

CONFIDENTIAL

**KENYA NATIONAL BUREAU OF STATISTICS
KENYA DEMOGRAPHIC AND HEALTH SURVEY 2008
WOMAN'S QUESTIONNAIRE**



IDENTIFICATION																								
PROVINCE* _____	<table border="1" style="margin: auto;"> <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> <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> <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> <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> <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>																							
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 <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>																				
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																				
RESULT**	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>	2	0	0																	
2	0	0																						
NEXT VISIT: DATE	_____	_____		INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																				
TIME	_____	_____		FINAL RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td></tr></table>																				
				TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td></tr></table>																				
**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				<table border="1" style="margin: auto;"> <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> <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> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																				
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 _____	_____	_____																					
DATE _____	DATE _____	_____	_____																					

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

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

Hello. My name is _____ and I am working with the Kenya National Bureau of Statistics. We are conducting a national survey that asks women about various health issues. We would very much appreciate your participation in this survey.

This information will help the government to plan health services. The survey usually takes between 30 to 60 minutes to complete. Whatever information you provide will be kept confidential and will not be shown to anyone other than members of our survey team.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

Signature of interviewer: _____ Date: _____

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



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <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 country-side?	NAIROBI/ MOMBASA/KISUMU 1 OTHER CITY/TOWN 2 COUNTRY SIDE 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	→ 106
104	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
106	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
108	Have you ever attended school?	YES 1 NO 2	→ 112
109	What is the highest level of school you attended: primary, vocational, secondary, or higher?	PRIMARY 1 POST-PRIMARY/VOCATIONAL 2 SECONDARY/'A' LEVEL 3 COLLEGE (MIDDLE LEVEL) 4 UNIVERSITY 5	
110	What is the highest (standard/form/year) you completed at that level? IF NONE, WRITE '00'.	STANDARD/FORM/YEAR ... <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	CHECK 109: PRIMARY, <input type="checkbox"/> POST-PRIMARY/VOCATIONAL, <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→ 115
112	Now I would like you to read this sentence to me. SHOW SENTENCES BELOW TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE.. 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
113	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	
114	CHECK 112: CODE '2', '3', OR '4' <input type="checkbox"/> CIRCLED <input type="checkbox"/> CODE '1' OR '5' <input type="checkbox"/> CIRCLED <input type="checkbox"/>		→ 116
115	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
116	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
117	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
118	What is your religion?	ROMAN CATHOLIC 1 PROTESTANT/OTHER CHRISTIAN ... 2 MUSLIM 3 NO RELIGION 4 OTHER 6 (SPECIFY)	
119	What is your ethnic group/tribe?	EMBU 01 KALENJIN 02 KAMBA 03 KIKUYU 04 KISII 05 LUHYA 06 LUO 07 MASAI 08 MERU 09 MIJIKENDA/SWAHILI 10 SOMALI 11 TAITA/TAVETA 12 OTHER 96 (SPECIFY)	

SECTION 2. REPRODUCTION


NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the live births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" data-bbox="1241 376 1343 497" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" data-bbox="1241 497 1343 618" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" data-bbox="1241 665 1343 786" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE ... <table border="1" data-bbox="1241 786 1343 907" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </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 did not survive?	YES 1 NO 2	→ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" data-bbox="1241 1095 1343 1216" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" data-bbox="1241 1216 1343 1337" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" data-bbox="1241 1299 1343 1420" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> →		→ 226								

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
 RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.
 (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).

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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 2003, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 229
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
228	At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 LATER 2 NOT AT ALL 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 237
230	When did the last such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
231	CHECK 230: LAST PREGNANCY ENDED IN JAN. 2003 OR LATER <input type="checkbox"/> LAST PREGNANCY ENDED BEFORE JAN. 2003 <input type="checkbox"/>		→ 237
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
233	Since January 2003, have you had any other pregnancies that did not result in a live birth?	YES 1 NO 2	→ 235
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2003. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any miscarriages, abortions or stillbirths that ended before 2003?	YES 1 NO 2	→ 237
236	When did the last such pregnancy that terminated before 2003 end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
237	When did your last menstrual period start? <hr/> (DATE, IF GIVEN)	DAYS AGO 1 <table border="1" data-bbox="1238 152 1342 215"><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1" data-bbox="1238 215 1342 277"><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1" data-bbox="1238 277 1342 340"><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1" data-bbox="1238 340 1342 403"><tr><td></td><td></td></tr></table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996									
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	 301								
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8									

SECTION 3. CONTRACEPTION

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 306
305	ENTER '0' IN THE CALENDAR IN EACH BLANK MONTH.		→ 333
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN <input type="text"/> <input type="text"/>	
308	CHECK 302 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 311A
309	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 322
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 322
311	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTABLES E IMPLANTS F CONDOM G FEMALE CONDOM H LACTATIONAL AMENORRHEA (LAM) I RHYTHM METHOD L WITHDRAWAL M OTHER _____ X (SPECIFY)	→ 316 → 315 → 315 → 319A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.		
312	RECORD IF CODE 'C' FOR PILL IS CIRCLED IN 311. YES (USING PILL) <input type="checkbox"/> NO (USING CONDOM BUT NOT PILL) <input type="checkbox"/> May I see the package of pills you are using? May I see the package of condoms you are using? RECORD NAME OF BRAND IF PACKAGE SEEN.	PACKAGE SEEN 1 BRAND NAME _____ (SPECIFY) <input type="text"/> <input type="text"/> PACKAGE NOT SEEN 2	→ 314
313	Do you know the brand name of the (pills/condoms) you are using? RECORD NAME OF BRAND.	BRAND NAME _____ (SPECIFY) <input type="text"/> <input type="text"/> DON'T KNOW 98	
314	How many (pill cycles/condoms) did you get the last time?	NUMBER OF PILL CYCLES/CONDOMS ... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
315	The last time you obtained (HIGHEST METHOD ON LIST IN 311), how much did you pay in total, including the cost of the method and any consultation you may have had?	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 9995 DON'T KNOW 9998	<input type="checkbox"/> → 319A
316	In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER 12 GOVERNMENT DISPENSARY 13 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR FAITH-BASED, CHURCH, MISSION HOSPITAL / CLINIC 21 FHOK/FPAK HEALTH CENTER/ CLINIC 22 PRIVATE HOSPITAL/CLINIC 23 NURSING/MATERNITY HOME 25 MOBILE CLINIC 31 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
317	CHECK 311/311A: CODE 'A' <input type="checkbox"/> CIRCLED NOT CIRCLED <input type="checkbox"/> Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation? Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?	YES 1 NO 2 DON'T KNOW 8	
318	How much did you (your husband/partner) pay in total for the sterilization, including any consultation you (he) may have had?	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 9995 DON'T KNOW 9998	
319	In what month and year was the sterilization performed?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
319A	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?		
320	CHECK 319/319A, 215 AND 230: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A GO BACK TO 319/319A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).	YES <input type="checkbox"/> NO <input type="checkbox"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																										
321	<p>CHECK 319/319A:</p> <p>YEAR IS 2003 OR LATER <input type="checkbox"/></p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p>	<p>YEAR IS 2002 OR EARLIER <input type="checkbox"/></p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2003</p> <p>THEN SKIP TO \longrightarrow 331</p>																											
322	<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 2003.</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</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? 																												
323	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<table border="0"> <tr><td>NO CODE CIRCLED</td><td>00</td></tr> <tr><td>FEMALE STERILIZATION</td><td>01</td></tr> <tr><td>MALE STERILIZATION</td><td>02</td></tr> <tr><td>PILL</td><td>03</td></tr> <tr><td>IUD</td><td>04</td></tr> <tr><td>INJECTABLES</td><td>05</td></tr> <tr><td>IMPLANTS</td><td>06</td></tr> <tr><td>CONDOM</td><td>07</td></tr> <tr><td>FEMALE CONDOM</td><td>08</td></tr> <tr><td>LACTATIONAL AMENORRHEA (LAM)</td><td>09</td></tr> <tr><td>RHYTHM METHOD</td><td>10</td></tr> <tr><td>WITHDRAWAL</td><td>11</td></tr> <tr><td></td><td>96</td></tr> </table>	NO CODE CIRCLED	00	FEMALE STERILIZATION	01	MALE STERILIZATION	02	PILL	03	IUD	04	INJECTABLES	05	IMPLANTS	06	CONDOM	07	FEMALE CONDOM	08	LACTATIONAL AMENORRHEA (LAM)	09	RHYTHM METHOD	10	WITHDRAWAL	11		96	<p>\longrightarrow 333</p> <p>\longrightarrow 326</p> <p>\longrightarrow 335</p> <p>\longrightarrow 324A</p> <p>\longrightarrow 324A</p> <p>\longrightarrow 335</p> <p>\longrightarrow 335</p>
NO CODE CIRCLED	00																												
FEMALE STERILIZATION	01																												
MALE STERILIZATION	02																												
PILL	03																												
IUD	04																												
INJECTABLES	05																												
IMPLANTS	06																												
CONDOM	07																												
FEMALE CONDOM	08																												
LACTATIONAL AMENORRHEA (LAM)	09																												
RHYTHM METHOD	10																												
WITHDRAWAL	11																												
	96																												
324	<p>Where did you obtain (CURRENT METHOD) when you started using it?</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>GOVERNMENT DISPENSARY ... 13</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>FAITH-BASED, CHURCH, MISSION HOSPITAL / CLINIC 21</p> <p>FHOK/HPAK HEALTH CENTER/ CLINIC 22</p> <p>PRIVATE HOSPITAL/CLINIC 23</p> <p>PHARMACY/CHEMIST 24</p> <p>NURSING/MATERNITY HOME 25</p>																											
324A	<p>Where did you learn how to use the rhythm/lactational amenorrhoea method?</p>	<p>OTHER SOURCE</p> <p>MOBILE CLINIC 31</p> <p>COMMUNITY-BASED DISTRIBUTOR 41</p> <p>SHOP 51</p> <p>FRIEND/RELATIVE 61</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>																											

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 CONDOM 07 FEMALE CONDOM 08 LACTATIONAL AMENORRHEA (LAM) 09 RHYTHM METHOD 10	 → 332 → 329 → 335 → 335
326	You obtained (CURRENT METHOD FROM 323) from (SOURCE OF METHOD FROM 316 OR 324) in (DATE FROM 319/319A). At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 328
327	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES 1 NO 2	→ 329
328	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
329	CHECK 326: CODE '1' <input type="checkbox"/> CIRCLED ↓ At that time, were you told about other methods of family planning that you could use? CODE '1' NOT <input type="checkbox"/> CIRCLED ↓ When you obtained (CURRENT METHOD FROM 323) from (SOURCE OF METHOD FROM 316 OR 324) were you told about other methods of family planning that you could use?	YES 1 NO 2	→ 331
330	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES 1 NO 2	
331	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 CONDOM 07 FEMALE CONDOM 08 LACTATIONAL AMENORRHEA (LAM) 09 RHYTHM METHOD 10 WITHDRAWAL 11 OTHER METHOD 96	→ 335 → 335

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
332	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>GOVERNMENT DISPENSARY ... 13</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>FAITH-BASED, CHURCH, MISSION HOSPITAL / CLINIC 21</p> <p>FHOK/FPAK HEALTH CENTER/ CLINIC 22</p> <p>PRIVATE HOSPITAL/CLINIC 23</p> <p>PHARMACY/CHEMIST 24</p> <p>NURSING/MATERNITY HOME 25</p> <p>OTHER PRIV. MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>MOBILE CLINIC 31</p> <p>COMMUNITY-BASED DISTRIBUTOR. 41</p> <p>SHOP 51</p> <p>FRIEND/RELATIVE 61</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→ 335</p>
333	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 335</p>
334	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL B</p> <p>GOVT. HEALTH CENTER C</p> <p>GOVERNMENT DISPENSARY D</p> <p>OTHER PUBLIC _____ E</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>FAITH-BASED, CHURCH, MISSION HOSPITAL / CLINIC F</p> <p>FHOK/FPAK HEALTH CENTER/ CLINIC G</p> <p>PRIVATE HOSPITAL/CLINIC H</p> <p>PHARMACY/CHEMIST I</p> <p>NURSING/MATERNITY HOME J</p> <p>OTHER PRIV. MEDICAL _____ K</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>MOBILE CLINIC L</p> <p>COMMUNITY-BASED DISTRIBUTOR M</p> <p>SHOP N</p> <p>FRIEND/RELATIVE P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
335	<p>In the last 12 months, were you visited by a fieldworker who talked to you about family planning?</p>	<p>YES 1</p> <p>NO 2</p>	
336	<p>In the last 12 months, have you visited a health facility for care for yourself (or your children)?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 401</p>
337	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: ONE OR MORE BIRTHS IN 2003 OR LATER <input type="checkbox"/>	NO BIRTHS IN 2003 OR LATER <input type="checkbox"/> → 576		
402	CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2003 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)			
403	LINE NUMBER FROM 212	LAST BIRTH LINE NO. <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NO. <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH LINE NO. <input type="text"/> <input type="text"/>
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	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) ← LATER 2 NOT AT ALL 3 (SKIP TO 407) ←	THEN 1 (SKIP TO 432) ← LATER 2 NOT AT ALL 3 (SKIP TO 432) ←	THEN 1 (SKIP TO 432) ← LATER 2 NOT AT ALL 3 (SKIP TO 432) ←
406	How much longer would you have liked to wait?	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998
407	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B OTHER PERSON TRADITIONAL BIRTH ATTENDANT . C COMMUNITY HEALTH WORKER..... D OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 414) ←		

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

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

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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																																				
435	<p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO SEE IF ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p>HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE. B OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . C COMMUNITY HLTH WORKER . . . D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE Y</p>	<p>HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE. B OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . C COMMUNITY HLTH WORKER . . . D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE Y</p>	<p>HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE. B OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . C COMMUNITY HLTH WORKER . . . D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE Y</p>																																				
436	<p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME YOUR HOME . . . 11 (SKIP TO 443) ← OTHER HOME . . . 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. DISPENSARY . . . 23 OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR MISSION HOSPITAL/CLINIC 31 PVT. HOSPITAL/CLINIC 33 NURSING/MATERNITY HOME 35 OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 443) ←</p>	<p>HOME YOUR HOME . . . 11 (SKIP TO 444) ← OTHER HOME . . . 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. DISPENSARY . . . 23 OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR MISSION HOSPITAL/CLINIC 31 PVT. HOSPITAL/CLINIC 33 NURSING/MATERNITY HOME 35 OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 444) ←</p>	<p>HOME YOUR HOME . . . 11 (SKIP TO 444) ← OTHER HOME . . . 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. DISPENSARY . . . 23 OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR MISSION HOSPITAL/CLINIC 31 PVT. HOSPITAL/CLINIC 33 NURSING/MATERNITY HOME 35 OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 444) ←</p>																																				
437	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW . . . 998</p>													<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW . . . 998</p>													<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW . . . 998</p>												
438	<p>Was (NAME) delivered by caesarean section?</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>																																				
439	<p>Before you were discharged after (NAME) was born, did any health care provider check on your health?</p>	<p>YES 1 NO 2 (SKIP TO 442) ←</p>	<p>YES 1 (SKIP TO 455) ← NO 2</p>	<p>YES 1 (SKIP TO 455) ← NO 2</p>																																				

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____													
440	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW ... 998</p>															
441	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE/MIDWIFE 12</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT . 21</p> <p>COMMUNITY HLTH WORKER ... 22</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>(SKIP TO 453) ←</p>															
442	<p>After you were discharged, did any health care provider or a traditional birth attendant check on your health?</p>	<p>YES 1 (SKIP TO 445) ←</p> <p>NO 2 (SKIP TO 453) ←</p>	<p>YES 1 (SKIP TO 455) ←</p> <p>NO 2</p>	<p>YES 1 (SKIP TO 455) ←</p> <p>NO 2</p>													
443	<p>Why didn't you deliver in a health facility?</p> <p>PROBE: Any other reason?</p> <p>RECORD ALL MENTIONED.</p>	<p>COST TOO MUCH . . A</p> <p>FACILITY NOT OPEN . B</p> <p>TOO FAR/ NO TRANSPORTATION C</p> <p>DON'T TRUST FACILITY/POOR QUALITY SERVICE D</p> <p>NO FEMALE PROVIDER AT FACILITY . . E</p> <p>HUSBAND/FAMILY DID NOT ALLOW . . F</p> <p>NOT NECESSARY . . G</p> <p>NOT CUSTOMARY . . H</p> <p>OTHER _____</p> <p>(SPECIFY) X</p>															
444	<p>After (NAME) was born, did any health care provider or a traditional birth attendant check on your health?</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 449) ←</p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>													
445	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW ... 998</p>															

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____											
446	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 21 COMMUNITY HLTH WORKER . . . 22</p> <p>OTHER _____ 96 (SPECIFY)</p>													
447	<p>Where did this first check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME YOUR HOME . . . 11 OTHER HOME . . . 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. DISPENSARY . . . 23 OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR MISSION HOSPITAL/CLINIC 31 PVT. HOSPITAL/CLINIC 33 NURSING/MATERNITY HOME 35 OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>													
448	CHECK 442:	<p>YES NOT ASKED</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(SKIP TO 453) ↓ ↓</p>													
449	<p>In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?</p>	<p>YES 1 NO 2 (SKIP TO 453) ←</p> <p>DON'T KNOW 8</p>													
450	<p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DON'T KNOW . . . 998</p>													

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
451	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 21 COMMUNITY HLTH WORKER . . . 22 OTHER _____ 96 (SPECIFY)		
452	Where did this first check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME YOUR HOME . . . 11 OTHER HOME . . . 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. DISPENSARY . . . 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MED. SECTOR FAITH-BASED, CHURCH HOSP/CLINIC . 31 PVT. HOSPITAL/CLINIC 33 NURSING/MATERNITY HOME 35 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)		
453	In the first two months after delivery, did you receive a vitamin A dose (like this)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8		
454	Has your menstrual period returned since the birth of (NAME)?	YES 1 (SKIP TO 456) ← NO 2 (SKIP TO 457) ←		
455	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 459) ←	YES 1 NO 2 (SKIP TO 459) ←
456	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS . . . <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS . . . <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS . . . <input type="text"/> <input type="text"/> DON'T KNOW 98

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
457	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT OR <input type="checkbox"/> NANT UNSURE (SKIP TO 459) ←		
458	Have you begun to have sexual intercourse again since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 460) ←		
459	For how many months after the birth of (NAME) did you <u>not</u> have sexual intercourse?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
460	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 467) ←		
461	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ... 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>		
462	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 464) ←		
463	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . . . A PLAIN WATER . . . B SUGAR OR GLUCOSE WATER . . . C GRIPE WATER . . . D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA . . . G TEA/INFUSIONS . . . H HONEY I OTHER _____ X (SPECIFY)		
464	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 466) ←		
465	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 468) ← NO 2		
466	For how many months did you breastfeed (NAME)?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98	MONTHS ... <input type="text"/> <input type="text"/> STILL BF 95 DON'T KNOW ... 98	MONTHS ... <input type="text"/> <input type="text"/> STILL BF 95 DON'T KNOW ... 98

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

SECTION 5. IMMUNIZATION, HEALTH AND NUTRITION

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2003 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).			
502	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>
503	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 573)
504	Do you have a child welfare card with (NAME)'s vaccinations? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 508) ← NO CARD 3	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 508) ← NO CARD 3	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 508) ← NO CARD 3
505	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 508) ← NO 2	YES 1 (SKIP TO 508) ← NO 2	YES 1 (SKIP TO 508) ← NO 2
506	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. (3) IF MORE THAN TWO VITAMIN 'A' DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES.			
		LAST BIRTH DAY MONTH YEAR BCG DPT, HEPATITIS, HIB, 1st DOSE DPT, HEPATITIS, HIB, 2nd DOSE DPT, HEPATITIS, HIB, 3rd DOSE POLIO 0 (POLIO GIVEN AT BIRTH) OPV 1 OPV 2 OPV 3 MEASLES VITAMIN A (MOST RECENT) VITAMIN A (2nd MOST RECENT) YELLOW FEVER	NEXT-TO-LAST BIRTH DAY MONTH YEAR BCG D1 D2 D3 P0 P1 P2 P3 MEA VIT A VIT A	SECOND-FROM-LAST BIRTH DAY MONTH YEAR BCG D1 D2 D3 P0 P1 P2 P3 MEA VIT A VIT A
506A	CHECK 506:	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> OTHER <input type="checkbox"/> (GO TO 510)	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> OTHER <input type="checkbox"/> (GO TO 510)	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> OTHER <input type="checkbox"/> (GO TO 510)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
507	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINES.	YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) ← NO 2 (SKIP TO 510) ← DON'T KNOW 8	YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) ← NO 2 (SKIP TO 510) ← DON'T KNOW 8	YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) ← NO 2 (SKIP TO 510) ← DON'T KNOW 8
508	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization campaign?	YES 1 NO 2 (SKIP TO 512) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 512) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 512) ← DON'T KNOW 8
509	Please tell me if (NAME) received any of the following vaccinations:			
509A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
509B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 509E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 509E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 509E) ← DON'T KNOW 8
509C	Was the first polio vaccine received in the first two weeks after birth or later?	FIRST 2 WEEKS ... 1 LATER 2	FIRST 2 WEEKS ... 1 LATER 2	FIRST 2 WEEKS ... 1 LATER 2
509D	How many times was the polio vaccine received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
509E	A Pentavalent vaccination, that is an injection given in the thigh, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 509G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 509G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 509G) ← DON'T KNOW 8
509F	How many times was a Penta valent vaccination received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
509G	A measles injection- that is , a shot in the right upper arm at the age of 9 months or older - to prevent him/her from getting measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
510	Were any of the vaccinations (NAME) received during the last two years given as part of a national immunization day campaign?	YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW ... 8	YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW ... 8	YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW ... 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
512	CHECK 506: DATE SHOWN FOR VITAMIN A DOSE	DATE FOR MOST RECENT VITAMIN A DOSE OTHER [] [] (SKIP TO 514)	DATE FOR MOST RECENT VITAMIN A DOSE OTHER [] [] (SKIP TO 514)	DATE FOR MOST RECENT VITAMIN A DOSE OTHER [] [] (SKIP TO 514)
513	According to (NAME)'s health card, he/she received a vitamin A dose (like this/any of these) in (MONTH AND YEAR OF MOST RECENT DOSE FROM CARD). Has (NAME) received another vitamin A dose since then? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 (SKIP TO 515) ← NO 2 (SKIP TO 516) ← DON'T KNOW 8	YES 1 (SKIP TO 515) ← NO 2 (SKIP TO 516) ← DON'T KNOW 8	YES 1 (SKIP TO 515) ← NO 2 (SKIP TO 516) ← DON'T KNOW 8
514	HAS (NAME) ever received a vitamin A dose (like this/ any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 (SKIP TO 516) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 516) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 516) ← DON'T KNOW 8
515	Did (NAME) receive a vitamin A dose within the last six months?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
516	In the last seven days, did (NAME) take iron pills, sprinkles with iron, or iron syrup (like this/any of these)? SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
517	Has (NAME) taken any drug for intestinal worms in the last six months?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
518	Has (NAME) had diarrhoea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8
519	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
520	Now I would like to know how much (NAME) was given to drink during the diarrhoea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
521	<p>When (NAME) had diarrhoea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8</p>	<p>MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8</p>	<p>MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8</p>
522	<p>Did you seek advice or treatment for the diarrhoea from any source?</p>	<p>YES 1 NO 2 (SKIP TO 527) ←</p>	<p>YES 1 NO 2 (SKIP TO 527) ←</p>	<p>YES 1 NO 2 (SKIP TO 527) ←</p>
523	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR GOVT HOSPITAL B GOVT HEALTH CENTER C GOVT DISPENSARY D OTHER PUBLIC _____ E (SPECIFY) PRIVATE MEDICAL SECTOR MISSION HOSP./ CLINIC F PVT. HOSPITAL/ CLINIC H PHARMACY ... I OTHER PRIVATE MED. _____ K (SPECIFY) MOBILE CLINIC ... L COMMUNITY HEALTH WORKER M OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER O RELATIVE/FRIEND P OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR GOVT HOSPITAL B GOVT HEALTH CENTER C GOVT DISPENSARY D OTHER PUBLIC _____ E (SPECIFY) PRIVATE MEDICAL SECTOR MISSION HOSP./ CLINIC F PVT. HOSPITAL/ CLINIC H PHARMACY ... I OTHER PRIVATE MED. _____ K (SPECIFY) MOBILE CLINIC ... L COMMUNITY HEALTH WORKER M OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER O RELATIVE/FRIEND P OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR GOVT HOSPITAL B GOVT HEALTH CENTER C GOVT DISPENSARY D OTHER PUBLIC _____ E (SPECIFY) PRIVATE MEDICAL SECTOR MISSION HOSP./ CLINIC F PVT. HOSPITAL/ CLINIC H PHARMACY ... I OTHER PRIVATE MED. _____ K (SPECIFY) MOBILE CLINIC ... L COMMUNITY HEALTH WORKER M OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER O RELATIVE/FRIEND P OTHER _____ X (SPECIFY)</p>
524	<p>CHECK 523:</p>	<p>TWO OR ONLY [] MORE ONE [] [] CODES CODE [] [] CIRCLED CIRCLED [] ↓ (SKIP TO 526) ←</p>	<p>TWO OR ONLY [] MORE ONE [] [] CODES CODE [] [] CIRCLED CIRCLED [] ↓ (SKIP TO 526) ←</p>	<p>TWO OR ONLY [] MORE ONE [] [] CODES CODE [] [] CIRCLED CIRCLED [] ↓ (SKIP TO 526) ←</p>
525	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 523.</p>	<p>FIRST PLACE ... []</p>	<p>FIRST PLACE ... []</p>	<p>FIRST PLACE ... []</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
526	How many days after the diarrhoea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
527	Does (NAME) still have diarrhoea?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
528	Was he/she given any of the following to drink at any time since he/she started having the diarrhoea:	YES NO DK FLUID FROM ORS PKT .. 1 2 8 SUGAR-SALT SOL'N ... 1 2 8 HOMEMADE FLUID ... 1 2 8	YES NO DK FLUID FROM ORS PKT .. 1 2 8 SUGAR-SALT SOL'N ... 1 2 8 HOMEMADE FLUID ... 1 2 8	YES NO DK FLUID FROM ORS PKT .. 1 2 8 SUGAR-SALT SOL'N ... 1 2 8 HOMEMADE FLUID ... 1 2 8
529	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8
530	What (else) was given to treat the diarrhoea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY . B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC. G UNKNOWN INJECTION ... H (IV) INTRAVENOUS . I HOME REMEDY/ HERBAL MED-ICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY . B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC. G UNKNOWN INJECTION ... H (IV) INTRAVENOUS . I HOME REMEDY/ HERBAL MED-ICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY . B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC. G UNKNOWN INJECTION ... H (IV) INTRAVENOUS . I HOME REMEDY/ HERBAL MED-ICINE J OTHER _____ X (SPECIFY)
531	CHECK 530: GIVEN ZINC?	CODE "C" CIRCLED <input type="checkbox"/> CODE "C" NOT CIRCLED <input type="checkbox"/> (SKIP TO 533) ←	CODE "C" CIRCLED <input type="checkbox"/> CODE "C" NOT CIRCLED <input type="checkbox"/> (SKIP TO 533) ←	CODE "C" CIRCLED <input type="checkbox"/> CODE "C" NOT CIRCLED <input type="checkbox"/> (SKIP TO 533) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
532	How many times was (NAME) given zinc?	TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98	TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98	TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98
533	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
534	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8
535	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES 1 NO 2 (SKIP TO 538) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 538) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 538) ← DON'T KNOW 8
536	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 538) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 538) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 538) ←
537	CHECK 533: HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573)
538	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
539	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
540	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 545) ←	YES 1 NO 2 (SKIP TO 545) ←	YES 1 NO 2 (SKIP TO 545) ←

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

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

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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
558	How long after the fever started did (NAME) first take Amodiaquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW 8
559	For how many days did (NAME) take the Amodiaquine? IF 7 DAYS OR MORE, WRITE 7.	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8
560	CHECK 547: QUININE ('D') GIVEN	CODE 'D' CIRCLED <input type="checkbox"/> CODE 'D' NOT CIRCLED <input type="checkbox"/> (SKIP TO 563)	CODE 'D' CIRCLED <input type="checkbox"/> CODE 'D' NOT CIRCLED <input type="checkbox"/> (SKIP TO 563)	CODE 'D' CIRCLED <input type="checkbox"/> CODE 'D' NOT CIRCLED <input type="checkbox"/> (SKIP TO 563)
561	How long after the fever started did (NAME) first take quinine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW 8
562	For how many days did (NAME) take the quinine? IF 7 DAYS OR MORE, WRITE 7.	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8
563	CHECK 547: ARTEMETER+LUMEFANTRINE (AL/COARTEM) ('E') GIVEN	CODE 'E' CIRCLED <input type="checkbox"/> CODE 'E' NOT CIRCLED <input type="checkbox"/> (SKIP TO 569)	CODE 'E' CIRCLED <input type="checkbox"/> CODE 'E' NOT CIRCLED <input type="checkbox"/> (SKIP TO 569)	CODE 'E' CIRCLED <input type="checkbox"/> CODE 'E' NOT CIRCLED <input type="checkbox"/> (SKIP TO 569)
564	How long after the fever started did (NAME) first take AL?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW 8
565	For how many days did (NAME) take AL? IF 7 DAYS OR MORE, WRITE 7.	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____
569	CHECK 547: OTHER ANTIMALARIAL ('F') GIVEN	CODE 'F' CIRCLED <input type="checkbox"/> CODE 'F' NOT CIRCLED <input type="checkbox"/> ↓ (GO TO 571A)	CODE 'F' CIRCLED <input type="checkbox"/> CODE 'F' NOT CIRCLED <input type="checkbox"/> ↓ (GO TO 571A)	CODE 'F' CIRCLED <input type="checkbox"/> CODE 'F' NOT CIRCLED <input type="checkbox"/> ↓ (GO TO 571A)	CODE 'F' CIRCLED <input type="checkbox"/> CODE 'F' NOT CIRCLED <input type="checkbox"/> ↓ (GO TO 571A)	CODE 'F' CIRCLED <input type="checkbox"/> CODE 'F' NOT CIRCLED <input type="checkbox"/> ↓ (GO TO 571A)	CODE 'F' CIRCLED <input type="checkbox"/> CODE 'F' NOT CIRCLED <input type="checkbox"/> ↓ (GO TO 571A)
570	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8
571	For how many days did (NAME) take the (OTHER ANTIMALARIAL)? IF 7 DAYS OR MORE, WRITE 7.	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8
571A	Was anything else done about (NAME)'s fever?	YES 1 NO 2 (SKIP TO 572) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 572) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 572) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 572) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 572) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 572) ← DON'T KNOW 8
571B	What was done about (NAME)'s fever?	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	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	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
572		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
573	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2003 OR LATER AND LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 574) _____ (NAME)		576
574	The last time (NAME FROM 573) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE . . . 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER _____ 96 (SPECIFY)	
575	CHECK 528(a) AND 528(b), ALL COLUMNS: NO CHILD <input type="checkbox"/> RECEIVED FLUID FROM ORS PACKET	ANY CHILD <input type="checkbox"/> RECEIVED FLUID FROM ORS PACKET	576B
576	Have you ever heard of a special product called Oralite or ORS that you can get for the treatment of diarrhoea?	YES 1 NO 2	
576A	CHECK 224: ONE OR MORE <input type="checkbox"/> BIRTHS IN 2003 OR LATER	NO <input type="checkbox"/> BIRTHS IN 2003 OR LATER	601
576B	CHECK 218, ALL ROWS: ANY CHILD LIVING WITH RESPONDENT? YES, ONE OR MORE <input type="checkbox"/> CHILDREN LIVING WITH HER	NO CHILDREN <input type="checkbox"/> LIVING WITH HER	601
576C	When a child is ill, what signs of illness would tell you that he or she should be taken to health facility or health worker? CIRCLE ALL MENTIONED.	NOT ABLE TO DRINK/BREASTFEED .. A FEVER, SHIVERING B REPEATED VOMITING C DIARRHOEA D BLOOD IN STOOLS E FAST BREATHING F CONVULSIONS G WEAKNESS H GETTING SICKER I OTHER _____ X (SPECIFY)	
577	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2005 OR LATER AND LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 578) _____ (NAME)		601

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																												
578	<p>Now I would like to ask you about liquids or foods (NAME FROM 577) had yesterday during the day or at night.</p> <p>Did (NAME FROM 577) (drink/eat):</p> <p>Plain water?</p> <p>Commercially produced infant formula?</p> <p>Milk, such as tinned, powdered, or fresh animal milk?</p> <p>Tea or coffee?</p> <p>Any other liquids?</p> <p>Any fortified baby food like Cerelac?</p> <p>Any (other) porridge or gruel?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>PLAIN WATER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>FORMULA</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>MILK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>TEA OR COFFEE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>OTHER LIQUIDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>BABY CEREAL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>OTHER PORRIDGE/GRUEL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	PLAIN WATER	1	2	8	FORMULA	1	2	8	MILK	1	2	8	TEA OR COFFEE	1	2	8	OTHER LIQUIDS	1	2	8	BABY CEREAL	1	2	8	OTHER PORRIDGE/GRUEL	1	2	8													
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579	<p>Now I would like to ask you about other foods (NAME FROM 577) ate over the last 24 hours. I am interested in whether (NAME) had the item even if it was combined with other foods.</p> <p>Yesterday, did (NAME) eat:</p> <p>a) Any foods made from grains, like maize, rice, wheat, porridge, sorghum or other local grains?</p> <p>b) Pumpkin, yellow yams, butternut, carrots or yellow sweet potatoes?</p> <p>c) Any other food made from roots or tubers, like white potatoes, arrowroot, cassava, or other roots or tubers?</p> <p>d) Any green leafy vegetables?</p> <p>e) Mango, pawpaw, 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, sea food or eggs?</p> <p>h) Any food made from legumes, e.g. lentils, beans, soybeans, pulses or pea nuts?</p> <p>i) Sour milk, cheese, or yoghurt?</p> <p>j) Any other solid or semi-solid food?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>GRAINS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>RED-YELLOW VEGETABLES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>ROOTS, TUBERS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>GREEN LEAFY VEGETABLES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>MANGO, PAWPAW, GUAVA</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>OTHER FRUITS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>MEAT, CHICKEN, FISH, EGGS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>BEANS, PULSES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>SOUR MILK, CHEESE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>ANY OTHER SOLID OR MUSHY FOOD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	GRAINS	1	2	8	RED-YELLOW VEGETABLES	1	2	8	ROOTS, TUBERS	1	2	8	GREEN LEAFY VEGETABLES	1	2	8	MANGO, PAWPAW, GUAVA	1	2	8	OTHER FRUITS	1	2	8	MEAT, CHICKEN, FISH, EGGS	1	2	8	BEANS, PULSES	1	2	8	SOUR MILK, CHEESE	1	2	8	ANY OTHER SOLID OR MUSHY FOOD	1	2	8	
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580	<p>CHECK 578 (LAST 2 CATEGORIES: BABY CEREAL OR OTHER PORRIDGE/GRUEL) AND 579:</p> <p>AT LEAST ONE "YES" <input type="checkbox"/></p>	<p>NOT A SINGLE "YES" <input type="checkbox"/></p>	<p>→ 601</p>																																												
581	<p>How many times did (NAME FROM 577) eat solid, semisolid, or soft foods yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES <input type="text"/></p> <p>DON'T KNOW 8</p>																																													

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	<input type="checkbox"/> → 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 617
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> → 609
604	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
606	Does your husband/partner have other wives or does he live with other women as if married?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 609
607	Including yourself, in total, how many wives or partners does your husband live with now as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS..... <input type="text"/> <input type="text"/> DON'T KNOW 98	
608	Are you the first, second, ... wife?	RANK <input type="text"/> <input type="text"/>	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
615	CHECK 609: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> <p>↓</p> <p>In what month and year did you start living with your husband/partner?</p> </div> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>↓</p> <p>Now I would like to ask about when you started living with your first husband/partner. In what month and year was that?</p> </div> </div>	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 616A
616	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
616A	When you got married or lived with a man, was it your choice or it was arranged?	OWN CHOICE 1 ARRANGED 2	
616B	When you first got married or lived with a man, was the man older than you, younger than you or the same age as you?	OLDER 1 YOUNGER 2 ABOUT THE SAME AGE 3 DON'T KNOW/DON'T REMEMBER ... 8	<input type="checkbox"/> → 617
616C	Would you say this person was ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER 1 LESS THAN TEN YEARS OLDER ... 2 OLDER, UNSURE HOW MUCH 3	
617	CHECK FOR THE PRESENCE OF OTHER PEOPLE BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		

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

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

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
635	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3
636	The last time you had sexual intercourse with this person, did you or this person drink alcohol?	YES 1 NO 2 (SKIP TO 638) ←	YES 1 NO 2 (SKIP TO 638) ←	YES 1 NO 2 (SKIP TO 639) ←
637	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY ... 2 BOTH RESPONDENT AND PARTNER . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 BOTH RESPONDENT AND PARTNER . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 BOTH RESPONDENT AND PARTNER . 3 NEITHER 4
638	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 627 ← IN NEXT COLUMN) NO 2 (SKIP TO 640) ←	YES 1 (GO BACK TO 627 ← IN NEXT COLUMN) NO 2 (SKIP TO 640) ←	
639	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS LAST 12 MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
640	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95'.	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98	
640A	In the last 12 months, have you ever given or received money, gifts or favours in return for sex?	YES 1 NO 2	
641	Do you know of a place where a person can get male condoms?	YES 1 NO 2	→ 644
642	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL B GOVT. HEALTH CENTER C GOVERNMENT DISPENSARY ... D OTHER PUBLIC _____ E (SPECIFY) PRIVATE MEDICAL SECTOR FAITH-BASED, CHURCH, MISSION HOSPITAL / CLINIC F FHOK/FPAK HEALTH CENTER/CLINIC G PRIVATE HOSPITAL/CLINIC H PHARMACY/CHEMIST I NURSING/MATERNITY HOME J OTHER PRIV. MEDICAL _____ K (SPECIFY) OTHER SOURCE MOBILE CLINIC L COMMUNITY-BASED DISTRIBUTOR M SHOP N FRIEND/RELATIVE P OTHER _____ X (SPECIFY)	
643	If you wanted to, could you yourself get a male condom?	YES 1 NO 2 DON'T KNOW/UNSURE 8	
644	Do you know of a place where a person can get female condoms?	YES 1 NO 2	→ 647

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
645	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL B</p> <p>GOVT. HEALTH CENTER C</p> <p>GOVERNMENT DISPENSARY ... D</p> <p>OTHER PUBLIC _____ E</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>FAITH-BASED, CHURCH, MISSION HOSPITAL / CLINIC F</p> <p>FHOK/FPAK HEALTH CENTER/CLINIC G</p> <p>PRIVATE HOSPITAL/CLINIC H</p> <p>PHARMACY/CHEMIST I</p> <p>NURSING/MATERNITY HOME J</p> <p>OTHER PRIV. MEDICAL _____ K</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>MOBILE CLINIC L</p> <p>COMMUNITY-BASED DISTRIBUTOR SHOP M</p> <p>SHOP N</p> <p>FRIEND/RELATIVE P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>																					
646	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>																					
647	<p>In the last few months have you heard or read about condoms:</p> <p>On the radio?</p> <p>On the television?</p> <p>In a newspaper or magazine?</p> <p>On billboards?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BILLBOARDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER OR MAGAZINE ..	1	2	BILLBOARDS	1	2						
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RADIO	1	2																					
TELEVISION	1	2																					
NEWSPAPER OR MAGAZINE ..	1	2																					
BILLBOARDS	1	2																					
648	<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> <p>On billboards</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">ACCEP- TABLE</th> <th style="text-align: center;">NOT ACCEP- TABLE</th> <th style="text-align: center;">DK/ UN- SURE</th> </tr> </thead> <tbody> <tr> <td>ON THE RADIO. . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>ON THE TV.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>NEWSPAPERS. . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>BILLBOARDS. . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		ACCEP- TABLE	NOT ACCEP- TABLE	DK/ UN- SURE	ON THE RADIO. . .	1	2	8	ON THE TV.	1	2	8	NEWSPAPERS. . .	1	2	8	BILLBOARDS. . .	1	2	8	
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BILLBOARDS. . .	1	2	8																				

SECTION 7. FERTILITY PREFERENCES

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	<p>CHECK 702:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/> WANTS NO MORE/NONE <input type="checkbox"/></p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method? Can you tell me why you are not using a method?</p> <p>Any other reason? Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY . D</p> <p>SUBFECUND/INFECUND E</p> <p>POSTPARTUM AMENORRHEIC ... F</p> <p>BREASTFEEDING G</p> <p>FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED . J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS O</p> <p>FEAR OF SIDE EFFECTS P</p> <p>LACK OF ACCESS/TOO FAR Q</p> <p>COSTS TOO MUCH R</p> <p>INCONVENIENT TO USE S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES T</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
707A	In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?	<p>BIG PROBLEM 1</p> <p>SMALL PROBLEM 2</p> <p>NO PROBLEM 3</p> <p>SAYS SHE CAN'T GET PREGNANT/ NOT HAVING SEX 4</p>	
708	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NO, NOT CURRENTLY USING <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/></p>		→ 713
709	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 711 → 713
710	Which contraceptive method would you prefer to use?	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>LACTATIONAL AMEN. METHOD 09</p> <p>RHYTHM METHOD 10</p> <p>WITHDRAWAL 11</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>UNSURE 98</p>	→ 713

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	CHECK 601: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		801
718	CHECK 311/311A: CODE B, G, OR M CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		720 722
719	Does your husband/partner know that you are using a method of family planning?	YES 1 NO 2 DON'T KNOW 8	
720	Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER _____ 6 (SPECIFY)	
720A	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?	APPROVES 1 DISAPPROVES 2 DOES NOT KNOW 8	
720B	How often have you talked to your husband/partner about family planning in the past year?	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3	
721	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		801
722	Does your husband/partner want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 601 AND 602: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/>	NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/>	→ 803 → 807
802	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/>	
803	Did your (last) husband/partner ever attend school?	YES 1 NO 2	→ 806
804	What is the highest level of school he attended: primary, vocational, secondary, or higher?	PRIMARY 1 POST-PRIMARY/VOCATIONAL 2 SECONDARY/'A' LEVEL 3 COLLEGE (MIDDLE LEVEL) 4 UNIVERSITY 5 DON'T KNOW 8	→ 806
805	What is the highest (standard/form/year) he completed at that level? IF NONE, WRITE '00'.	STANDARD/FORM/YEAR ... <input type="text"/> DON'T KNOW 98	
806	CHECK 801: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> What is your husband's/partner's occupation? That is, what kind of work does he mainly do?	What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do? <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
807	Aside from your own housework, have you done any work in the last seven days?	YES 1 NO 2	→ 811
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES 1 NO 2	→ 811
809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	YES 1 NO 2	→ 811
810	Have you done any work in the last 12 months?	YES 1 NO 2	→ 818
811	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
812	CHECK 811: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 814

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
825	Who usually makes decisions about making purchases for daily household needs?	1	2	3	4	6	
826	Who usually makes decisions about visits to your family or relatives?	1	2	3	4	6	
826A	Who usually makes decisions about what food should be cooked each day?	1	2	3	4	6	
827	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)				PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.
		CHILDREN < 10	.....	1	2	3	
		HUSBAND	.....	1	2	3	
		OTHER MALES	.....	1	2	3	
		OTHER FEMALES	...	1	2	3	
828	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:				YES	NO	DK
	If she goes out without telling him?	GOES OUT	.....	1	2	8	
	If she neglects the children?	NEGL. CHILDREN	...	1	2	8	
	If she argues with him?	ARGUES	.....	1	2	8	
	If she refuses to have sex with him?	REFUSES SEX	.....	1	2	8	
	If she burns the food?	BURNS FOOD	.....	1	2	8	

SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 917																
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8																	
903	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
906	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES 1 NO 2 DON'T KNOW 8																	
907	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
908A	Is there anything else a person can do to avoid getting AIDS or the virus?	YES 1 NO 2 DON'T KNOW 8	→ 909 → 909																
908B	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 PARTNER 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 OTHERS (SPECIFY) _____ W OTHERS (SPECIFY) _____ X DON'T KNOW Z																	
909	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
910	Do you know someone personally who has the virus that causes AIDS or someone who died of AIDS?	YES 1 NO 2																	
911	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>DURING PREG.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BREASTFEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY	1	2	8	BREASTFEEDING	1	2	8	
	YES	NO	DK																
DURING PREG.	1	2	8																
DURING DELIVERY	1	2	8																
BREASTFEEDING	1	2	8																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
912	CHECK 911: AT LEAST ONE 'YES' <input type="checkbox"/>	OTHER <input type="checkbox"/>	→ 913
912A	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8	
913	CHECK 801: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/>		→ 914A
914	Have you ever talked with (your husband/the man you are with) about ways to prevent getting the virus that causes AIDS?	YES 1 NO 2	
914A	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
915	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DK/NOT SURE/DEPENDS 8	
916	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
916A	In your opinion, if a female teacher has the AIDS virus, but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED 2 DK/NOT SURE/DEPENDS 8	
916B	Should children age 12-14 years be taught about using condoms to avoid getting AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
916B1	Do you think your chances of getting AIDS are small, moderate, great or no risk at all?	NO RISK AT ALL 1 SMALL 2 MODERATE 3 GREAT 4 HAS AIDS 5	→ 916B3 → 916B4
916B2	Why do you think that you have (no risk/small chance) of getting AIDS? Any reasons? CIRCLE ALL MENTIONED	IS NOT HAVING SEX A USES CONDOM B HAS ONLY ONE PARTNER C LIMITS THE NUMBER OF PARTNERS .. D PATNER HAS NO OTHER PATNERS .. E OTHER _____ X (SPECIFY)	→ 916B4
916B3	Why do you think that you have (moderate/great) chance of getting AIDS? Any reasons? CIRCLE ALL MENTIONED	DOES NOT USE CONDOM A HAS MORE THAN ONE SEX PARTNER .. B PARTNER HAS OTHER PARTNERS ... C HOMOSEXUAL CONTACTS D HAD BLOOD TRANSFUSION/INJECTION E OTHER _____ X (SPECIFY)	
916B4	Have you ever heard of VCT?	YES 1 NO 2	
916B5	CHECK 208 AND 215: LAST BIRTH SINCE JANUARY 2005 <input type="checkbox"/>	NO BIRTHS <input type="checkbox"/> LAST BIRTH BEFORE JANUARY 2005 <input type="checkbox"/>	→ 916C → 916C

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
916B6	CHECK 407 FOR LAST BIRTH: HAD ANTENATAL CARE <input type="checkbox"/>	NO ANTENATAL CARE <input type="checkbox"/>	→916C																
916B7	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
916B8	During any of the antenatal visits for your last birth, did anyone talk to you about: Babies getting the AIDS virus from their mother? Things that you can do to prevent getting the AIDS virus? Getting tested for the AIDS virus?	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>AIDS FROM MOTHER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>THINGS TO DO ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TESTED FOR AIDS ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	AIDS FROM MOTHER	1	2	8	THINGS TO DO ...	1	2	8	TESTED FOR AIDS ..	1	2	8	
	YES	NO	DK																
AIDS FROM MOTHER	1	2	8																
THINGS TO DO ...	1	2	8																
TESTED FOR AIDS ..	1	2	8																
916B9	Were you offered a test for the AIDS virus as part of your antenatal care?	YES 1 NO 2																	
916B10	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	YES 1 NO 2	→ 916C																
916B11	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2																	
916B12	Where was the test done? IF SOURCE IS HOSPITAL, HEALTH CENTRE OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE 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 GOVT. HEALTH CENTRE/CLINIC ... 12 GOVERNMENT DISPENSARY 13 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR MISSIONARY/CHURCH HOSP./CLINIC 21 FPAK HEALTH CENTRE/CLINIC ... 22 PRIVATE HOSPITAL/CLINIC 23 VCT CENTRE 24 NURSING/MATERNITY HOMES ... 25 BLOOD TRANSFUSION SERVICES 26 OTHER PRIVATE MEDICAL _____ 27 (SPECIFY) OTHER _____ 96 (SPECIFY)																	
916B13	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES 1 NO 2	→ 916C1																
916B14	When was the last time you were tested for the AIDS virus?	LESS THAN 12 MONTHS AGO 1 12 - 23 MONTHS AGO 2 2 OR MORE YEARS AGO 3	→ 917																
916C	I do not want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→ 916D																
916C1	When was the last time you were tested?	LESS THAN 12 MONTHS AGO 1 12 - 23 MONTHS AGO 2 2 OR MORE YEARS AGO 3																	
916C2	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 TEST 1 OFFERED AND ACCEPTED 2 REQUIRED 3																	
916C3	I donot want to know the results, but did you get the results of the test?	YES 1 NO 2																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
916C4	<p>Where was the test done?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTRE OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>NAME OF PLACE _____</p> <p>IF NURSING/MATERNITY HOME, ASK IF IT IS RUN BY A CHURCH OR MISSION. IF SO, CIRCLE CODE "21".</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTRE/CLINIC ... 12</p> <p>GOVERNMENT DISPENSARY 13</p> <p>OTHER PUBLIC _____ 16 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>MISSIONARY/CHURCH HOSP./CLINIC 21</p> <p>FPAK HEALTH CENTRE/CLINIC ... 22</p> <p>PRIVATE HOSPITAL/CLINIC 23</p> <p>VCT CENTRE 24</p> <p>NURSING/MATERNITY HOMES ... 25</p> <p>BLOOD TRANSFUSION SERVICES 26</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 27 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 917</p>
916D	<p>Would you want to be tested for the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE 8</p>	
916E	<p>Do you know of a place where people can go to get tested for the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 917</p>
916F	<p>Where is that?</p> <p>Any other place?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTRE OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>NAME OF PLACE _____</p> <p>IF NURSING/MATERNITY HOME, ASK IF IT IS RUN BY A CHURCH OR MISSION. IF SO, CIRCLE CODE "E".</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTRE/CLINIC ... B</p> <p>GOVERNMENT DISPENSARY C</p> <p>OTHER PUBLIC _____ D (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>MISSIONARY/CHURCH HOSP./CLINIC E</p> <p>FPAK HEALTH CENTRE/CLINIC ... F</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>VCT CENTRE H</p> <p>NURSING/MATERNITY HOMES ... I</p> <p>BLOOD TRANSFUSION SERVICES J</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ K (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>	
917	<p>CHECK 901:</p> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 919A</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
918	<p>If a man has a sexually transmitted disease, what symptoms might he have?</p> <p>Any others?</p> <p>RECORD ALL MENTIONED</p>	<p>ABDOMINAL PAIN A GENITAL DISCHARGE/DRIPPING B FOUL SMELL/DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMATION 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</p>	
919	<p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any others?</p> <p>RECORD ALL MENTIONED</p>	<p>ABDOMINAL PAIN A GENITAL DISCHARGE B FOUL SMELL/DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMATION 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</p>	
919A	<p>CHECK 618: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>		1001
919A1	<p>CHECK 917: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>		919C
919B	<p>Now I would like to ask you some questions about your health in the last twelve months. During the last twelve months have you had a sexually transmitted disease?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	
919C	<p>Sometimes women experience an abnormal vaginal discharge. During the last twelve months, have you had a bad smelling unusual discharge from your vagina?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	
919D	<p>Sometimes women have a genital sore or ulcer. During the last twelve months have you had a genital sore or ulcer?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	
919E	<p>CHECK 919B, 919C AND 919D HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></p>		1001
919F	<p>Last time you had (PROBLEM(S) FROM 919B/919C/919D), did you seek any kind of advice or treatment?</p>	<p>YES 1 NO 2</p>	919H

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
919G	<p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTRE/CLINIC ... B</p> <p>GOVERNMENT DISPENSARY C</p> <p>OTHER PUBLIC _____ D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>MISSIONARY/CHURCH HOSP./CLINIC E</p> <p>FPAK HEALTH CENTRE/CLINIC ... F</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>VCT CENTRE H</p> <p>NURSING/MATERNITY HOMES ... I</p> <p>BLOOD TRANSFUSION SERVICES J</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ K</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>TRADITIONAL HEALER L</p> <p>SHOP/PHARMACY M</p> <p>FRIENDS OR RELATIVES..... N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
919H	<p>When you had (PROBLEM(S) FROM 919B/919C/919D), did you inform the person(s) with whom you were having sex?</p>	<p>YES, INFORMED ALL PARTNERS ... 1</p> <p>NO, INFORMED NONE 2</p> <p>INFORMED SOME NOT ALL 3</p> <p>DID NOT HAVE A PARTNER 4</p>	<p>→ 1001</p>
919I	<p>When you had (PROBLEM(S) FROM 919B/919C/919D), did you do anything to avoid infecting your sexual partners(s)</p>	<p>YES 1</p> <p>NO 2</p> <p>DID NOT HAVE A PARTNER 3</p>	<p>→ 1001</p> <p>→ 1001</p>
919J	<p>What did you do to avoid infecting your partner(s)? Did you:</p> <p>Use medicine?</p> <p>Stop having sex?</p> <p>Use a condom when having sex?</p>	<p>YES NO</p> <p>USE MEDICINE 1 2</p> <p>STOP SEX 1 2</p> <p>USE CONDOM 1 2</p>	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 1009
1002	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS B THROUGH TOUCHING A PERSON WITH TB C THROUGH FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER _____ X (SPECIFY) DON'T KNOW Z	
1003	Can tuberculosis be cured?	YES 1 NO 2 DON'T KNOW 8	
1004	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DON'T KNOW/NOT SURE/ DEPENDS 8	
1009	Do you currently smoke cigarettes?	YES 1 NO 2	→ 1011
1010	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/> <input type="text"/>	
1011	Do you currently smoke or use any other type of tobacco?	YES 1 NO 2	→ 1014
1012	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE A CHEWING TOBACCO B SNUFF C OTHER _____ X (SPECIFY)	
1014	Are you covered by any health insurance?	YES 1 NO 2	→ 1016
1015	What type of health insurance? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B SOCIAL SECURITY C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE. D OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1016	<p>Sometimes a woman can have a problem such that she experiences a constant leakage of urine or stool from her vagina during the day and night. This problem usually occurs after a difficult childbirth, but may also occur after a sexual assault or after a pelvic surgery.</p> <p>Have you ever experienced a constant leakage of urine or stool from your vagina during the day and night?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1101
1017	Did this problem occur after a delivery ?	<p>YES 1</p> <p>NO 2</p>	→ 1021
1018	Did this problem occur after a sexual assault ?	<p>YES 1</p> <p>NO 2</p>	→ 1023
1019	Did this problem occur after you had pelvic surgery ?	<p>YES 1</p> <p>NO 2</p>	→ 1023
1020	<p>Did this problem occur after some other event happened to you?</p> <p>IF YES: What happened?</p>	<p>YES 1</p> <p>NO 2</p> <p>EVENT _____ (SPECIFY)</p>	<p>→ 1023</p> <p>→ 1024</p>
1021	Did this problem occur after an uncomplicated delivery, after a difficult delivery where the child was born alive, or after a difficult delivery where the child was born still?	<p>UNCOMP. DELIVERY 1</p> <p>DIFF DELIVERY, LIVEBORN 2</p> <p>DIFF DELIVERY, STILLBORN 3</p>	
1022	After which delivery did this occur?	DELIVERY NUMBER: <input type="text"/> <input type="text"/>	
1023	<p>How many days after did the leakage start?</p> <p>IF MORE THAN 99 DAYS, WRITE '99'.</p>	<p>NUMBER OF DAYS AFTER PRECIPITATING EVENT <input type="text"/> <input type="text"/></p>	
1024	Have you sought treatment for this condition?	<p>YES 1</p> <p>NO 2</p>	

SECTION 11. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1101	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your biological mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/> <input type="text"/>						
1102	CHECK 1101: TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>							→ 1200
1103	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>						
1104	What was the name given to your oldest (next oldest) brother or sister?	(1)	(2)	(3)	(4)	(5)	(6)	
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1106	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (2) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (3) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (4) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (5) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (6) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (7) ←	
1107	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (2)	<input type="text"/> <input type="text"/> GO TO (3)	<input type="text"/> <input type="text"/> GO TO (4)	<input type="text"/> <input type="text"/> GO TO (5)	<input type="text"/> <input type="text"/> GO TO (6)	<input type="text"/> <input type="text"/> GO TO (7)	
1108	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
1109	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)	
1110	Was (NAME) pregnant when she died?	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	
1111	Did (NAME) die during childbirth?	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
1113	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 1200								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1104	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____	
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1106	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (8) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (9) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (10) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (11) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (12) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (13) ←	
1107	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (8)	<input type="text"/> <input type="text"/> GO TO (9)	<input type="text"/> <input type="text"/> GO TO (10)	<input type="text"/> <input type="text"/> GO TO (11)	<input type="text"/> <input type="text"/> GO TO (12)	<input type="text"/> <input type="text"/> GO TO (13)	
1108	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
1109	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)	
1110	Was (NAME) pregnant when she died?	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	
1111	Did (NAME) die during childbirth?	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
1113	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 1200.								

SECTION 12. DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
1200	CHECK HOUSEHOLD QUESTIONNAIRE, COLUMN 9. WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/> ↓ WOMAN NOT SELECTED <input type="checkbox"/> →		1301																												
1201	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED. PRIVACY OBTAINED 1 ↓ PRIVACY NOT POSSIBLE 2 →		1234																												
READ TO THE RESPONDENT 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 and no one else will know that you were asked these questions.																															
1202	CHECK 601 AND 602: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> ↓ FORMERLY MARRIED/LIVED WITH A MAN (READ IN PAST TENSE) <input type="checkbox"/> ↓ NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> →		1214																												
1203	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband/partner? a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times? f) He (does/did) not trust you with any money?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>JEALOUS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ACCUSES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NOT MEET FRIENDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NO FAMILY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WHERE YOU ARE ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MONEY</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	JEALOUS	1	2	8	ACCUSES	1	2	8	NOT MEET FRIENDS	1	2	8	NO FAMILY	1	2	8	WHERE YOU ARE ...	1	2	8	MONEY	1	2	8	
	YES	NO	DK																												
JEALOUS	1	2	8																												
ACCUSES	1	2	8																												
NOT MEET FRIENDS	1	2	8																												
NO FAMILY	1	2	8																												
WHERE YOU ARE ...	1	2	8																												
MONEY	1	2	8																												
1204	Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband/partner. If we should come to any question that you do not want to answer, just let me know and we will go on to the next question. A (Does/did) your (last) husband/partner ever: a) say or do something to humiliate you in front of others? b) threaten to hurt or harm you or someone close to you? c) insult you or make you feel bad about yourself?	B How often did this happen during the last 12 months: often, only sometimes, or not at all? <table border="0"> <thead> <tr> <th></th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT AT ALL</th> </tr> </thead> <tbody> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		OFTEN	SOME-TIMES	NOT AT ALL	YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																	
1205	<p>A (Does/did) your (last) husband/partner ever do any of the following things to you:</p> <p>a) push you, shake you, or throw something at you?</p> <p>b) slap you?</p> <p>c) twist your arm or pull your hair?</p> <p>d) punch you with his fist or with something that could hurt you?</p> <p>e) kick you, drag you or beat you up?</p> <p>f) try to choke you or burn you on purpose?</p> <p>g) threaten or attack you with a knife, gun, or any other weapon?</p> <p>h) physically force you to have sexual intercourse with him even when you did not want to?</p> <p>i) force you to perform any sexual acts you did not want to?</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1" data-bbox="740 300 1345 1122"> <thead> <tr> <th></th> <th></th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT AT ALL</th> </tr> </thead> <tbody> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			OFTEN	SOME-TIMES	NOT AT ALL	YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				
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1206	<p>CHECK 1205 (a-i):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>		→ 1209																																																																	
1207	<p>How long after you first got married to/started living with your (last) husband/partner did (this/any of these things) first happen?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>NUMBER OF YEARS <input type="text"/> <input type="text"/></p> <p>BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95</p>																																																																		
1208	<p>Did the following ever happen as a result of what your (last) husband/partner did to you:</p> <p>a) You had cuts, bruises or aches?</p> <p>b) You had eye injuries, sprains, dislocations, or burns?</p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</p>	<p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p>																																																																		
1209	<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>	→ 1212																																																																	
1210	<p>CHECK 603:</p> <p>RESPONDENT IS NOT A WIDOW <input type="checkbox"/></p> <p>RESPONDENT IS A WIDOW <input type="checkbox"/></p>		→ 1212																																																																	
1211	<p>In the last 12 months, how often have you done this to your husband/partner: often, only sometimes, or not at all?</p>	<p>OFTEN 1</p> <p>SOMETIMES 2</p> <p>NOT AT ALL 3</p>																																																																		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1212	Does (did) your husband/partner drink alcohol?	YES 1 NO 2	→ 1214
1213	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3	
1214	CHECK 601 AND 602: EVER MARRIED/LIVED WITH A MAN <input type="checkbox"/> NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/> From the time you were 15 years old has anyone other than your (current/last) husband/partner hit, slapped, kicked, or done anything else to hurt you physically? From the time you were 15 years old has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1220
1215	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER A FATHER/STEP-FATHER B SISTER/BROTHER C DAUGHTER/SON D OTHER RELATIVE E FORMER HUSBAND/PARTNER F CURRENT BOYFRIEND G FORMER BOYFRIEND H MOTHER-IN-LAW I FATHER-IN-LAW J OTHER IN-LAW K TEACHER L EMPLOYER/SOMEONE AT WORK ... M POLICE/SOLDIER N OTHER _____ X (SPECIFY)	
1216	In the last 12 months, how often have you been hit, slapped, kicked, or physically hurt by this/these person(s): often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
1220	CHECK 618: EVER HAD SEX? HAS EVER HAD SEX <input type="checkbox"/> NEVER HAD SEX <input type="checkbox"/>		→ 1225
1221	The first time you had sexual intercourse, would you say that you had it because you wanted to, or because you were forced to have it against your will?	WANTED TO 1 FORCED TO 2 REFUSED TO ANSWER/ NO RESPONSE 3	
1222	CHECK 601 AND 602: EVER MARRIED/LIVED WITH A MAN <input type="checkbox"/> NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/> In the last 12 months, has anyone other than your (current/last) husband/partner forced you to have sexual intercourse against your will? In the last 12 months has anyone forced you to have sexual intercourse against your will?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	
1223	CHECK 1221 AND 1222: 1221 = '1' OR '3' <input type="checkbox"/> OTHER <input type="checkbox"/> AND 1222 = '2' OR '3'		→ 1226
1224	CHECK 1205A(h) and 1205A(i): 1205A(h) IS NOT '1' <input type="checkbox"/> OTHER <input type="checkbox"/> AND 1205A(i) IS NOT '1'		→ 1228

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1225	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1228
1226	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEAR ... <input type="text"/> <input type="text"/> DON'T KNOW 98	
1227	Who was the person who was forcing you at that time?	CURRENT HUSBAND/PARTNER ... 01 FORMER HUSBAND/PARTNER ... 02 CURRENT/FORMER BOYFRIEND ... 03 FATHER 04 STEP FATHER 05 OTHER RELATIVE 06 IN-LAW 07 OWN FRIEND/ACQUAINTANCE ... 08 FAMILY FRIEND 09 TEACHER 10 EMPLOYER/SOMEONE AT WORK ... 11 POLICE/SOLDIER 12 PRIEST/RELIGIOUS LEADER 13 STRANGER 14 OTHER _____ ... 96 (SPECIFY)	
1228	CHECK 1205A (a-i), 1214, 1222 AND 1225: AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/>		→ 1232
1229	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help to stop (the/these) person(s) from doing this to you again?	YES 1 NO 2	→ 1231
1230	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY A HUSBAND/PARTNER'S FAMILY ... B CURRENT/LAST/LATE HUSBAND/PARTNER C CURRENT/FORMER BOYFRIEND ... D FRIEND E NEIGHBOR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL ... H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION ... K COMMUNITYLEADER/LOCAL ADMN L OTHER _____ X (SPECIFY)	→ 1232
1231	Have you ever told any one else about this?	YES 1 NO 2	
1232	As far as you know, did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8	

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

1233	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="0"> <tr> <td></td> <td>YES ONCE</td> <td>YES, MORE THAN ONCE</td> <td>NO</td> </tr> <tr> <td>HUSBAND</td> <td>..... 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT</td> <td>... 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT</td> <td>..... 1</td> <td>2</td> <td>3</td> </tr> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND 1	2	3	OTHER MALE ADULT	... 1	2	3	FEMALE ADULT 1	2	3
	YES ONCE	YES, MORE THAN ONCE	NO															
HUSBAND 1	2	3															
OTHER MALE ADULT	... 1	2	3															
FEMALE ADULT 1	2	3															
1234	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE _____																	

SECTION 13. FEMALE GENITAL CUTTING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1301	Have you ever heard of female circumcision?	YES 1 NO 2	→ 1303
1302	In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES 1 NO 2	→ 1322
1303	Have you yourself ever been circumcised?	YES 1 NO 2	→ 1309A
1304	Now I would like to ask you what was done to you at that time. Was any flesh removed from the genital area?	YES 1 NO 2 DON'T KNOW 8	→ 1306
1305	Was the genital area just nicked without removing any flesh?	YES 1 NO 2 DON'T KNOW 8	
1306	Was your genital area sewn closed?	YES 1 NO 2 DON'T KNOW 8	
1307	How old were you when you were circumcised? IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS .. <input type="text"/> <input type="text"/> DURING INFANCY 95 DON'T KNOW 98	
1308	Who performed the circumcision?	TRADITIONAL TRAD. CIRCUMCISER 11 TRAD. BIRTH ATTENDANT 12 OTHER TRAD. _____ 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 TRAINED NURSE/MIDWIFE 22 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DON'T KNOW 98	
1309A	CHECK 214 AND 216: NUMBER OF LIVING DAUGHTERS <input type="text"/> <input type="text"/>		
1309B	CHECK 1309A: HAS ONE LIVING DAUGHTER <input type="checkbox"/> HAS MORE THAN ONE LIVING DAUGHTER <input type="checkbox"/> HAS NO LIVING DAUGHTER <input type="checkbox"/>		→ 1319
1310	CHECK 1309B: ONE LIVING DAUGHTER <input type="checkbox"/> HAS your daughter been circumcised? IF YES: RECORD '01' MORE THAN ONE LIVING DAUGHTER <input type="checkbox"/> Have any of your daughters been circumcised? IF YES: How many?	NUMBER CIRCUMCISED <input type="text"/> <input type="text"/> NO DAUGHTER CIRCUMCISED 00	→ 1318
1311	CHECK 1310: ONE LIVING DAUGHTER <input type="checkbox"/> What is your daughter's name? _____ (DAUGHTER'S NAME) MORE THAN ONE LIVING DAUGHTER <input type="checkbox"/> Which of your daughters was circumcised most recently?	DAUGHTER'S LINE NUMBER FROM Q. 212 <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1312	Now I would like to ask you what was done to (NAME OF THE DAUGHTER FROM Q. 1311) at that time. Was any flesh removed from her genital area?	YES 1 NO 2 DON'T KNOW 8	→ 1314
1313	Was her genital area just nicked without removing any flesh?	YES 1 NO 2 DON'T KNOW 8	
1314	Was her genital area sewn closed?	YES 1 NO 2 DON'T KNOW 8	
1315	How old was (NAME OF THE DAUGHTER FROM Q. 1311) when this occurred? IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS . <input type="text"/> <input type="text"/> DURING INFANCY 95 DON'T KNOW 98	
1316	Who performed the circumcision?	TRADITIONAL TRAD. CIRCUMCISER 11 TRAD. BIRTH ATTENDANT 12 OTHER TRAD. _____ 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 TRAINED NURSE/MIDWIFE 22 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DON'T KNOW 98	
1317	CHECK 1309A AND 1310: 1309A IS HIGHER THAN 1310 <input type="checkbox"/> ↓ 1309A = 1310 <input type="checkbox"/> →		1319
1318	Do you intend to have [your (other) daughter/any of your (other) daughters] circumcised?	YES 1 NO 2 DON'T KNOW 8	
1319	What benefits do girls themselves get if they are circumcised? PROBE: Any other benefits? RECORD ALL MENTIONED.	CLEANLINESS/HYGIENE A SOCIAL ACCEPTANCE B BETTER MARRIAGE PROSPECTS .. C PRESERVE VIRGINITY/PREVENT PREMARITAL SEX D MORE SEXUAL PLEASURE FOR THE MAN E RELIGIOUS APPROVAL F OTHER _____ X (SPECIFY) NO BENEFITS Y	
1320	Do you believe that this practice is required by your religion?	YES 1 NO 2 DON'T KNOW 8	
1321	Do you think that this practice should be continued, or should it be stopped?	CONTINUED 1 STOPPED 2 DEPENDS 3 DON'T KNOW 8	
1322	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

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

INFORMATION TO BE CODED FOR EACH COLUMN

BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 PILL
- 4 IUD
- 5 INJECTABLES
- 6 IMPLANTS
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 RHYTHM METHOD
- J WITHDRAWAL
- K LACTATIONAL AMENORRHEA METHOD

- X OTHER _____
 (SPECIFY)

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