TO COMPLETE A BLOOD PRESSURE REPORT AND REFERRAL FORM FOR THE RESPONDENT. GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS SHE MAY HAVE.

	RESPONDENT'S BLOOD PRESSURE CATEGORY	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE <u>WITHIN</u> :
1	NORMAL	24 MONTHS
2	AT THE HIGH END OF THE NORMAL RANGE	12 MONTHS
3	ABOVE NORMAL RANGE	2 MONTHS
4	MODERATELY HIGH	1 MONTH
5	VERY HIGH	7 DAYS
6	EXTREMELY HIGH	TODAY

1113	<p>Thank you for taking the time to answer these questions. I would like to inform you that additional information on childbearing and contraception will be collected in the near future in order to find better ways to help couples in Ghana achieve their family goals. Another member of our team may return in a few days or weeks to ask you a few additional questions about these topics. Do you agree to allow another member of our team to contact you about participating in a short interview? Your responses will remain confidential.</p>	<p>YES 1 NO 2</p>					
1114	<p>RECORD THE TIME.</p>	<p>HOUR MINUTES</p>	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>				

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:
 ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
 COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

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

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

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

			1	2		
12	DEC	01				
11	NOV	02				
10	OCT	03				
09	SEP	04				
2	08	AUG	05			2
0	07	JUL	06			0
1	06	JUN	07			1
4	05	MAY	08			4
	04	APR	09			
	03	MAR	10			
	02	FEB	11			
	01	JAN	12			
<hr/>						
12	DEC	13				
11	NOV	14				
10	OCT	15				
09	SEP	16				
2	08	AUG	17			2
0	07	JUL	18			0
1	06	JUN	19			1
3	05	MAY	20			3
	04	APR	21			
	03	MAR	22			
	02	FEB	23			
	01	JAN	24			
<hr/>						
12	DEC	25				
11	NOV	26				
10	OCT	27				
09	SEP	28				
2	08	AUG	29			2
0	07	JUL	30			0
1	06	JUN	31			1
2	05	MAY	32			2
	04	APR	33			
	03	MAR	34			
	02	FEB	35			
	01	JAN	36			
<hr/>						
12	DEC	37				
11	NOV	38				
10	OCT	39				
09	SEP	40				
2	08	AUG	41			2
0	07	JUL	42			0
1	06	JUN	43			1
1	05	MAY	44			1
	04	APR	45			
	03	MAR	46			
	02	FEB	47			
	01	JAN	48			
<hr/>						
12	DEC	49				
11	NOV	50				
10	OCT	51				
09	SEP	52				
2	08	AUG	53			2
0	07	JUL	54			0
1	06	JUN	55			1
0	05	MAY	56			0
	04	APR	57			
	03	MAR	58			
	02	FEB	59			
	01	JAN	60			
<hr/>						
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
9	05	MAY	68			9
	04	APR	69			
	03	MAR	70			
	02	FEB	71			
	01	JAN	72			