

**CENTRAL BUREAU OF STATISTICS
KENYA DEMOGRAPHIC AND HEALTH SURVEY 2003
WOMAN'S QUESTIONNAIRE**

IDENTIFICATION				
PROVINCE* _____	[]			
DISTRICT _____	[][][]			
LOCATION/TOWN _____				
SUBLOCATION/WARD _____				
NASSEP CLUSTER NUMBER	[][][][]			
KDHS CLUSTER NUMBER	[][][][]			
HOUSEHOLD NUMBER	[][][][]			
NAIROBI/MOMBASA/KISUMU=1; NAKURU/ELDORET/THIKA/NYERI=2; SMALL TOWN=3; RURAL=4	[]			
NAME OF HOUSEHOLD HEAD _____				
NAME AND LINE NUMBER OF WOMAN _____	[][]			
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY [][] MONTH [][] YEAR [2][0][0][3] INT.CODE [][] RESULT []
INTERVIEWER'S NAME	_____	_____	_____	
RESULT**				
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS []
TIME	_____	_____		
** RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)				
LANGUAGE				
LANGUAGE OF QUESTIONNAIRE: ENGLISH				[1][3]
LANGUAGE OF INTERVIEW *** _____				[][]
HOME LANGUAGE OF RESPONDENT*** _____				[][]
WAS A TRANSLATOR USED? (YES=1, NO=2).....				[]
*** LANGUAGE CODES: 01 EMBU 04 KIKUYU 07 LUO 10 MIJIKENDA 13 ENGLISH 02 KALENJIN 05 KISII 08 MAASAI 11 SOMALI 14 OTHER _____ 03 KAMBA 06 LUHYA 09 MERU 12 KISWAHILI				
SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY	
NAME _____ [][]	NAME _____ [][]	[][]	[][]	

*Province: NAIROBI=1; CENTRAL=2; COAST=3; EASTERN=4; NYANZA=5; R.VALLEY=6; WESTERN=7; NORTHEASTERN=8

SECTION 1. RESPONDENT'S BACKGROUND

<p>INTRODUCTION AND CONSENT</p> <p>Hello. My name is _____ and I am working with the Central Bureau of Statistics. We are conducting a national survey about the health of women and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The interview usually takes between 20 and 60 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.</p> <p>Do you have any questions about the survey? May I begin the interview now?</p> <p>SIGNATURE OF INTERVIEWER: _____ DATE: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.....2 —(END 3</p>	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in Nairobi, Mombasa, in another city or town, or in the countryside?	NAIROBI/MOMBASA/KISUMU..... 1 OTHER CITY/TOWN 2 COUNTRYSIDE..... 3 OUTSIDE KENYA..... 4	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS..... <input type="text"/> <input type="text"/> ALWAYS..... 95 VISITOR 96	<input type="checkbox"/> 0105
104	Just before you moved here, did you live in Nairobi, Mombasa, in another city or town, or in the countryside?	NAIROBI/MOMBASA/KISUMU..... 1 OTHER CITY/TOWN 2 COUNTRYSIDE..... 3	
105	In what month and year were you born?	MONTH..... <input type="text"/> <input type="text"/> DOES NOT KNOW MONTH..... 98 YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DOES NOT KNOW YEAR 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES..... 1 NO 2	<input type="checkbox"/> 0111
108	What is the highest level of school you attended: primary, vocational, secondary, or higher?	NURSERY/KINDERGARTEN..... 0 PRIMARY 1 POST-PRIMARY/VOCATIONAL 2 SECONDARY/'A' LEVEL..... 3 COLLEGE (MIDDLE LEVEL)..... 4 UNIVERSITY 5	
109	What is the highest (standard/form/year) you completed at that level?	STANDARD/FORM/YEAR..... <input type="text"/> <input type="text"/>	
110	CHECK 108: PRIMARY, <input type="checkbox"/> POST-PRIMARY, <input type="checkbox"/> VOCATIONAL 3 SECONDARY OR HIGHER <input type="checkbox"/>		<input type="checkbox"/> 0114
111	Now I would like you to read this sentence to me. SHOW SENTENCES ON NEXT PAGE TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL..... 1 CAN ONLY READ PART OF SENTENCE..... 2 CAN READ WHOLE SENTENCE 3 NO SENTENCE IN REQUIRED LANGUAGE..... 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES.....1 NO.....2	
113	CHECK 111: CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/> 3 CODE '1' CIRCLED <input type="checkbox"/>		—0115
114	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY1 AT LEAST ONCE A WEEK2 LESS THAN ONCE A WEEK3 NOT AT ALL4	
115	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY1 AT LEAST ONCE A WEEK2 LESS THAN ONCE A WEEK3 NOT AT ALL4	
116	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY1 AT LEAST ONCE A WEEK2 LESS THAN ONCE A WEEK3 NOT AT ALL4	
117	What is your religion?	ROMAN CATHOLIC1 PROTESTANT/OTHER CHRISTIAN.....2 MUSLIM.....3 NO RELIGION4 OTHER6 (SPECIFY)	
118	What is your ethnic group/tribe?	EMBU01 KALENJIN02 KAMBA03 KIKUYU04 KISII05 LUHYA.....06 LUO07 MASAI08 MERU09 MIJIKENDA/SWAHILI.....10 SOMALI11 TAITA/TAVETA.....12 OTHER96 (SPECIFY)	

SENTENCES FOR LITERACY TEST (Q. 111)

ENGLISH

1. The child is reading a book.
2. The rains came late this year.
3. Parents must care for their children.
4. Farming is hard work.

KISWAHILI

1. Mtoto anasoma kitabu.
2. Mvua ilichelewa mwaka huu
3. Nilazima wazazi watunze watoto wao.
4. Ukilima ni kazi ngumu.

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	—C206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES..... 1 NO 2	—C204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <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> DAUGHTERS AT HOME..... <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>									
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	—C206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE..... <table border="1" 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> DAUGHTERS ELSEWHERE... <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>									
206	Sometimes it happens that children die. It may be painful to talk about and I am sorry to ask you about painful memories, but it is important to get correct information. Have you ever given birth to a son or daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES..... 1 NO 2	—C208								
207	How many sons have died? And how many daughters have died? IF NONE, RECORD '00'.	SONS DEAD..... <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> DAUGHTERS DEAD <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>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
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"/> ₃ NO <input type="checkbox"/> ₀ PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> ₃ NO BIRTHS <input type="checkbox"/> _____		—C226								

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

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

222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES 1 NO 2	
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> 3 NUMBERS ARE DIFFERENT <input type="checkbox"/> 0 (PROBE AND RECONCILE) CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 1998 OR LATER. IF NONE, RECORD '0'.		<input type="text"/>
225	FOR EACH BIRTH SINCE JANUARY 1998, ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. THE NUMBER OF 'P'S MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
226	Are you pregnant now?	YES..... 1 NO..... 2 UNSURE..... 8	0229
227	How many months pregnant are you? WRITE NUMBER OF COMPLETED MONTHS. ENTER 'P'S IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS	MONTHS..... <input type="text"/> <input type="text"/>	
228	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN..... 1 LATER..... 2 NOT AT ALL..... 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES..... 1 NO..... 2	0237
230	When did the last such pregnancy end?	MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
231	CHECK 230: LAST PREGNANCY ENDED IN JAN. 1998 OR LATER <input type="checkbox"/> 3' LAST PREGNANCY ENDED BEFORE JAN. 1998 <input type="checkbox"/>		0237
232	How many months pregnant were you when the last such pregnancy ended? WRITE NUMBER OF COMPLETED MONTHS. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY ENDED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS..... <input type="text"/> <input type="text"/>	
233	Have you ever had any other pregnancies that did not end in a live birth?	YES..... 1 NO..... 2	0237
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER PREGNANCY THAT DID NOT END IN A LIVE BIRTH BACK TO JANUARY 1998. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any pregnancies that ended before 1998 that did not end in a live birth?	YES..... 1 NO..... 2	0237
236	When did the last such pregnancy that ended before 1998 end?	MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
237	When did your last menstrual period start? _____ (DATE, IF GIVEN)	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"/> MENOPAUSE/HAD HYSTERECTOMY 994 BEFORE LAST BIRTH..... 995 NEVER MENSTRUATED..... 996	
238	From one menstrual period to the next, are there certain days when a woman is more likely to get pregnant if she has sexual relations?	YES..... 1 NO..... 2 DOES NOT KNOW..... 8	0301
239	Is this time just before her period begins, during her period, right after her period has ended, or half way between two periods?	JUST BEFORE HER PERIOD BEGINS ... 1 DURING HER PERIOD..... 2 JUST AFTER HER PERIOD ENDS..... 3 HALF WAY BETWEEN 2 PERIODS..... 4 OTHER..... 6 (SPECIFY) DOES NOT KNOW..... 8	

SECTION 3. CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF SHE HAS HEARD OF THE METHOD AND CODE 2 IF SHE HAS NOT HEARD OF IT. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302 Have you ever used (METHOD)?
01	FEMALE STERILISATION Women can have an operation to avoid having any more children.	YES 1 NO 2 <input type="checkbox"/> 3	Have you ever had an operation to avoid having any more children? YES 1 NO 2
02	MALE STERILISATION Men can have an operation to avoid having any more children.	YES 1 NO 2 <input type="checkbox"/> 3	Have you ever had a partner who had an operation to avoid having any more children? YES 1 NO 2
03	PILL Women can take a pill every day to stop them from becoming pregnant.	YES 1 NO 2 <input type="checkbox"/> 3	YES 1 NO 2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2 <input type="checkbox"/> 3	YES 1 NO 2
05	INJECTIONS Women can have an injection by a health provider which stops them from becoming pregnant for one or more months.	YES 1 NO 2 <input type="checkbox"/> 3	YES 1 NO 2
06	IMPLANTS, NORPLANT Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2 <input type="checkbox"/> 3	YES 1 NO 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2 <input type="checkbox"/> 3	YES 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2 <input type="checkbox"/> 3	YES 1 NO 2
09	RHYTHM OR NATURAL METHODS Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2 <input type="checkbox"/> 3	YES 1 NO 2
10	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2 <input type="checkbox"/> 3	YES 1 NO 2
11	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES 1 NO 2 <input type="checkbox"/> 3	YES 1 NO 2
12	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2 <input type="checkbox"/> 3	YES 1 NO 2 YES 1 NO 2
303	CHECK 302: NOT A SINGLE 'YES' <input type="checkbox"/> (NEVER USED) 3 AT LEAST ONE 'YES' <input type="checkbox"/> (EVER USED) _____		—0307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES..... 1 NO 2	—0306
305	ENTER '0' IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH-----		—0329
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many children did you have at that time, if any? IF NONE, WRITE '00'.	NUMBER OF CHILDREN..... <input type="text"/> <input type="text"/>	
308	CHECK 302 (01): WOMAN NOT STERILISED <input type="checkbox"/> 3 WOMAN STERILISED <input type="checkbox"/>		—0311A
309	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> 3 PREGNANT <input type="checkbox"/>		—0318
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES..... 1 NO 2	—0318
311	Which method are you using? IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.	FEMALE STERILISATIONA MALE STERILISATIONB PILLC IUD.....D INJECTIONSE IMPLANTSF CONDOMG FEMALE CONDOMH RHYTHM, NATURAL METHODSI WITHDRAWALJ OTHER X (SPECIFY)	0313 0316A
311A	CIRCLE 'A' FOR FEMALE STERILISATION.		
312	What brand of pills do you usually use?	MICROGYNON..... 1 OVULON..... 2 FEMIPLAN..... 3 OTHER 6 (SPECIFY) DOES NOT KNOW BRAND 8	0316A
313	In what facility did the sterilisation take place? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) IF NURSING/MATERNITY HOME, ASK IF IT IS RUN BY A CHURCH OR MISSION. IF SO, CIRCLE CODE '21'.	PUBLIC SECTOR GOVERNMENT HOSPITAL..... 11 GOVERNMENT HEALTH CENTRE.... 12 GOVERNMENT DISPENSARY..... 13 OTHER PUBLIC 16 (SPECIFY) PRIVATE MEDICAL SECTOR MISSION, CHURCH HOSP./CLINIC... 21 FPAK HEALTH CENTRE/CLINIC 22 PRIVATE HOSPITAL OR CLINIC 23 NURSING/MATERNITY HOME 26 MOBILE CLINIC 31 OTHER 96 (SPECIFY) DOES NOT KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
314	<p>CHECK 311:</p> <p>CODE 'A' CIRCLED <input type="checkbox"/> 3</p> <p>Before your sterilisation operation, were you told that you would not be able to have any (more) children because of the operation?</p> <p>CODE 'B' CIRCLED <input type="checkbox"/> 3</p> <p>Before the sterilisation operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?</p>	<p>YES..... 1</p> <p>NO 2</p> <p>DOES NOT KNOW..... 8</p>	
316	<p>In what month and year was the sterilisation performed?</p>	<p>MONTH..... <input type="text"/></p> <p>YEAR..... <input type="text"/></p>	
316A	<p>In what month and year did you start using (CURRENT METHOD) continuously?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p>	<p>MONTH..... <input type="text"/></p> <p>YEAR..... <input type="text"/></p>	
316B	<p>CHECK 316/316A, 215 AND 230:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 316/316A? YES <input type="checkbox"/> 3 NO <input type="checkbox"/> 3</p> <p>GO BACK TO 316/316A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>		
317	<p>CHECK 316/316A:</p> <p>YEAR IS 1998 OR LATER <input type="checkbox"/> 3</p> <p>YEAR IS 1997 OR EARLIER <input type="checkbox"/> 3</p> <p>ENTER THE CODE FOR THE METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE SHE STARTED USING (Q.316).</p> <p>ENTER METHOD SOURCE CODE IN COLUMN 2 OF THE CALENDAR IN THE MONTH SHE STARTED USING.</p> <p>THEN CONTINUE WITH 318</p> <p>ENTER THE CODE FOR THE METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO JANUARY 1998.</p> <p>THEN SKIP TO _____0327</p>		
318	<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 1998. USE NAMES OF CHILDREN AND DATES OF BIRTH AND PREGNANCIES AS REFERENCE POINTS.</p> <p>IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p>COLUMN 1:</p> <ul style="list-style-type: none"> When was the last time you used a method? Which method was that? When did you start using that method? How long after the birth of (NAME)? How long did you use the method then? <p>IN COLUMN 2, ENTER METHOD SOURCE CODE IN FIRST MONTH OF EACH USE.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p>COLUMN 2:</p> <ul style="list-style-type: none"> Where did you get the method when you started using it? Where did you get advice on how to use the method [for rhythm or withdrawal]? <p>IN COLUMN 3, ENTER CODE FOR REASON SHE STOPPED USING NEXT TO LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p>COLUMN 3:</p> <ul style="list-style-type: none"> Why did you stop using (METHOD)? <p>IF SHE STOPPED BECAUSE OF PREGNANCY, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR IF SHE DELIBERATELY STOPPED TO GET PREGNANT.</p> <ul style="list-style-type: none"> Did you become pregnant while using (METHOD), or did you stop using in order to get pregnant, or did you stop for some other reason? <p>IF SHE DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:</p> <ul style="list-style-type: none"> 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. 		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p> <p>IF NURSING/MATERNITY HOME, ASK IF IT IS RUN BY A CHURCH OR MISSION. IF SO, CIRCLE CODE 'F'.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITALB</p> <p>GOVERNMENT HEALTH CENTREC</p> <p>GOVERNMENT DISPENSARY.....D</p> <p>OTHER PUBLIC _____ E</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>MISSION, CHURCH HOSP./CLINIC..... F</p> <p>FPAK HEALTH CENTRE/CLINIC G</p> <p>PRIVATE HOSPITAL OR CLINICH</p> <p>PHARMACY/CHEMIST I</p> <p>NURSING/MATERNITY HOMEK</p> <p>OTHER PRIV.MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>MOBILE CLINIC M</p> <p>COMMUNITY-BASED DISTRIBUTOR..N</p> <p>SHOP O</p> <p>FRIEND/RELATIVE.....P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
331	<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>	

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

401	CHECK 224: ONE OR MORE BIRTHS IN 1998 OR LATER <input type="checkbox"/> 3	NO BIRTHS IN 1998 OR LATER <input type="checkbox"/> _____	-0487
402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1998 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. We will talk about each separately.		
403	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> 3 DEAD <input type="checkbox"/> 3	NAME _____ LIVING <input type="checkbox"/> 3 DEAD <input type="checkbox"/> 3
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 (SKIP TO 407) <input type="checkbox"/> _____ LATER 2 NOT AT ALL 3 (SKIP TO 407) <input type="checkbox"/> _____	THEN 1 (SKIP TO 423) <input type="checkbox"/> _____ LATER 2 NOT AT ALL 3 (SKIP TO 423) <input type="checkbox"/> _____
406	How much longer would you like to have waited?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998
407	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	DOCTOR A NURSE/MIDWIFE B TRADITION'L BIRTH ATTENDANT. D OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 415) <input type="checkbox"/> _____	
407A	Where did you receive antenatal care for this pregnancy? IF SOURCE IS HOSPITAL, HEALTH CENTRE OR CLINIC, WRITE THE NAME OF THE PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) IF NURSING/MATERNITY HOME, ASK IF IT IS RUN BY A CHURCH OR MISSION. IF SO, CIRCLE CODE 'F'	HOME A PUBLIC SECTOR GOVT. HOSPITAL B GOVT. HEALTH CENTRE C GOVT. DISPENSARY D OTHER PUBLIC E (SPECIFY) PRIVATE MEDICAL SECTOR MISSION HOSPITAL/CLINIC F PRIVATE HOSPITAL/CLINIC H NURSING/MATERNITY HOME ... K OTHER PVT. MEDICAL L (SPECIFY) OTHER _____ X (SPECIFY)	
408	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	
409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98	

		LAST BIRTH		NEXT-TO-LAST BIRTH
		NAME _____		NAME _____
410	During this pregnancy, were any of the following done to you at least once? Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	<p style="text-align: center;">YES NO</p> WEIGHT 1 2 HEIGHT 1 2 BLOOD PRESSURE 1 2 URINE SAMPLE 1 2 BLOOD SAMPLE 1 2		
411	During any of the antenatal care visits for this pregnancy, were you given any information or counseled about AIDS or the AIDS virus?	YES 1 NO 2 DOES NOT KNOW 8		
412	Were you given any information or counseled about breastfeeding?	YES 1 NO 2 DOES NOT KNOW 8		
413	Were you told about the signs of pregnancy complications?	YES 1 NO 2 (SKIP TO 415) 1 _____ DOES NOT KNOW 8		
414	Were you told where to go if you had these complications?	YES 1 NO 2 DOES NOT KNOW 8		
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 417) 1 _____ DOES NOT KNOW 8		
416	During this pregnancy, how many times did you get this injection?	TIMES <input type="text"/> DOES NOT KNOW 8		
417	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLET/SYRUP.	YES 1 NO 2 (SKIP TO 419) 1 _____ DOES NOT KNOW 8		
418	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.	NUMBER OF DAYS <input type="text"/> <input type="text"/> <input type="text"/> DOES NOT KNOW 998		
419	During this pregnancy, did you take any drugs to prevent you from getting malaria?	YES 1 NO 2 (SKIP TO 423) 1 _____ DOES NOT KNOW 8		
420	What antimalarial drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP, FANSIDAR, METAKELFIN A CHLOROQUINE B DOES NOT KNOW Z OTHER _____ X (SPECIFY)		
421	CHECK 420: DRUGS TAKEN FOR MALARIA PREVENTION	CODE 'A' CIRCLED <input type="checkbox"/> 3	CODE 'A' NOT CIRCLED <input type="checkbox"/> 3 (SKIP TO 423)	

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
422	During the whole pregnancy, how many times did you take SP (Fansidar)? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98	
422A	CHECK 407: ANTENATAL CARE RECEIVED DURING THIS PREGNANCY?	CODE 'A', 'B', OR 'D' CIRCLED <input type="checkbox"/> 3 OTHER <input type="checkbox"/> 3 (SKIP TO 423)	
422B	Did you get the SP during an antenatal visit, during another visit to a health facility or from some other source?	ANTENATAL VISIT 1 ANOTHER FACILITY VISIT 2 OTHER SOURCE 3	
423	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
424	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 426) _____ DON'T KNOW 8	YES 1 NO 2 (SKIP TO 426) _____ DON'T KNOW 8
425	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
426	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING. IF RESPONDENT SAYS 'NO ONE', PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER X (SPECIFY) NO ONE Y
427	Where did you give birth to (NAME)? IF SOURCE IS HOSPITAL, HEALTH CENTRE OR CLINIC, WRITE THE NAME OF THE PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) IF NURSING/MATERNITY HOME, ASK IF IT IS RUN BY A CHURCH OR MISSION. IF SO, CIRCLE CODE '31'.	HOME YOUR HOME 11 (SKIP TO 429) _____ OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTRE 22 GOVT. DISPENSARY 23 OTHER PUBLIC 26 (SPECIFY) PRIVATE MEDICAL SECTOR MISSION HOSPITAL/CLINIC 31 PRIVATE HOSPITAL/CLINIC 33 NURSING/MATERNITY HOME 35 OTHER PVT. MEDICAL 36 (SPECIFY) OTHER 96 (SPECIFY) (SKIP TO 429) _____	HOME YOUR HOME 11 (SKIP TO 429) _____ OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTRE 22 GOVT. DISPENSARY 23 OTHER PUBLIC 26 (SPECIFY) PRIVATE MEDICAL SECTOR MISSION HOSPITAL/CLINIC 31 PRIVATE HOSPITAL/CLINIC 33 NURSING/MATERNITY HOME 35 OTHER PVT. MEDICAL 36 (SPECIFY) OTHER 96 (SPECIFY) (SKIP TO 429) _____
428	Was (NAME) delivered by caesarian section?	YES 1 NO 2	YES 1 NO 2

		LAST BIRTH	NEXT-TO-LAST BIRTH								
		NAME _____	NAME _____								
428A	After you delivered, did the health facility give you a birth notification form for the baby?	YES 1 (SKIP TO 433A)1_____	YES 1 (SKIP TO 433A)1_____								
		NO 2 (SKIP TO 433)1_____	NO 2 (SKIP TO 433)1_____								
		DOES NOT KNOW 8	DOES NOT KNOW 8								
429	After (NAME) was born, did a health professional or a traditional birth attendant check on your health?	YES 1 NO 2 (SKIP TO 433)1_____	YES 1 NO 2 (SKIP TO 433)1_____								
430	How many days or weeks after the delivery did the first check take place? RECORD '00' DAYS IF SAME DAY.	DAYS AFTER DEL..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS AFTER DEL .. 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW998									
431	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	DOCTOR..... 11 NURSE/MIDWIFE 12 TRADIT'L BIRTH ATTENDANT 21 OTHER _____ 96 (SPECIFY)									
432	Where did this first check take place? IF SOURCE IS HOSPITAL, HEALTH CENTRE OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) IF NURSING/MATERNITY HOME, ASK IF IT IS RUN BY A CHURCH OR MISSION. IF SO, CIRCLE CODE '31'.	HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTRE 22 GOVT. DISPENSARY 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR MISSION HOSPITAL/CLINIC 31 PRIVATE HOSPITAL/CLINIC 33 NURSING/MATERNITY HOME .. 35 OTHER PVT. MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)									
433	After (NAME) was born, did you go to the assistant chief or to a village elder or to a registrar's office to get a birth notification form?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8								
433A	Do you have a birth certificate for (NAME)?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8								
433B	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW CAPSULE.	YES 1 NO 2									
434	Has your menstrual period returned since the birth of (NAME)?	YES 1 (SKIP TO 436)1_____									
		NO 2 (SKIP TO 437)1_____									
435	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 439)1_____								

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
436	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
437	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT <input type="checkbox"/> 3' (SKIP TO 439) 1	
438	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 440) 1	
439	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
440	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 447) 1	YES 1 NO 2 (SKIP TO 447) 1
441	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, WRITE '00' HOURS. IF LESS THAN 24 HOURS, WRITE HOURS. OTHERWISE, WRITE DAYS.	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>
442	In the first three days after delivery, before your milk began flowing regularly, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 444) 1	YES 1 NO 2 (SKIP TO 444) 1
443	What was (NAME) given to drink before your milk began flowing regularly? Anything else? RECORD ALL LIQUIDS MENTIONED	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRUPE WATER D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA H HONEY I OTHER _____ X (SPECIFY)	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRUPE WATER D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA H HONEY I OTHER _____ X (SPECIFY)
444	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> 3' (SKIP TO 446) 3	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> 3' (SKIP TO 446) 3
445	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 448) 1 NO 2	YES 1 (SKIP TO 448) 1 NO 2
446	For how many months did you breastfeed (NAME)?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
447	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> 3 (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454) 3 (SKIP TO 450)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> 3 (GO BACK TO 405 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 454) 3 (SKIP TO 450)
448	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS. <input type="text"/>	NUMBER OF NIGHTTIME FEEDINGS. <input type="text"/>
449	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS.. <input type="text"/>	NUMBER OF DAYLIGHT FEEDINGS... <input type="text"/>
450	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
451	Was sugar added to any of the foods or liquids (NAME) ate yesterday?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
452	How many <u>times</u> did (NAME) eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8
453		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454.	GO BACK TO 405 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 454.

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
462	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunisation day campaign?	YES..... 1 NO..... 2 (SKIP TO 466)1----- DON'T KNOW..... 8	YES..... 1 NO..... 2 (SKIP TO 466)1----- DON'T KNOW..... 8
463	Please tell me if (NAME) received any of the following vaccinations:		
463A	A BCG vaccination against tuberculosis, that is, an injection in the left arm that usually causes a scar?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
463B	Polio vaccine, that is, drops in the mouth?	YES..... 1 NO..... 2 (SKIP TO 463E)1----- DON'T KNOW..... 8	YES..... 1 NO..... 2 (SKIP TO 463E)1----- DON'T KNOW..... 8
463C	When was the first polio vaccine received, just after birth or later?	JUST AFTER BIRTH..... 1 LATER..... 2	JUST AFTER BIRTH..... 1 LATER..... 2
463D	How many times was the polio vaccine received?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
463E	A DPT vaccination, that is, an injection in the thigh, sometimes at the same time as polio drops?	YES..... 1 NO..... 2 (SKIP TO 463G)1----- DON'T KNOW..... 8	YES..... 1 NO..... 2 (SKIP TO 463G)1----- DON'T KNOW..... 8
463F	How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
463G	An injection in the right upper arm to prevent measles?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
464	Were any of the vaccinations (NAME) received during the last two years given as a part of a national immunisation day campaign?	YES..... 1 NO..... 2 (SKIP TO 466)1----- NO VACCINATION IN THE LAST 2 YEARS..... 3 (SKIP TO 466)1----- DON'T KNOW..... 8 (SKIP TO 466)1-----	YES..... 1 NO..... 2 (SKIP TO 466)1----- NO VACCINATION IN THE LAST 2 YEARS..... 3 (SKIP TO 466)1----- DON'T KNOW..... 8 (SKIP TO 466)1-----
465	At which national immunisation day campaigns did (NAME) receive vaccinations? RECORD ALL CAMPAIGNS MENTIONED.	JULY 2002..... A JUNE 2002..... B SEPTEMBER 2001..... C AUGUST 2001..... D	JULY 2002..... A JUNE 2002..... B SEPTEMBER 2001..... C AUGUST 2001..... D
466	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES..... 1 NO..... 2 (SKIP TO 467)1----- DOES NOT KNOW..... 8	YES..... 1 NO..... 2 (SKIP TO 467)1----- DOES NOT KNOW..... 8
466A	Does (NAME) have a fever now?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
467	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES..... 1 NO..... 2 (SKIP TO 469)1----- DON'T KNOW..... 8	YES..... 1 NO..... 2 (SKIP TO 469)1----- DON'T KNOW..... 8
468	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, fast breaths?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8

		LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____
469	CHECK 466 AND 467: FEVER OR COUGH?	"YES" IN 466 OR 467 <input type="checkbox"/> 3	OTHER <input type="checkbox"/> 3 (SKIP TO 471A)	"YES" IN 466 OR 467 <input type="checkbox"/> 3	OTHER <input type="checkbox"/> 3 (SKIP TO 471A)
470	Did you seek advice or treatment for the fever/cough?	YES..... 1 NO..... 2 (SKIP TO 471A)1_____	YES..... 1 NO..... 2 (SKIP TO 471A)1_____	YES..... 1 NO..... 2 (SKIP TO 471A)1_____	YES..... 1 NO..... 2 (SKIP TO 471A)1_____
471	Where did you seek advice or treatment? Anywhere else? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL..... A GOVT. HEALTH CENTRE..... B GOVT. DISPENSARY..... C OTHER PUBLIC _____ D (SPECIFY) PRIVATE MEDICAL SECTOR MISSION HOSP./CLINIC.....F PVT. HOSPITAL/CLINIC.....H PHARMACY/CHEMIST.....I OTHER PVT. MEDICAL.....K (SPECIFY) MOBILE CLINIC.....L COMMUNITY HEALTH WORKER...M OTHER SOURCE SHOP/KIOSK.....N TRAD. PRACTITIONER.....O RELATIVE/FRIEND.....P OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL..... A GOVT. HEALTH CENTRE..... B GOVT. DISPENSARY..... C OTHER PUBLIC _____ D (SPECIFY) PRIVATE MEDICAL SECTOR MISSION HOSP./CLINIC..... F PVT. HOSPITAL/CLINIC..... H PHARMACY/CHEMIST.....I OTHER PVT. MEDICAL.....K (SPECIFY) MOBILE CLINIC.....L COMMUNITY HEALTH WORKER...M OTHER SOURCE SHOP/KIOSK.....N TRAD. PRACTITIONER.....O RELATIVE/FRIEND.....P OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL..... A GOVT. HEALTH CENTRE..... B GOVT. DISPENSARY..... C OTHER PUBLIC _____ D (SPECIFY) PRIVATE MEDICAL SECTOR MISSION HOSP./CLINIC..... F PVT. HOSPITAL/CLINIC..... H PHARMACY/CHEMIST.....I OTHER PVT. MEDICAL.....K (SPECIFY) MOBILE CLINIC.....L COMMUNITY HEALTH WORKER...M OTHER SOURCE SHOP/KIOSK.....N TRAD. PRACTITIONER.....O RELATIVE/FRIEND.....P OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL..... A GOVT. HEALTH CENTRE..... B GOVT. DISPENSARY..... C OTHER PUBLIC _____ D (SPECIFY) PRIVATE MEDICAL SECTOR MISSION HOSP./CLINIC..... F PVT. HOSPITAL/CLINIC..... H PHARMACY/CHEMIST.....I OTHER PVT. MEDICAL.....K (SPECIFY) MOBILE CLINIC.....L COMMUNITY HEALTH WORKER...M OTHER SOURCE SHOP/KIOSK.....N TRAD. PRACTITIONER.....O RELATIVE/FRIEND.....P OTHER _____ X (SPECIFY)
471A	Has (NAME) been ill with convulsions at any time during the last two weeks?	YES..... 1 NO..... 2 DOES NOT KNOW..... 8	YES..... 1 NO..... 2 DOES NOT KNOW..... 8	YES..... 1 NO..... 2 DOES NOT KNOW..... 8	YES..... 1 NO..... 2 DOES NOT KNOW..... 8
472	CHECK 466 AND 471A : HAD FEVER OR CONVULSIONS?	"YES" IN 466 OR 471A <input type="checkbox"/> 3	OTHER <input type="checkbox"/> 3 (SKIP TO 475)	"YES" IN 466 OR 471A <input type="checkbox"/> 3	OTHER <input type="checkbox"/> 3 (SKIP TO 475)
473	Did (NAME) take any drugs for the fever/convulsions?	YES..... 1 NO..... 2 (SKIP TO 474G)1_____ DON'T KNOW..... 8	YES..... 1 NO..... 2 (SKIP TO 474G)1_____ DON'T KNOW..... 8	YES..... 1 NO..... 2 (SKIP TO 474G)1_____ DON'T KNOW..... 8	YES..... 1 NO..... 2 (SKIP TO 474G)1_____ DON'T KNOW..... 8
474	What drugs did (NAME) take? RECORD ALL MENTIONED. ASK TO SEE DRUG IF TYPE OF DRUG IS NOT KNOWN. IF TYPE OF DRUG IS STILL NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	ANTI-MALARIAL CHLOROQUINE..... A SP, FANSIDAR, METAKELFIN B AMODIAQUINE.....C QUININE.....D PANADOL/PARACETAMOL/ ASPIRIN/ CALPOL..... E OTHER _____ X (SPECIFY) DOES NOT KNOWZ	ANTI-MALARIAL CHLOROQUINE..... A SP, FANSIDAR, METAKELFIN B AMODIAQUINE.....C QUININE.....D PANADOL/PARACETAMOL/ ASPIRIN/CALPOL..... E OTHER _____ X (SPECIFY) DOES NOT KNOWZ	ANTI-MALARIAL CHLOROQUINE..... A SP, FANSIDAR, METAKELFIN B AMODIAQUINE.....C QUININE.....D PANADOL/PARACETAMOL/ ASPIRIN/CALPOL..... E OTHER _____ X (SPECIFY) DOES NOT KNOWZ	ANTI-MALARIAL CHLOROQUINE..... A SP, FANSIDAR, METAKELFIN B AMODIAQUINE.....C QUININE.....D PANADOL/PARACETAMOL/ ASPIRIN/CALPOL..... E OTHER _____ X (SPECIFY) DOES NOT KNOWZ
474A	CHECK 474: WHICH MEDICINES?	CODE 'B' CIRCLED <input type="checkbox"/> 3	CODE 'B' NOT CIRCLED <input type="checkbox"/> 3 (SKIP TO 474D)	CODE 'B' CIRCLED <input type="checkbox"/> 3	CODE 'B' NOT CIRCLED <input type="checkbox"/> 3 (SKIP TO 474D)
474B	How long after the fever/convulsions started did (NAME) first take SP (Fansidar)?	SAME DAY.....0 NEXT DAY.....1 2 DAYS AFTER FEVER STARTED..2 3 OR MORE DAYS AFTER FEVER .3 DOES NOT KNOW.....8	SAME DAY.....0 NEXT DAY.....1 2 DAYS AFTER FEVER STARTED..2 3 OR MORE DAYS AFTER FEVER .3 DOES NOT KNOW.....8	SAME DAY.....0 NEXT DAY.....1 2 DAYS AFTER FEVER STARTED..2 3 OR MORE DAYS AFTER FEVER .3 DOES NOT KNOW.....8	SAME DAY.....0 NEXT DAY.....1 2 DAYS AFTER FEVER STARTED..2 3 OR MORE DAYS AFTER FEVER .3 DOES NOT KNOW.....8

		LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
474C	For how many days did (NAME) take the SP? IF 7 OR MORE DAYS, WRITE '7'.	DAYS <input type="checkbox"/> DOES NOT KNOW8		DAYS <input type="checkbox"/> DOES NOT KNOW8	
474D	CHECK 474: WHICH MEDICINES?	CODE 'C' CIRCLED <input type="checkbox"/> 3	CODE 'C' NOT CIRCLED <input type="checkbox"/> 3 (SKIP TO 474G)	CODE 'C' CIRCLED <input type="checkbox"/> 3	CODE 'C' NOT CIRCLED <input type="checkbox"/> 3 (SKIP TO 474G)
474E	How long after the fever/convulsions started did (NAME) first take Amodiaquine?	SAME DAY0 NEXT DAY1 2 DAYS AFTER FEVER STARTED..2 3 OR MORE DAYS AFTER FEVER..3 DOES NOT KNOW8		SAME DAY0 NEXT DAY1 2 DAYS AFTER FEVER STARTED..2 3 OR MORE DAYS AFTER FEVER..3 DOES NOT KNOW8	
474F	For how many days did (NAME) take the Amodiaquine? IF 7 OR MORE DAYS, WRITE '7'.	DAYS <input type="checkbox"/> DOES NOT KNOW8		DAYS <input type="checkbox"/> DOES NOT KNOW8	
474G	Was anything else done about (NAME)'s fever/convulsions?	YES1 NO2 (SKIP TO 475)1----- DOES NOT KNOW8		YES1 NO2 (SKIP TO 475)1----- DOES NOT KNOW8	
474H	What was done about (NAME)'s fever/convulsions?	CONSULTED TRAD'L HEALER..... A GAVE WARM SPONGING B GAVE HERBS..... C OTHER X		CONSULTED TRAD'L HEALER..... A GAVE WARM SPONGING B GAVE HERBS..... C OTHER..... X	
475	Has (NAME) had diarrhoea in the last 2 weeks?	YES1 NO2 (SKIP TO 483)1----- DON'T KNOW8		YES1 NO2 (SKIP TO 483)1----- DON'T KNOW8	
476	Now I would like to know how much (NAME) was offered to drink during the diarrhoea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she offered much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT 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	
477	When (NAME) had diarrhoea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she offered much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT 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	
478	Was he/she given a fluid made from a special packet called Oralite or ORS?	YES1 NO2 DON'T KNOW8		YES1 NO2 DON'T KNOW8	
479	Was anything (else) given to treat the diarrhoea?	YES 1 NO2 (SKIP TO 481)1----- DON'T KNOW 8		YES 1 NO2 (SKIP TO 481)1----- DON'T KNOW 8	
480	What (else) was given to treat the diarrhoea? Anything else? RECORD ALL TREATMENTS MENTIONED.	TABLET OR SYRUP A INJECTION B (I.V.) INTRAVENOUS C HOME REMEDIES/ HERBAL MEDICINES D OTHER _____ X (SPECIFY)		TABLET OR SYRUP A INJECTION B (I.V.) INTRAVENOUS C HOME REMEDIES/ HERBAL MEDICINES D OTHER _____ X (SPECIFY)	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
481	Did you seek advice or treatment for the diarrhoea?	YES..... 1 NO..... 2 (SKIP TO 483) _____	YES..... 1 NO..... 2 (SKIP TO 483) _____
482	Where did you seek advice or treatment? IF SOURCE IS HOSPITAL, HEALTH CENTRE OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Anywhere else? RECORD ALL PLACES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL..... A GOVT. HEALTH CENTRE..... B GOVT. DISPENSARY..... C OTHER PUBLIC _____ D PRIVATE MEDICAL SECTOR MISSION HOSP./CLINIC..... F PVT. HOSPITAL/CLINIC..... H PHARMACY/CHEMIST..... I OTHER PVT. MEDICAL..... L MOBILE CLINIC..... M COMMUNITY HEALTH WORKER... N OTHER SOURCE SHOP/KIOSK..... O TRAD. PRACTITIONER..... P RELATIVE/FRIEND..... Q OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL..... A GOVT. HEALTH CENTRE..... B GOVT. DISPENSARY..... C OTHER PUBLIC _____ D PRIVATE MEDICAL SECTOR MISSION HOSP./CLINIC..... F PVT. HOSPITAL/CLINIC..... H PHARMACY/CHEMIST..... I OTHER PVT. MEDICAL..... L MOBILE CLINIC..... M COMMUNITY HEALTH WORKER... N OTHER SOURCE SHOP/KIOSK..... O TRAD. PRACTITIONER..... P RELATIVE/FRIEND..... Q OTHER _____ X (SPECIFY)
483		GO BACK TO 456 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484.	GO BACK TO 456 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 484.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
484	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 1998 OR LATER LIVING WITH MOTHER ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> 3		—0487
485	What is usually done to dispose of your (youngest) child's stools when he/she does not use any toilet facility?	CHILD ALWAYS USES TOILET/LATR. . 01 THROW IN THE TOILET/LATRINE..... 02 THROW OUTSIDE THE DWELLING 03 THROW OUTSIDE THE COMPOUND... 04 BURY IN THE COMPOUND..... 05 RINSE AWAY 06 USE DISPOSABLE DIAPERS..... 07 USE WASHABLE DIAPERS..... 08 NOT DISPOSED OF 09 OTHER _____ 96	
486	CHECK 478, ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> 3		—0488
487	Have you ever heard of a special product called Oralite or ORS you can get for the treatment of diarrhoea?	YES..... 1 NO 2	
488	CHECK 218: HAS ONE OR MORE CHILDREN LIVING WITH HER <input type="checkbox"/> HAS NO CHILDREN LIVING WITH HER <input type="checkbox"/> 3		—0491

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
489	<p>When a child is ill, what signs of illness would tell you that he or she should be taken to a health facility or health worker?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>NOT ABLE TO DRINK/BREASTFEEDA FEVER, SHIVERINGB REPEATED VOMITING.....C DIARRHOEAD BLOOD IN STOOLSE FAST BREATHING.....F CONVULSIONS.....G WEAKNESSH GETTING SICKERI OTHER _____ X (SPECIFY)</p>	
491	<p>CHECK 215 AND 218:</p> <p>HAS AT LEAST ONE CHILD BORN IN 2000 OR LATER AND LIVING WITH HER <input type="checkbox"/> 3</p> <p>WRITE NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE TO 492)</p> <p>_____ (NAME)</p>	<p>DOES NOT HAVE ANY CHILDREN BORN IN 2000 OR LATER AND LIVING WITH HER <input type="checkbox"/></p>	0496
492	<p>Now I would like to ask you about liquids (NAME FROM Q. 491) drank over the last 24 hours.</p> <p>In total, how many <u>times</u> yesterday during the day or at night did (NAME) drink (ITEM)?</p> <p>a Plain water?</p> <p>b Commercially produced infant formula?</p> <p>c Any other milk such as tinned, powdered, or fresh animal milk?</p> <p>d Fruit juice?</p> <p>e Any other liquids?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>YESTERDAY/ LAST NIGHT NUMBER OF TIMES</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p>	
493	<p>Now I would like to ask you about the types of foods (NAME FROM Q. 491) ate over the last 24 hours.</p> <p>In total, how many <u>times</u> yesterday during the day or at night did (NAME) eat (ITEM)?</p> <p>a Any food made from grains, like maize, rice, wheat, porridge, sorghum, or other local grains?</p> <p>b Pumpkin, red or yellow yams or squash, carrots, or yellow sweet potatoes?</p> <p>c Any other food made from roots or tubers, like white potatoes, white yams, arrowroot, cassava, or other local roots or tubers?</p> <p>d Any green leafy vegetables?</p> <p>e Mango, papaya, guava?</p> <p>f Any other fruits and vegetables like bananas, apples, green beans, avocados, tomatoes, oranges, pineapples, passion fruit?</p> <p>g Meat, chicken, fish, liver, kidney, blood, termites, seafood, or eggs?</p> <p>h Any food made from legumes, e.g. lentils, beans, soybeans, pulses, or peanuts?</p> <p>i Sour milk, cheese or yoghurt?</p> <p>j Any solid or semi-solid food?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>YESTERDAY/ LAST NIGHT NUMBER OF TIMES</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p> <p>f <input type="text"/></p> <p>g <input type="text"/></p> <p>h <input type="text"/></p> <p>i <input type="text"/></p> <p>j <input type="text"/></p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
496	Do you currently smoke cigarettes or use tobacco? IF YES: what type of tobacco do you smoke? RECORD ALL TYPES MENTIONED.	YES, CIGARETTES.....A YES, PIPEB YES, OTHER TOBACCOC NOY	
497	CHECK 496: CODE 'A' CIRCLED <input type="checkbox"/> 3	CODE 'A' NOT CIRCLED <input type="checkbox"/>	—0499
498	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/> <input type="text"/>	
499	Have you ever drunk any kind of alcohol like beer, wine, chang'aa, palm wine, etc.?	YES1 NO2	—0501
499A	In the last month, on how many days did you drink any alcohol-containing beverage? IF EVERY DAY, RECORD '30'.	NUMBER OF DAYS <input type="text"/> <input type="text"/> NONE95	

SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Are you currently married or living with a man?	YES, CURRENTLY MARRIED WITH CERTIFICATE 1 YES, MARRIED BY CUSTOM..... 2 YES, LIVING WITH A MAN 3 NO, NOT IN UNION..... 4	} -0505
502	Have you ever been married or lived with a man?	YES, FORMERLY MARRIED WITH CERTIFICATE 1 YES, FORMERLY MARRIED BY CUSTOM 2 YES, LIVED WITH A MAN 3 NO 4	-0504 -0504 -0510
503	ENTER '0' IN COLUMN 4 OF CALENDAR IN THE MONTH OF INTERVIEW AND IN EACH MONTH BACK TO JANUARY 1998 _____		-0514
504	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED..... 2 SEPARATED..... 3	} -0510
505	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
506	RECORD THE HUSBAND'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
507	Does your husband/partner have any other wives besides yourself?	YES 1 NO 2 DOES NOT KNOW..... 8	-0510 -0510
508	How many <u>other</u> wives does he have?	NUMBER <input style="width: 20px; height: 20px;" type="text"/> DOES NOT KNOW..... 8	
510	Have you been married or lived with a man only once, or more than once?	ONCE 1 MORE THAN ONCE..... 2	
511	CHECK 510: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN ONLY ONCE <input style="width: 20px; height: 20px;" type="text"/> 3 In what month and year did you start living with your husband/partner? </div> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input style="width: 20px; height: 20px;" type="text"/> 3 Now we will talk about your first husband/partner. In what month and year did you start living with him? </div> </div>	MONTH <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DOES NOT KNOW MONTH..... 98 YEAR..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DOES NOT KNOW YEAR 9998	-0513
512	How old were you when you started living with him?	AGE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
513	DETERMINE MONTHS MARRIED OR LIVING WITH A MAN SINCE JANUARY 1998. ENTER 'X' IN COLUMN 4 OF CALENDAR FOR EACH MONTH MARRIED OR LIVING WITH A MAN, AND ENTER 'O' FOR EACH MONTH NOT MARRIED/NOT LIVING WITH A MAN, SINCE JANUARY 1998. FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS. FOR WOMEN NOT CURRENTLY IN UNION: PROBE FOR DATE WHEN LAST UNION STARTED AND FOR TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.		
513A	When you first got married or lived with a man, was it your choice or was it arranged by your family?	OWN CHOICE 1 ARRANGED 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
513B	When you first got married or lived with a man, was the man younger, about the same age or older than you? IF OLDER: Do you think he was less than 10 years older than you or 10 or more years older than you?	YOUNGER..... 1 ABOUT THE SAME AGE 2 OLDER: LESS THAN 10 YEARS 3 OLDER: 10 YEARS OR MORE 4 OLDER: DON'T KNOW HOW MUCH..... 5 DOES NOT KNOW 8	
514	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse (if ever)?	NEVER 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER.... 95	-0525
514A	CHECK 106: 15-24 YEARS OLD <input type="checkbox"/> 25-49 YEARS OLD <input type="checkbox"/> 3		-0515
514B	The first time you had sexual intercourse, was a condom used?	YES 1 NO 2	
514C	The first time you had sex, was the man younger, about the same age or older than you? IF OLDER: Do you think he was less than 10 years older than you or 10 or more years older than you?	YOUNGER..... 1 ABOUT THE SAME AGE 2 OLDER: LESS THAN 10 YEARS 3 OLDER: 10 YEARS OR MORE 4 OLDER: DON'T KNOW HOW MUCH..... 5 DOES NOT KNOW 8	
515	When was the last time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 <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"/>	-0525
516	The last time you had sexual intercourse, was a condom used?	YES 1 NO 2	-0517
516A	What is the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 1 RESPONDENT WANTED TO PREVENT PREGNANCY 2 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 3 DID NOT TRUST PARTNER/HE MAY HAVE OTHER PARTNERS 4 PARTNER INSISTED 5 OTHER 6 (SPECIFY)	
517	What is your relationship to the man with whom you last had sex? IF MAN IS "BOYFRIEND" OR "FIANCE", ASK: Was your boyfriend/fiance living with you when you last had sex? IF YES, RECORD '01'. IF NO, RECORD '02'.	HUSBAND/LIVE-IN PARTNER 01 MAN IS BOYFRIEND/FIANCE 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX WORKER 06 OTHER 96 (SPECIFY)	-0519
517A	CHECK 106: 15-19 YEARS OLD <input type="checkbox"/> 20-49 YEARS OLD <input type="checkbox"/> 3		-0518

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
517B	<p>Was this man younger, about the same age or older than you?</p> <p>IF OLDER: Do you think he was less than 10 years older than you or 10 or more years older than you?</p>	<p>YOUNGER..... 1</p> <p>ABOUT THE SAME AGE 2</p> <p>OLDER: LESS THAN 10 YEARS 3</p> <p>OLDER: 10 YEARS OR MORE 4</p> <p>OLDER: DON'T KNOW HOW MUCH..... 5</p> <p>DOES NOT KNOW 8</p>									
518	<p>For how long have you had a sexual relationship with this man?</p>	<p>DAYS 1 <table border="1" data-bbox="1219 396 1317 443"><tr><td></td><td></td></tr></table></p> <p>WEEKS..... 2 <table border="1" data-bbox="1219 449 1317 495"><tr><td></td><td></td></tr></table></p> <p>MONTHS 3 <table border="1" data-bbox="1219 501 1317 548"><tr><td></td><td></td></tr></table></p> <p>YEARS 4 <table border="1" data-bbox="1219 554 1317 600"><tr><td></td><td></td></tr></table></p>									
519	<p>Have you had sex with any other man in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p>	-0524								
520	<p>The last time you had sexual intercourse with another man, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p>	-0521								
520A	<p>What is the main reason you used a condom on that occasion?</p>	<p>RESPONDENT WANTED TO PREVENT STD/HIV 1</p> <p>RESPONDENT WANTED TO PREVENT PREGNANCY 2</p> <p>RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 3</p> <p>DID NOT TRUST PARTNER/HE MAY HAVE OTHER PARTNERS 4</p> <p>PARTNER INSISTED 5</p> <p>OTHER 6 (SPECIFY)</p>									
521	<p>What is your relationship to this other man?</p> <p>IF MAN IS "BOYFRIEND" OR "FIANCE", ASK: Was your boyfriend/fiance living with you when you last had sex?</p> <p>IF YES, RECORD '01'. IF NO, RECORD '02'.</p>	<p>HUSBAND/LIVE-IN PARTNER 01</p> <p>MAN IS BOYFRIEND/FIANCE 02</p> <p>OTHER FRIEND 03</p> <p>CASUAL ACQUAINTANCE 04</p> <p>RELATIVE 05</p> <p>COMMERCIAL SEX WORKER 06</p> <p>OTHER 96 (SPECIFY)</p>	-0522A								
521A	<p>CHECK 106:</p> <p>15-19 YEARS OLD <input type="checkbox"/> 20-49 YEARS OLD <input type="checkbox"/></p> <p>3</p>		-0522								
521B	<p>Was this man younger, about the same age or older than you?</p> <p>IF OLDER: Do you think he was less than 10 years older than you or 10 or more years older than you?</p>	<p>YOUNGER..... 1</p> <p>ABOUT THE SAME AGE 2</p> <p>OLDER: LESS THAN 10 YEARS 3</p> <p>OLDER: 10 YEARS OR MORE 4</p> <p>OLDER: DON'T KNOW HOW MUCH..... 5</p> <p>DOES NOT KNOW 8</p>									
522	<p>For how long have you had a sexual relationship with this man?</p>	<p>DAYS 1 <table border="1" data-bbox="1219 1667 1317 1713"><tr><td></td><td></td></tr></table></p> <p>WEEKS..... 2 <table border="1" data-bbox="1219 1719 1317 1766"><tr><td></td><td></td></tr></table></p> <p>MONTHS 3 <table border="1" data-bbox="1219 1772 1317 1818"><tr><td></td><td></td></tr></table></p> <p>YEARS 4 <table border="1" data-bbox="1219 1824 1317 1871"><tr><td></td><td></td></tr></table></p>									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
522A	Other than these two men, have you had sexual intercourse with anyone else in the last 12 months?	YES1 NO2	-0524
522B	The last time you had sexual intercourse with this other man, was a condom used?	YES1 NO2	-0522D
522C	What is the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV1 RESPONDENT WANTED TO PREVENT PREGNANCY2 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY3 DID NOT TRUST PARTNER/HE MAY HAVE OTHER PARTNERS4 PARTNER INSISTED5 OTHER6 (SPECIFY)	
522D	What is your relationship to this other man? IF MAN IS "BOYFRIEND" OR "FIANCE", ASK: Was your boyfriend/fiance living with you when you last had sex? IF YES, RECORD '01'. IF NO, RECORD '02'.	HUSBAND/LIVE-IN PARTNER01 MAN IS BOYFRIEND/FIANCE02 OTHER FRIEND03 CASUAL ACQUAINTANCE04 RELATIVE05 COMMERCIAL SEX WORKER06 OTHER96 (SPECIFY)	-0523
522D1	CHECK 106: 15-19 YEARS OLD <input type="checkbox"/> 3 20-49 YEARS OLD <input type="checkbox"/>		-0522E
522D2	Was this man younger, about the same age or older than you? IF OLDER: Do you think he was less than 10 years older than you or 10 or more years older than you?	YOUNGER1 ABOUT THE SAME AGE2 OLDER: LESS THAN 10 YEARS3 OLDER: 10 YEARS OR MORE4 OLDER: DON'T KNOW HOW MUCH5 DOES NOT KNOW8	
522E	For how long have you had a sexual relationship with this man?	DAYS1 <input type="text"/> <input type="text"/> WEEKS2 <input type="text"/> <input type="text"/> MONTHS3 <input type="text"/> <input type="text"/> YEARS4 <input type="text"/> <input type="text"/>	
523	In total, how many different men have you had sex with in the last 12 months? IF MORE THAN 95, WRITE '95'.	NUMBER OF PARTNERS <input type="text"/> <input type="text"/>	
524	In the last 12 months, have you ever given or received money, gifts, or favours in return for sex?	YES1 NO2	
525	Do you know a place where one can get condoms?	YES1 NO2	-0531

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
526	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>CIRCLE ALL MENTIONED.</p> <p>IF NURSING/MATERNITY HOME, ASK IF IT IS RUN BY A CHURCH OR MISSION. IF SO, CIRCLE CODE 'F'.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL.....A</p> <p>GOVERNMENT HEALTH CENTRE.....B</p> <p>GOVERNMENT DISPENSARY C</p> <p>OTHER PUBLIC _____ D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>MISSION, CHURCH HOSP./CLINIC.....F</p> <p>FPAK HEALTH CENTRE/CLINIC G</p> <p>PRIVATE HOSPITAL OR CLINIC H</p> <p>PHARMACY/CHEMIST.....I</p> <p>NURSING/MATERNITY HOMEK</p> <p>OTHER PRIVATE MEDICAL _____L</p> <p>(SPECIFY)</p> <p>MOBILE CLINIC M</p> <p>COMMUNITY-BASED DISTRIBUTOR.... N</p> <p>SHOP/KIOSK O</p> <p>FRIENDS/RELATIVES Q</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>																	
527	If you wanted to, could you yourself get a condom?	<p>YES 1</p> <p>NO 2</p> <p>DOES NOT KNOW/UNSURE 8</p>																	
528	Do you know of a place where one can get female condoms?	<p>YES 1</p> <p>NO 2</p>	0531																
529	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>CIRCLE ALL SOURCES MENTIONED.</p> <p>IF NURSING/MATERNITY HOME, ASK IF IT IS RUN BY A CHURCH OR MISSION. IF SO, CIRCLE CODE 'F'.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL.....A</p> <p>GOVERNMENT HEALTH CENTRE.....B</p> <p>GOVERNMENT DISPENSARY C</p> <p>OTHER PUBLIC _____ D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>MISSION, CHURCH HOSP./CLINIC.....F</p> <p>FPAK HEALTH CENTRE/CLINIC G</p> <p>PRIVATE HOSPITAL OR CLINIC H</p> <p>PHARMACY/CHEMIST.....I</p> <p>NURSING/MATERNITY HOMEK</p> <p>OTHER PRIVATE MEDICAL _____L</p> <p>(SPECIFY)</p> <p>MOBILE CLINIC M</p> <p>COMMUNITY-BASED DISTRIBUTOR.... N</p> <p>SHOP/KIOSK O</p> <p>FRIENDS/RELATIVES Q</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>																	
530	If you wanted to, could you yourself get a female condom?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>																	
531	<p>In the last few months have you heard about condoms:</p> <p>On the radio?</p> <p>On the television?</p> <p>In a newspaper or magazine?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE.....</td> <td>1</td> <td>2</td> </tr> </tbody> </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																	
532	<p>In your opinion, is it acceptable or unacceptable for condoms to be advertised:</p> <p>on the radio?</p> <p>on the TV?</p> <p>in newspapers?</p>	<table border="1"> <thead> <tr> <th></th> <th>ACCEP- TABLE</th> <th>NOT ACCEP- TABLE</th> <th>DK/ UN- SURE</th> </tr> </thead> <tbody> <tr> <td>ON THE RADIO.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ON THE TV.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEWSPAPERS.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		ACCEP- TABLE	NOT ACCEP- TABLE	DK/ UN- SURE	ON THE RADIO.....	1	2	8	ON THE TV.....	1	2	8	NEWSPAPERS.....	1	2	8	
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ON THE RADIO.....	1	2	8																
ON THE TV.....	1	2	8																
NEWSPAPERS.....	1	2	8																

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
601	CHECK 311/311A: NEITHER STERILISED <input type="checkbox"/> HE OR SHE STERILISED <input type="checkbox"/> 3		-0614								
602	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> 3 3 Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD1 NO MORE/NONE.....2 SAYS SHE CANNOT GET PREGNANT....3 UNDECIDED/DON'T KNOW: AND PREGNANT.....4 NOT PREGNANT OR UNSURE5	-0604 -0614 -0610 -0608								
603	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> 3 3 How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW993 SAYS SHE CANNOT GET PREGNANT994 AFTER MARRIAGE995 OTHER 996 (SPECIFY) DOES NOT KNOW998									-0609 -0614 -0609
604	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> 3		-0610								
605	CHECK 310: USING A METHOD? NOT NOT CURRENTLY CURRENTLY ASKED USING USING <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 3		-0608								
606	CHECK 603: NOT 24 OR MORE MONTHS 00-23 MONTHS ASKED OR 02 OR MORE YEARS OR 00-01 YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 3		-0610								
607	CHECK 602: WANTS WANTS NO (MORE) A/ANOTHER CHILD <input type="checkbox"/> CHILDREN <input type="checkbox"/> 3 3 You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why? You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why? RECORD ALL MENTIONED.	FERTILITY-RELATED REASONS NOT HAVING SEX B INFREQUENT SEX C MENOPAUSAL/HYSTERECTOMY..... D INFERTILE..... E POSTPARTUM AMENORRHEIC..... F BREASTFEEDING..... G FATALISTIC..... H OPPOSITION TO USE RESPONDENT OPPOSED J HUSBAND/PARTNER OPPOSED K OTHERS OPPOSED L RELIGIOUS PROHIBITION L LACK OF KNOWLEDGE KNOWS NO METHOD M KNOWS NO SOURCE..... N METHOD-RELATED REASONS HEALTH CONCERNS O FEAR OF SIDE EFFECTS..... P LACK OF ACCESS/TOO FAR..... Q COST TOO MUCH R INCONVENIENT TO USE S INTERFERES WITH BODY S NORMAL PROCESSES T OTHER X DOES NOT KNOW Z									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
615	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)																					
616	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE1 DISAPPROVE2 DOES NOT KNOW/UNSURE8																					
621	CHECK 501: YES, CURRENTLY <input type="checkbox"/> ₃ YES, LIVING <input type="checkbox"/> ₃ MARRIED WITH A MAN NO, NOT IN UNION <input type="checkbox"/> _____		-0628																				
622	CHECK 311/311A: ANY CODE CIRCLED <input type="checkbox"/> ₃ NO CODE CIRCLED <input type="checkbox"/> _____		-0624																				
623	You have told me that you are currently using contraception. Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision or did you both decide together?	MAINLY RESPONDENT1 MAINLY HUSBAND/PARTNER2 JOINT DECISION3 OTHER _____ 6 (SPECIFY)																					
624	Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES1 DISAPPROVES2 DOES NOT KNOW8																					
625	How often have you talked to your husband/partner about family planning in the past year?	NEVER1 ONCE OR TWICE2 MORE OFTEN3																					
626	CHECK 311/311A: NEITHER <input type="checkbox"/> ₃ HE OR SHE <input type="checkbox"/> _____ STERILISED STERILISED		-0628																				
627	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER1 MORE CHILDREN2 FEWER CHILDREN3 DON'T KNOW8																					
628	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: She knows her husband has a sexually transmitted disease? She knows her husband has sex with other women? She has recently given birth? She is tired or not in the mood?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>YES</u></th> <th style="text-align: center;"><u>NO</u></th> <th style="text-align: center;"><u>DK</u></th> </tr> </thead> <tbody> <tr> <td>HAS STD.....1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>OTHER WOMEN1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>RECENT BIRTH.....1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>TIRED/MOOD1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td></td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	<u>DK</u>	HAS STD.....1	2	8		OTHER WOMEN1	2	8		RECENT BIRTH.....1	2	8		TIRED/MOOD1	2	8		
	<u>YES</u>	<u>NO</u>	<u>DK</u>																				
HAS STD.....1	2	8																					
OTHER WOMEN1	2	8																					
RECENT BIRTH.....1	2	8																					
TIRED/MOOD1	2	8																					
629	Do you think a wife is justified in asking that they use a condom when she knows her husband has a sexually transmitted disease?	YES1 NO2 DOES NOT KNOW8																					

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
701	CHECK 501 AND 502:			
	CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> 3	FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/>	NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/>	—0703 —0707
702	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS. <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		
703	Did your (last) husband/partner ever attend school?	YES..... 1 NO..... 2	—0706	
704	What was the highest level of school he attended: primary, vocational, secondary, or higher?	NURSERY/KINDERGARTEN.....0 PRIMARY.....1 POST-PRIMARY/VOCATIONAL2 SECONDARY/'A' LEVEL.....3 COLLEGE (MIDDLE LEVEL).....4 UNIVERSITY5 DOES NOT KNOW8	—0706	
705	What was the highest (grade/form/year) he completed at that level?	STANDARD/FORM/YEAR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DOES NOT KNOW 98		
706	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> 3	FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> 3	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> _____ _____ _____	
	What is your husband's/partner's occupation? What kind of work does he mainly do?	What was your (last) husband's/ partner's occupation? What kind of work did he mainly do?		
707	Aside from your own housework, are you currently working?	YES..... 1 NO..... 2	—0710	
708	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES..... 1 NO..... 2	—0710	
709	Have you done any work in the last 12 months?	YES..... 1 NO..... 2	—0719	
710	What is your occupation, that is, what kind of work do you mainly do?	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> _____ _____ _____		
711	CHECK 710:			
	WORKS IN AGRICULTURE <input type="checkbox"/> 3	DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>	—0713	
712	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND..... 1 FAMILY LAND 2 RENTED LAND..... 3 SOMEONE ELSE'S LAND..... 4		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
713	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER..... 1 FOR SOMEONE ELSE..... 2 SELF-EMPLOYED..... 3	
714	Do you usually work at home or away from home?	HOME 1 AWAY 2	
715	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	
716	Are you paid or do you earn 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	0719
717	Who mainly decides how the money you earn will be used?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY..... 3 SOMEONE ELSE 4 RESPONDENT AND SOMEONE ELSE JOINTLY 5	
718	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE..... 1 LESS THAN HALF..... 2 ABOUT HALF 3 MORE THAN HALF 4 ALL 5 NONE, HER INCOME IS ALL SAVED..... 6	
719	Who in your family usually has the final say on the following decisions: Your own health care? Making large household purchases? Making household purchases for daily needs? Visits to family or relatives? What food should be cooked each day?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 DECISION NOT MADE/NOT APPLICABLE = 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6	
720	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING OR NOT PRESENT)	PRES/ LISTEN- ING PRES/ NOT LISTEN. NOT PRES- ENT CHILDREN <10..... 1 2 8 HUSBAND..... 1 2 8 OTHER MALES 1 2 8 OTHER FEMALES..... 1 2 8	
721	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	YES NO DK GOES OUT 1 2 8 NEGL. CHILDREN... 1 2 8 ARGUES..... 1 2 8 REFUSES SEX..... 1 2 8 BURNS FOOD 1 2 8	

SECTION 8. AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES1 NO2	-0817
802	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES1 NO2 DOES NOT KNOW8	1 -0809
803	What can a person do? Anything else? CIRCLE ALL MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEX PARTNERS D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH DRUG USERS H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL HEALER N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DOES NOT KNOW Z	
804	Can people reduce their chances of getting the AIDS virus by having just one sex partner who has no other partners?	YES1 NO2 DOES NOT KNOW8	
805	Can people get the AIDS virus from mosquito or other insect bites?	YES1 NO2 DOES NOT KNOW8	
806	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES1 NO2 DOES NOT KNOW8	
807	Can people get the AIDS virus by sharing utensils with a person who has AIDS?	YES1 NO2 DOES NOT KNOW8	
808	Can people reduce their chances of getting the AIDS virus by not having sex at all?	YES1 NO2 DOES NOT KNOW8	
809	Is it possible for a healthy-looking person to have the AIDS virus?	YES, POSSIBLE1 NO, NOT POSSIBLE2 DOES NOT KNOW8	
810	Do you know someone personally who has the virus that causes AIDS or someone who died of AIDS?	YES1 NO2	
811	Can the virus that causes AIDS be transmitted from a mother to a child?	YES1 NO2 DOES NOT KNOW8	1 -0813
812	When can the virus that causes AIDS be transmitted from a mother to a child? Can it be transmitted... During pregnancy? During delivery? During breastfeeding?	YES NO DK DURING PREGNANCY1 2 8 DURING DELIVERY1 2 8 DURING BREASTFEEDING.1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812A	Can a mother who is infected with the AIDS virus reduce the risk of giving the virus to the baby by taking certain drugs during pregnancy?	YES1 NO2 DOES NOT KNOW8	
813	CHECK 501: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> 3 NOT CURRENTLY MARRIED/ NOT LIVING WITH A MAN <input type="checkbox"/>		-0814A
814	Have you ever talked with (your husband/the man you are living with) about ways to prevent getting the virus that causes AIDS?	YES1 NO2	
814A	Would you buy fresh vegetables from a vendor who has the AIDS virus?	YES1 NO2 DOES NOT KNOW8	
815	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES, KEEP SECRET1 NO2 DOES NOT KNOW/NOT SURE8	
816	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES1 NO2 DK/NOT SURE/DEPENDS8	
816A	If a female teacher has the AIDS virus, should she be allowed to continue teaching in school?	YES, CAN CONTINUE1 NO, SHOULD NOT CONTINUE2 DOES NOT KNOW8	
816B	Should children aged 12-14 be taught about using a condom to avoid AIDS?	YES1 NO2 DK/NOT SURE/DEPENDS8	
816B1	Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?	SMALL1 MODERATE2 GREAT3 NO RISK AT ALL4 HAS AIDS5	1-0816B3 -0816B4
816B2	Why do you think that you have (no risk/a small chance) of getting AIDS? Any other reasons? CIRCLE ALL MENTIONED.	IS NOT HAVING SEXA USES CONDOMSB HAS ONLY ONE PARTNERC LIMITS THE NUMBER OF PARTNERS ...D PARTNER HAS NO OTHER PARTNERS E OTHER _____ X (SPECIFY)	-0816B4
816B3	Why do you think that you have a (moderate, great) chance of getting AIDS? Any other reasons? CIRCLE ALL MENTIONED.	DOES NOT USE CONDOMSA HAS MORE THAN 1 SEX PARTNERB PARTNER HAS OTHER PARTNERSC HOMOSEXUAL CONTACTSD HAD BLOOD TRANSFUSION/INJECTIONE OTHER _____ X (SPECIFY)	
816B4	Have you ever heard of VCT?	YES1 NO2	
816C	I do not want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES1 NO2	-0816D
816C1	When was the last time you were tested?	LESS THAN 12 MONTHS AGO1 12-23 MONTHS AGO2 2 YEARS OR MORE AGO3	
816C2	The last time you were tested, did you ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST1 OFFERED AND ACCEPTED2 REQUIRED3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
816C3	I do not want to know the results, but did you get the results of the test?	YES1 NO2	-0816FX -0816FX
816D	Would you want to be tested for the AIDS virus?	YES1 NO2 DO NOT KNOW/UNSURE8	
816E	Do you know a place where you could go to get an AIDS test?	YES1 NO2	-0817
816F	Where can you go for the test?	PUBLIC SECTOR GOVERNMENT HOSPITAL11 GOVT. HEALTH CENTRE/CLINIC12 GOVERNMENT DISPENSARY13 OTHER PUBLIC _____ 16 (SPECIFY)	
816F X	Where did you go for the test? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) IF NURSING/MATERNITY HOME, ASK IF IT IS RUN BY A CHURCH OR MISSION. IF SO, CIRCLE CODE '21'.	PRIVATE MEDICAL SECTOR MISSION/CHURCH HOSP. CLINIC21 FPAK HEALTH CENTRE/CLINIC22 PRIVATE HOSPITAL/CLINIC23 VCT CENTRE24 NURSING/MATERNITY HOME26 BLOOD TRANSFUSION SERVICE31 OTHER _____ 96 (SPECIFY)	
817	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES1 NO2	-0819A
818	If a man has a sexually transmitted disease, what symptoms might he have? Any others? RECORD ALL MENTIONED.	ABDOMINAL PAIN A GENITAL DISCHARGE/DRIPPING B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K IMPOTENCE/NO ERECTION L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMS Y DOES NOT KNOW Z	
819	If a woman has a sexually transmitted disease, what symptoms might she have? Any others? RECORD ALL MENTIONED.	ABDOMINAL PAIN A GENITAL DISCHARGE B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K HARD TO GET PREGNANT L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMS Y DOES NOT KNOW Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
819A	CHECK 514: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> 3	HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>	-0820															
819B	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a sexually transmitted disease?	YES1 NO2 DON'T KNOW8																
819C	Sometimes, women experience an abnormal vaginal discharge. During the last 12 months, have you had a bad-smelling unusual discharge from your vagina?	YES1 NO2 DON'T KNOW8																
819D	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES1 NO2 DON'T KNOW8																
819E	CHECK 819B, 819C, AND 819D: HAS HAD AN INFECTION <input type="checkbox"/> 3	HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>	-0820															
819F	The last time you had (PROBLEM(S) FROM 819B/819C/819D), did you seek any kind of advice or treatment?	YES1 NO2	-0819H															
819G	The last time you had (PROBLEM(S) FROM 819B/819C/819D), did you do any of the following? Did you.... Go to a clinic, hospital or private doctor? Consult a traditional healer? Seek advice or buy medicines in a shop or pharmacy? Ask for advice from friends or relatives?	<table border="0"> <thead> <tr> <th></th> <th><u>YES</u></th> <th><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>CLINIC/HOSPITAL.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TRADITIONAL HEALER ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>SHOP/PHARMACY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>FRIENDS/RELATIVES.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	CLINIC/HOSPITAL.....	1	2	TRADITIONAL HEALER ...	1	2	SHOP/PHARMACY.....	1	2	FRIENDS/RELATIVES.....	1	2	
	<u>YES</u>	<u>NO</u>																
CLINIC/HOSPITAL.....	1	2																
TRADITIONAL HEALER ...	1	2																
SHOP/PHARMACY.....	1	2																
FRIENDS/RELATIVES.....	1	2																
819H	When you had (PROBLEM(S) FROM 819B/819C/819D), did you tell the person with whom you were having sex?	YES1 NO2 SOME/NOT AT ALL3 DID NOT HAVE A PARTNER4	-0820															
819I	When you had (PROBLEM(S) FROM 819B/819C/819D), did you do anything to avoid infecting your sexual partner(s)?	YES1 NO2 PARTNER(S) ALREADY INFECTED.....3	1-0820															
819J	What did you do to avoid infecting your partner(s)? Did you.... Use medicine? Stop having sex? Use a condom when having sex?	<table border="0"> <thead> <tr> <th></th> <th><u>YES</u></th> <th><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>USE MEDICINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>STOP SEX</td> <td>1</td> <td>2</td> </tr> <tr> <td>USE CONDOM.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	USE MEDICINE	1	2	STOP SEX	1	2	USE CONDOM.....	1	2				
	<u>YES</u>	<u>NO</u>																
USE MEDICINE	1	2																
STOP SEX	1	2																
USE CONDOM.....	1	2																
820	In many communities, girls are introduced to womanhood by participating in some ceremonies and undergoing specific procedures. I want to discuss with you the circumcision of girls. In this community, is female circumcision practiced?	YES1 NO2																
821	Are you circumcised?	YES1 NO2																
822	CHECK 214 AND 217: HAS AT LEAST ONE LIVING DAUGHTER <input type="checkbox"/> 3	HAS NO LIVING DAUGHTER <input type="checkbox"/>	-0901															
823	Has your eldest daughter been circumcised?	YES1 NO2 NOT SURE.....8	-0901															
824	Do you plan to have your eldest daughter circumcised?	YES1 NO2 NOT SURE.....8																

SECTION 9. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to ask you about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
902	CHECK 901: TWO OR MORE BIRTHS <input style="width: 20px; height: 20px;" type="text"/> ONLY ONE BIRTH <input style="width: 20px; height: 20px;" type="text"/> 3 (RESPONDENT ONLY)		-01000
903	How many of these births did your mother have before you were born?	NO. OF PRECEDING BIRTHS... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
904	What was the name given to your oldest (next oldest) brother or sister?	[1] _____ [2] _____ [3] _____ [4] _____ [5] _____ [6] _____	
905	Is (NAME) male or female?	MALE 1 FEMALE 2	
906	Is (NAME) still alive?	YES 1 NO 2 GO TO 908 1J DK 8 GO TO [2] 1J	
907	How old is (NAME)?	<input style="width: 20px; height: 20px;" type="text"/> GO TO [2] <input style="width: 20px; height: 20px;" type="text"/> GO TO [3] <input style="width: 20px; height: 20px;" type="text"/> GO TO [4] <input style="width: 20px; height: 20px;" type="text"/> GO TO [5] <input style="width: 20px; height: 20px;" type="text"/> GO TO [6] <input style="width: 20px; height: 20px;" type="text"/> GO TO [7]	
908	How many years ago did (NAME) die?	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
909	How old was (NAME) when he/she died?	<input style="width: 20px; height: 20px;" type="text"/> IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [2] <input style="width: 20px; height: 20px;" type="text"/> IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [3] <input style="width: 20px; height: 20px;" type="text"/> IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [4] <input style="width: 20px; height: 20px;" type="text"/> IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [5] <input style="width: 20px; height: 20px;" type="text"/> IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [6] <input style="width: 20px; height: 20px;" type="text"/> IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [7]	
910	Was (NAME) pregnant when she died?	YES 1 GO TO 913 1J NO 2	
911	Did (NAME) die during childbirth?	YES 1 GO TO 913 1J NO 2	
912	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2	
913	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	

904	What was the name given to your oldest (next oldest) brother or sister?	[7] _____	[8] _____	[9] _____	[10] _____	[11] _____	[12] _____
905	Is (NAME) male or female?	MALE..... 1 FEMALE..... 2	MALE..... 1 FEMALE..... 2	MALE..... 1 FEMALE..... 2	MALE..... 1 FEMALE..... 2	MALE..... 1 FEMALE..... 2	MALE..... 1 FEMALE..... 2
906	Is (NAME) still alive?	YES..... 1 NO..... 2 GO TO 908 1J DK..... 8 GO TO [8] 1J	YES..... 1 NO..... 2 GO TO 908 1J DK..... 8 GO TO [9] 1J	YES..... 1 NO..... 2 GO TO 908 1J DK..... 8 GO TO [10] 1J	YES..... 1 NO..... 2 GO TO 908 1J DK..... 8 GO TO [11] 1J	YES..... 1 NO..... 2 GO TO 908 1J DK..... 8 GO TO [12] 1J	YES..... 1 NO..... 2 GO TO 908 1J DK..... 8 GO TO [13] 1J
907	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO [8]	<input type="text"/> <input type="text"/> GO TO [9]	<input type="text"/> <input type="text"/> GO TO [10]	<input type="text"/> <input type="text"/> GO TO [11]	<input type="text"/> <input type="text"/> GO TO [12]	<input type="text"/> <input type="text"/> GO TO [13]
908	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
909	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [8]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [9]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [10]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [11]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [12]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [13]
910	Was (NAME) pregnant when she died?	YES..... 1 GO TO 913 1J NO..... 2	YES..... 1 GO TO 913 1J NO..... 2	YES..... 1 GO TO 913 1J NO..... 2	YES..... 1 GO TO 913 1J NO..... 2	YES..... 1 GO TO 913 1J NO..... 2	YES..... 1 GO TO 913 1J NO..... 2
911	Did (NAME) die during childbirth?	YES..... 1 GO TO 913 1J NO..... 2	YES..... 1 GO TO 913 1J NO..... 2	YES..... 1 GO TO 913 1J NO..... 2	YES..... 1 GO TO 913 1J NO..... 2	YES..... 1 GO TO 913 1J NO..... 2	YES..... 1 GO TO 913 1J NO..... 2
912	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2
913	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
IF NO MORE BROTHERS OR SISTERS, GO TO 1000							

SECTION 10. DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1000	CHECK HOUSEHOLD QUESTIONNAIRE, COLUMN (8): <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/> 3 </div> <div style="text-align: center;"> WOMAN NOT SELECTED <input type="checkbox"/> _____ </div> </div>		-01019
1001	IS THERE PRIVACY?: <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> NO ONE OVER 3 YEARS PRESENT OR LISTENING <input type="checkbox"/> 3 </div> <div style="text-align: center;"> OTHERS PRESENT OR LISTENING <input type="checkbox"/> _____ </div> </div>		-01018
	READ TO ALL RESPONDENTS: Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Kenya. Let me assure you that your answers are completely confidential and will not be told to anyone.		
1002	CHECK 501, 502, AND 504: <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> 3 </div> <div style="text-align: center;"> SEPARATED/ DIVORCED <input type="checkbox"/> (READ IN PAST TENSE) 3 </div> <div style="text-align: center;"> WIDOWED/ NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/> _____ </div> </div>		-01014
1005	Now I need to ask some more questions about your relationship with your (last) husband/partner.		
	5A. (Does/did) your (last) husband/partner ever: a) Say or do something to humiliate you in front of others? YES 1-0 NO 2-1 3 b) Threaten you or someone close to you with harm? YES 1-0 NO 2-1 3	5B. How many times did this happen during the last 12 months? TIMES IN LAST 12 MONTHS..... <input type="text"/> <input type="text"/> TIMES IN LAST 12 MONTHS..... <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1006	<p>6A. (Does/did) your (last) husband/partner ever:</p> <p>a) Push you, shake you, or throw something at you?</p> <p>b) Slap you or twist your arm?</p> <p>c) Punch you with his fist or with something that could hurt you?</p> <p>d) Kick you or drag you?</p> <p>e) Try to strangle you or burn you?</p> <p>f) Threaten you with a knife, gun, or other type of weapon?</p> <p>g) Attack you with a knife, gun, or other type of weapon?</p> <p>h) Physically force you to have sexual intercourse with him even when you did not want to?</p> <p>i) Force you to perform other sexual acts you did not want to?</p>	<p>6B. How many times did this happen during the last 12 months?</p> <p>TIMES IN LAST 12 MONTHS..... <input type="text"/> <input type="text"/></p> <p>TIMES IN LAST 12 MONTHS..... <input type="text"/> <input type="text"/></p> <p>TIMES IN LAST 12 MONTHS..... <input type="text"/> <input type="text"/></p> <p>TIMES IN LAST 12 MONTHS..... <input type="text"/> <input type="text"/></p> <p>TIMES IN LAST 12 MONTHS..... <input type="text"/> <input type="text"/></p> <p>TIMES IN LAST 12 MONTHS..... <input type="text"/> <input type="text"/></p> <p>TIMES IN LAST 12 MONTHS..... <input type="text"/> <input type="text"/></p> <p>TIMES IN LAST 12 MONTHS..... <input type="text"/> <input type="text"/></p> <p>TIMES IN LAST 12 MONTHS..... <input type="text"/> <input type="text"/></p> <p>TIMES IN LAST 12 MONTHS..... <input type="text"/> <input type="text"/></p>	
1007	<p>CHECK 1006:</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/></p> <p style="text-align: center;">3</p>		-01009
1008	<p>How long after you first got married to/started living with your (last) husband/partner did (this/any of these things) first happen?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>NUMBER OF YEARS <input type="text"/> <input type="text"/></p> <p>BEFORE MARRIAGE/BEFORE LIVING TOGETHER95</p> <p>AFTER SEPARATION/DIVORCE.....96</p>	
1009	<p>Did the following ever happen because of something your (last) husband/partner did to you:</p> <p>a) You had bruises and aches?</p> <p>b) You had an injury or a broken bone?</p> <p>c) You went to the doctor or health centre as a result of something your husband/partner did to you?</p>	<p>9B. How many times did this happen during the last 12 months?</p> <p>TIMES IN LAST 12 MONTHS..... <input type="text"/> <input type="text"/></p> <p>TIMES IN LAST 12 MONTHS..... <input type="text"/> <input type="text"/></p> <p>TIMES IN LAST 12 MONTHS..... <input type="text"/> <input type="text"/></p>	
1010	<p>Have you ever hit, slapped, kicked or done anything else to physically hurt your (last) husband/partner at times when he was not already beating or physically hurting you?</p>	<p>YES.....1</p> <p>NO.....2</p>	-01012
1011	<p>In the last 12 months, how many times have you hit, slapped, kicked or done something to physically hurt your (last) husband/partner at a time when he was not already beating or physically hurting you?</p>	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p>	
1012	<p>Does (did) your husband/partner drink alcohol or take illegal drugs?</p>	<p>YES.....1</p> <p>NO.....2</p>	-01014
1013	<p>How often does (did) he get drunk or take drugs: very often, only sometimes, or never?</p>	<p>VERY OFTEN1</p> <p>SOMETIMES2</p> <p>NEVER.....3</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1014	<p>CHECK 501, 502 & 504:</p> <p>MARRIED/LIVING WITH A MAN/SEPARATED/DIVORCED <input type="checkbox"/> 3</p> <p>WIDOWED/NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> 3</p> <p>From the time you were 15 years old has anyone other than your (current/last) husband/partner hit, slapped, kicked, or done anything else to hurt you physically?</p> <p>From the time you were 15 years old has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?</p>	<p>YES 1</p> <p>NO 2</p> <p>NO ANSWER 6</p>	101017
1015	<p>Who has physically hurt you in this way?</p> <p>Anyone else?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>MOTHER A</p> <p>FATHER B</p> <p>STEP-MOTHER C</p> <p>STEP-FATHER D</p> <p>SISTER E</p> <p>BROTHER F</p> <p>DAUGHTER G</p> <p>SON H</p> <p>LATE/EX-HUSBAND/EX-PARTNER I</p> <p>CURRENT BOYFRIEND J</p> <p>FORMER BOYFRIEND K</p> <p>MOTHER-IN-LAW L</p> <p>FATHER-IN-LAW M</p> <p>OTHER FEMALE RELATIVE/IN-LAW N</p> <p>OTHER MALE RELATIVE/ IN-LAW O</p> <p>FEMALE FRIEND/ACQUAINTANCE P</p> <p>MALE FRIEND/ACQUAINTANCE Q</p> <p>TEACHER R</p> <p>EMPLOYER S</p> <p>STRANGER T</p> <p>OTHER _____ X (SPECIFY)</p>	
1016	<p>In the last 12 months, how many times has this person (these people) hit, slapped, kicked, or done anything else to physically hurt you?</p>	<p>NUMBER OF TIMES <input type="text"/></p>	

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

1017	<p>DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT	1	2	3	FEMALE ADULT	1	2	3	
	YES ONCE	YES, MORE THAN ONCE	NO																
HUSBAND	1	2	3																
OTHER MALE ADULT	1	2	3																
FEMALE ADULT	1	2	3																

1018 INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE SECTION

1019	<p>RECORD THE TIME.</p> <p>HOUR <input type="text"/></p> <p>MINUTES <input type="text"/></p>
------	--

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
FOR COLUMNS 1 AND 4, ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL.1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILISATION
- 2 MALE STERILISATION
- 3 PILL
- 4 IUD
- 5 INJECTABLES
- 6 IMPLANTS, NORPLANT
- 7 CONDOM
- 8 FEMALE CONDOM
- L RHYTHM OR NATURAL METHODS
- M WITHDRAWAL
- X OTHER _____
(SPECIFY)

COL.2: SOURCE OF CONTRACEPTION

- 1 GOVT. HOSPITAL
- 2 GOVT. HEALTH CENTRE
- 3 GOVT. DISPENSARY
- 4 OTHER PUBLIC (GOVT.)
- 5 MISSION, CHURCH HOSPITAL, CLINIC
- 6 FPAK HEALTH CENTRE, CLINIC
- 7 PVT. HOSPITAL/CLINIC
- 8 PHARMACY, CHEMIST
- A NURSING/MATERNITY HOME
- B MOBILE CLINIC
- C COMMUNITY-BASED DISTRIBUTOR
- D SHOP
- E FRIENDS/RELATIVES
- X OTHER _____
(SPECIFY)

COL.3: 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 HEALTH CONCERNS
- 6 SIDE EFFECTS
- 7 LACK OF ACCESS/TOO FAR
- 8 COSTS TOO MUCH
- 9 INCONVENIENT TO USE
- F FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER _____
(SPECIFY)
- Z DON T KNOW

COL.4: MARRIAGE/UNION

- X IN UNION (MARRIED OR LIVING TOGETHER)
- 0 NOT IN UNION

			1	2	3	4		
12 DEC	01						01	DEC
11 NOV	02						02	NOV
10 OCT	03						03	OCT
09 SEP	04						04	SEP
2 08 AUG	05						05	AUG 2
0 07 JUL	06						06	JUL 0
0 06 JUN	07						07	JUN 0
3 05 MAY	08						08	MAY 3
	04 APR						09	APR
	03 MAR						10	MAR
	02 FEB						11	FEB
	01 JAN						12	JAN
<hr/>								
12 DEC	13						13	DEC
11 NOV	14						14	NOV
10 OCT	15						15	OCT
09 SEP	16						16	SEP
2 08 AUG	17						17	AUG 2
0 07 JUL	18						18	JUL 0
0 06 JUN	19						19	JUN 0
2 05 MAY	20						20	MAY 2
	04 APR						21	APR
	03 MAR						22	MAR
	02 FEB						23	FEB
	01 JAN						24	JAN
<hr/>								
12 DEC	25						25	DEC
11 NOV	26						26	NOV
10 OCT	27						27	OCT
09 SEP	28						28	SEP
2 08 AUG	29						29	AUG 2
0 07 JUL	30						30	JUL 0
0 06 JUN	31						31	JUN 0
1 05 MAY	32						32	MAY 1
	04 APR						33	APR
	03 MAR						34	MAR
	02 FEB						35	FEB
	01 JAN						36	JAN
<hr/>								
12 DEC	37						37	DEC
11 NOV	38						38	NOV
10 OCT	39						39	OCT
09 SEP	40						40	SEP
2 08 AUG	41						41	AUG 2
0 07 JUL	42						42	JUL 0
0 06 JUN	43						43	JUN 0
0 05 MAY	44						44	MAY 0
	04 APR						45	APR
	03 MAR						46	MAR
	02 FEB						47	FEB
	01 JAN						48	JAN
<hr/>								
12 DEC	49						49	DEC
11 NOV	50						50	NOV
10 OCT	51						51	OCT
09 SEP	52						52	SEP
1 08 AUG	53						53	AUG 1
9 07 JUL	54						54	JUL 9
9 06 JUN	55						55	JUN 9
9 05 MAY	56						56	MAY 9
	04 APR						57	APR
	03 MAR						58	MAR
	02 FEB						59	FEB
	01 JAN						60	JAN
<hr/>								
12 DEC	61						61	DEC
11 NOV	62						62	NOV
10 OCT	63						63	OCT
09 SEP	64						64	SEP
1 08 AUG	65						65	AUG 1
9 07 JUL	66						66	JUL 9
9 06 JUN	67						67	JUN 9
8 05 MAY	68						68	MAY 8
	04 APR						69	APR
	03 MAR						70	MAR
	02 FEB						71	FEB
	01 JAN						72	JAN