

LESOTHO DEMOGRAPHIC AND HEALTH SURVEY  
WOMAN'S QUESTIONNAIRE

IDENTIFICATION																			
PLACE NAME _____ NAME OF HOUSEHOLD HEAD _____ EA NUMBER ..... HOUSEHOLD NUMBER ..... LESOTHO ECOLOGICAL ZONE ..... (LOWLANDS=1, FOOTHILLS=2, MOUNTAINS=3, SENQU RIVER VALLEY=4) DISTRICT <sup>1</sup> ..... URBAN/RURAL (URBAN=1, RURAL=2) ..... NAME AND LINE NUMBER OF WOMAN _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																		
INTERVIEWER VISITS																			
	1	2	3	FINAL VISIT															
DATE _____ INTERVIEWER'S NAME _____ RESULT* _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	DAY MONTH YEAR NAME RESULT															
NEXT VISIT: DATE _____ TIME _____	_____ _____	_____ _____		TOTAL NO. OF VISITS <table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 10px; height: 10px;"></td></tr> </table>															
*RESULT CODES: 1 COMPLETED                      4 REFUSED 2 NOT AT HOME                      5 PARTLY COMPLETED 3 POSTPONED                          6 INCAPACITATED                      7 OTHER _____ (SPECIFY)																			
LANGUAGE OF QUESTIONNAIRE: <b>ENGLISH</b> LANGUAGE OF INTERVIEW *** _____ HOME LANGUAGE OF RESPONDENT*** _____ WAS A TRANSLATOR USED? (YES=1, NO=2) ..... *** LANGUAGE CODES: 01 ENGLISH    06 OTHER _____ 02 SESOTHO                                      (SPECIFY)				<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">1</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>	0	1													
0	1																		
FIELD EDITOR NAME _____ DATE _____	SUPERVISOR NAME _____ DATE _____	OFFICE EDITOR <table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 10px; height: 10px;"></td></tr> </table>		KEYED BY <table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 10px; height: 10px;"></td></tr> </table>															

<sup>1</sup> 01=BUTHA-BUTHE; 02=LERIBE; 03=BEREA; 04=MASERU; 05=MAFETENG; 06=MOHALE'S HOEK; 07=QUTHING; 08=QASHA'S NEK; 09=MOKHOTLONG; 10=THABA-TSEKA

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

<p><b>INFORMED CONSENT</b></p> <p>Hello. My name is _____ and I am working with the Ministry of Health and Social Welfare. We are conducting a national survey about the health of women, men, and children. We would very much appreciate your participation in this survey. I would like to ask you about your health and the health of your children. This information will help the government to plan health services. The survey usually takes between 20 and 45 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.</p> <p>At this time, do you want to ask me anything about the survey?</p> <p>May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED.....1    RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.... 2 →END</p>
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
101	RECORD THE TIME.	HOUR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
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 an urban or in a rural area?	URBAN .....1 RURAL .....2							
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?  IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> ALWAYS.....95 VISITOR .....96			↙ 105				
104	Just before you moved here, did you live in an urban or in a rural area?	URBAN .....1 RURAL .....2							
105	In what month and year were you born?	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></table> DON'T KNOW MONTH .....98  YEAR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW YEAR.....9998							
106	How old were you at your last birthday?  COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
107	Have you ever attended school?	YES .....1 NO .....2	→111						
108	What is the highest level of school you attended?	PRIMARY .....1 VOCATIONAL/TECHNICAL TRAINING AFTER PRIMARY .....2 SECONDARY/HIGH .....3 VOCATIONAL/TECHNICAL TRAINING AFTER SECONDARY/HIGH .....4 COLLEGE.....5 GRADUATE/POST GRADUATE .....6							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	What is the highest (standard/form/year) you completed at that level?	STND/FORM/YEAR..... <input type="text"/> <input type="text"/>	
110	CHECK 108: PRIMARY/ VOCATION/TECHN. <input type="checkbox"/> AFTER PRIMARY ▼	SECONDARY OR HIGHER <input type="checkbox"/>	→114
111	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. <sup>1</sup>  IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE ..... 3 NO CARD WITH REQUIRED LANGUAGE ..... 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED ..... 5	
112	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES ..... 1 NO ..... 2	
113	CHECK 111: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED ▼	CODE '1' OR '5' CIRCLED <input type="checkbox"/>	→115
114	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	→115
114A	What kind of newspapers or magazines do you read: Lesotho newspapers/magazines, RSA newspapers/magazines, or any other?  RECORD ALL MENTIONED.	LESOTHO NEWSPAPER/MAGAZINE ..... A RSA NEWSPAPER/MAGAZINE ..... B  OTHER ..... X (SPECIFY)	
115	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	→116
115A	What kind of radio do you listen to: Lesotho radio, RSA radio, or any other?  RECORD ALL MENTIONED.	LESOTHO RADIO ..... A RSA RADIO ..... B  OTHER ..... X (SPECIFY)	
116	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	→117
116A	What kind of TV do you watch: Lesotho TV, RSA TV, or any other?  RECORD ALL MENTIONED.	LESOTHO TV ..... A RSA TV ..... B  OTHER ..... X (SPECIFY)	
117	What religion do you belong to?  IF CHRISTIAN: What church do you belong to?	ROMAN CATHOLIC CHURCH ..... 01 LESOTHO EVANGELICAL CHURCH ..... 02 METHODIST ..... 03 ANGLICAN CHURCH ..... 04 SEVENTH DAY ADVENTIST ..... 05 PENTECOSTAL ..... 06 OTHER CHRISTIAN ..... 07 NONE ..... 08  OTHER RELIGION ..... 96 (SPECIFY)	

**LITERACY CARD (Q.111):**

- 1) Parents love their children.**
- 2) Farming is hard work.**
- 3) Birds fly in the sky.**
- 4) Children work hard at school.**

SECTION 2: REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. I am interested only in the children that are biologically yours.  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="1268 415 1365 527" 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="1268 478 1365 590" 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="1268 661 1365 772" 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="1268 730 1365 842" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died?  IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES ..... 1 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="1268 976 1365 1087" 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="1268 1045 1365 1157" 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="1268 1165 1365 1220" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208:  Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct?  YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208:  ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→226								

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

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

222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES ..... 1 NO ..... 2
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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 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 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 1999 OR LATER. IF NONE, RECORD '0'.	<input type="text"/>
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
226	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE ..... 8	→229
227	How many months pregnant are you?	MONTHS ..... <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	→236
230	When did the last such pregnancy end?	MONTH ..... <input type="text"/> YEAR ..... <input type="text"/>	
231	How many months pregnant were you when the last such pregnancy ended?	MONTHS ..... <input type="text"/>	
232	CHECK 230: LAST PREGNANCY ENDED IN <input type="checkbox"/> LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JAN. 1999 OR LATER    ▼                      JAN. 1999		→236
233	Have you ever had any other pregnancies which did not result in a live birth?	YES ..... 1 NO ..... 2	→236
234	When did the previous such pregnancy end?	MONTH ..... <input type="text"/> YEAR ..... <input type="text"/>	
235	How many months pregnant were you when that pregnancy ended?	MONTHS ..... <input type="text"/>	
236	When did your last menstrual period start?  _____ (DATE, IF GIVEN)	DAYS AGO ..... 1 <input type="text"/> WEEKS AGO ..... 2 <input type="text"/> MONTHS AGO ..... 3 <input type="text"/> YEARS AGO ..... 4 <input type="text"/> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ..... 994 BEFORE LAST BIRTH ..... 995 NEVER MENSTRUATED ..... 996	
237	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



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
238	Is this time just before her period begins, during her period, right after her period has ended, or half way between two periods?	JUST BEFORE HER PERIOD BEGINS.....1 DURING HER PERIOD.....2 RIGHT AFTER HER PERIOD HAS ENDED .....3 HALF WAY BETWEEN TWO PERIODS.....4  OTHER _____ 6 (SPECIFY) DON'T KNOW .....8	

SECTION 3. CONTRACEPTION

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

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?	302 Have you ever used (METHOD)?
01	FEMALE 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	IUCD 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	MALE 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	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse. YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse. YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
11	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned. YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
12	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant. YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
13	WITHDRAWAL Men can be careful and pull out before climax. YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
14	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse or IUCD up to five days after sexual intercourse to avoid becoming pregnant. YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
15	LOCAL TRADITIONAL METHODS There are various traditional methods that exist in different regions in Lesotho used to delay or avoid a pregnancy. YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
16	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?  _____ (SPECIFY)  _____ (SPECIFY) NO ..... 2	YES ..... 1 NO ..... 2  YES ..... 1 NO ..... 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	CHECK 302:  NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/>		→306
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES .....1 NO .....2	→318
305	What have you used or done?  CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
306	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"/>	
307	CHECK 302 (01):  WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→310A
308	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→318
309	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES .....1 NO .....2	→318
310	Which method are you using?  IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.	FEMALE STERILIZATION ..... A MALE STERILIZATION ..... B PILL ..... C IUCD ..... D INJECTABLES ..... E IMPLANTS ..... F MALE CONDOM ..... G FEMALE CONDOM ..... H DIAPHRAGM ..... I FOAM/JELLY ..... J LACTATIONAL AMEN. METHOD ..... K PERIODIC ABSTINENCE ..... L WITHDRAWAL ..... M LOCAL TRADITIONAL METHOD ..... N  OTHER ..... X (SPECIFY)	→312A
310A	CIRCLE 'A' FOR FEMALE STERILIZATION.		
311	CHECK 310:  CODE 'A' CIRCLED <input type="checkbox"/> CODE 'B' 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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	In what month and year was the sterilization performed?		
312A	<p>For how long have you been using (CURRENT METHOD) now without stopping?</p> <p>PROBE: In what month and year did you start using (CURRENT METHOD) continuously?</p>	<p>MONTH.....</p> <p>YEAR.....</p>	
313	<p>CHECK 310/310A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 310/310A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>FEMALE STERILIZATION .....01</p> <p>MALE STERILIZATION.....02</p> <p>PILL .....03</p> <p>IUCD .....04</p> <p>INJECTABLES .....05</p> <p>IMPLANTS .....06</p> <p>MALE CONDOM .....07</p> <p>FEMALE CONDOM.....08</p> <p>DIAPHRAGM .....09</p> <p>FOAM/JELLY .....10</p> <p>LACTATIONAL AMEN. METHOD.....11</p> <p>PERIODIC ABSTINENCE .....12</p> <p>WITHDRAWAL.....13</p> <p>LOCAL TRADITIONAL METHOD .....14</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→320</p> <p>→320</p> <p>→320</p> <p>→320</p> <p>→320</p> <p>→320</p> <p>→320</p> <p>→320</p> <p>→320</p> <p>→320</p> <p>→320</p> <p>→320</p> <p>→320</p>
314	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	<p>YES .....1</p> <p>NO .....2</p>	→316
315	Were you told what to do if you experienced side effects or problems?	<p>YES .....1</p> <p>NO .....2</p>	
316	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	<p>YES .....1</p> <p>NO .....2</p>	
317	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL .....11</p> <p>GOVT. HEALTH CENTER.....12</p> <p>FAMILY PLANNING CLINIC.....13</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC .....21</p> <p>PHARMACY.....22</p> <p>PRIVATE DOCTOR.....23</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>CHAL</p> <p>CHAL HOSPITAL.....31</p> <p>CHAL HEALTH CENTER .....32</p> <p>CBD.....41</p> <p>COMMUNITY HEALTH WORKER.....42</p> <p>SUPPORT GROUPS .....43</p> <p>OTHER SOURCE</p> <p>SHOP .....51</p> <p>CHURCH .....52</p> <p>PEER EDUCATORS.....53</p> <p>FRIEND/RELATIVE .....54</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	→320
318	Do you know of a place where you can obtain a method of family planning?	<p>YES .....1</p> <p>NO .....2</p>	→320

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
319	<p>Where is that?</p> <p>Any other place?</p> <p>RECORD ALL MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL .....A</p> <p>GOVT. HEALTH CENTER.....B</p> <p>FAMILY PLANNING CLINIC .....C</p> <p>OTHER PUBLIC _____ D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC .....E</p> <p>PHARMACY.....F</p> <p>PRIVATE DOCTOR.....G</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ H</p> <p>(SPECIFY)</p> <p>CHAL</p> <p>CHAL HOSPITAL.....I</p> <p>CHAL HEALTH CENTER .....J</p> <p>CBD.....K</p> <p>COMMUNITY HEALTH WORKER.....L</p> <p>SUPPORT GROUPS .....M</p> <p>OTHER SOURCE</p> <p>SHOP .....N</p> <p>CHURCH .....O</p> <p>PEER EDUCATORS.....P</p> <p>FRIENDS/RELATIVES .....Q</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
320	<p>In the last 12 months, were you visited by a fieldworker or CBD who talked to you about family planning?</p>	<p>YES .....1</p> <p>NO .....2</p>	
321	<p>In the last 12 months, have you visited a health facility for care for yourself or your family?</p>	<p>YES .....1</p> <p>NO .....2</p>	→401
322	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	<p>YES .....1</p> <p>NO .....2</p>	

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

401	CHECK 224: ONE OR MORE BIRTHS IN 1999 OR LATER <input type="checkbox"/>	NO BIRTHS IN 1999 OR LATER <input type="checkbox"/> →487	
402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1999 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES).  Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately)		
403	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER..... <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER..... <input type="text"/> <input type="text"/>
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> 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 423) ← LATER.....2 NOT AT ALL.....3 (SKIP TO 423) ←
406	How much longer would you like to have waited?	MONTHS.....1 <input type="text"/> <input type="text"/> YEARS.....2 <input type="text"/> <input type="text"/> DON'T KNOW.....998	MONTHS.....1 <input type="text"/> <input type="text"/> YEARS.....2 <input type="text"/> <input type="text"/> DON'T KNOW.....998
407	Did you see anyone for antenatal care for this pregnancy?  IF YES: Whom did you see? Anyone else?  PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B  OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....C  OTHER _____ X (SPECIFY) NO ONE.....Y (SKIP TO 415) ←	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____																		
407A	Where did you receive antenatal care for this pregnancy?  Anywhere else?	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER .....B GOVT. HEALTH POST .....C  OTHER PUBLIC _____ D (SPECIFY)  PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC.....E OTHER PVT. MEDICAL _____ F (SPECIFY)  CHAL CHAL HOSPITAL ..... G CHAL HEALTH CENTER.....H  OTHER _____ X (SPECIFY)																			
408	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98																			
409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98																			
410	CHECK 409:  NUMBER OF TIMES RECEIVED ANTENATAL CARE	ONCE <input type="checkbox"/> MORE THAN ONCE OR DK <input type="checkbox"/> (SKIP TO 412)																			
411	How many months pregnant were you the last time you received antenatal care?	MONTHS ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98																			
412	During this pregnancy, were any of the following done at least once?  Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>WEIGHT .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HEIGHT .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD PRESSURE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>URINE SAMPLE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD SAMPLE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	WEIGHT .....	1	2	HEIGHT .....	1	2	BLOOD PRESSURE .....	1	2	URINE SAMPLE .....	1	2	BLOOD SAMPLE .....	1	2	
	YES	NO																			
WEIGHT .....	1	2																			
HEIGHT .....	1	2																			
BLOOD PRESSURE .....	1	2																			
URINE SAMPLE .....	1	2																			
BLOOD SAMPLE .....	1	2																			
412A	During any of the antenatal visits for this pregnancy, were you given any information or counseled about AIDS or the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																			
413	Were you told about the signs of pregnancy complications?	YES ..... 1 NO ..... 2 (SKIP TO 415) ← ..... 1 DON'T KNOW ..... 8																			
414	Were you told where to go if you had these complications?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																			

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES ..... 1 NO ..... 2 (SKIP TO 417) ← DON'T KNOW ..... 8	
416	During this pregnancy, how many times did you get this injection?	TIMES ..... <input type="text"/> DON'T KNOW ..... 8	
417	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLET/SYRUP.	YES ..... 1 NO ..... 2 (SKIP TO 419) ← DON'T KNOW ..... 8	
418	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER OF DAYS ..... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 998	
419	During this pregnancy, did you have difficulty with your vision during the daylight?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
420	During this pregnancy, did you suffer from night blindness?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
423	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8
424	Was (NAME) weighed at birth?	YES ..... 1 NO ..... 2 (SKIP TO 425A) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 425A) ← DON'T KNOW ..... 8
425	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD ..... 1 <input type="text"/> <input type="text"/> . <input type="text"/> KG FROM RECALL ..... 2 <input type="text"/> <input type="text"/> . <input type="text"/> DON'T KNOW ..... 9998	KG FROM CARD ..... 1 <input type="text"/> <input type="text"/> . <input type="text"/> KG FROM RECALL ..... 2 <input type="text"/> <input type="text"/> . <input type="text"/> DON'T KNOW ..... 9998
425A	Was the birth of (NAME) registered?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
426	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PROFESSIONAL DOCTOR ..... A NURSE/MIDWIFE ..... B OTHER PERSON TRADITIONAL BIRTH ATTENDANT ..... C RELATIVE/FRIEND ..... D OTHER _____ X (SPECIFY) NO ONE ..... Y	HEALTH PROFESSIONAL DOCTOR ..... A NURSE/MIDWIFE ..... B OTHER PERSON TRADITIONAL BIRTH ATTENDANT ..... C RELATIVE/FRIEND ..... D OTHER _____ X (SPECIFY) NO ONE ..... Y



		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____												
427	<p>Where did you give birth to (NAME)?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE) (LAST BIRTH)</p> <p>_____</p> <p>(NAME OF PLACE) (NEXT-TO-LAST BIRTH)</p>	<p>HOME YOUR HOME ..... 11 (SKIP TO 429) ←</p> <p>OTHER HOME ..... 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL ..... 21 GOVT. HEALTH CENTER ..... 22 GOVT. HEALTH POST ..... 23</p> <p>OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC ..... 31 OTHER PVT. MEDICAL _____ 36 (SPECIFY)</p> <p>CHAL CHAL HOSPITAL ..... 41 CHAL HEALTH CENTER ..... 42</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 429) ←</p>	<p>HOME YOUR HOME ..... 11 (SKIP TO 435) ←</p> <p>OTHER HOME ..... 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL ..... 21 GOVT. HEALTH CENTER ..... 22 GOVT. HEALTH POST ..... 23</p> <p>OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC ..... 31 OTHER PVT. MEDICAL _____ 36 (SPECIFY)</p> <p>CHAL CHAL HOSPITAL ..... 41 CHAL HEALTH CENTER ..... 42</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 435) ←</p>												
428	Was (NAME) delivered by caesarian section?	<p>YES ..... 1 NO ..... 2</p>	<p>YES ..... 1 NO ..... 2</p>												
429	[After (NAME) was born/Before you were discharged], did anyone check on your health?	<p>YES ..... 1 NO ..... 2 (SKIP TO 433) ←</p>													
430	How many hours, days or weeks after the delivery did the first check take place?	<p>HOURS AFTER DEL... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAYS AFTER DEL... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WEEKS AFTER DEL... 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>													
431	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PROFESSIONAL DOCTOR ..... 11 NURSE/MIDWIFE ..... 12</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT ..... 21</p> <p>OTHER _____ 96 (SPECIFY)</p>													

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
432	Where did this first check take place?  IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____ (NAME OF PLACE)	HOME YOUR HOME ..... 11 OTHER HOME ..... 12  PUBLIC SECTOR GOVT. HOSPITAL..... 21 GOVT. HEALTH CENTER ..... 22 GOVT. HEALTH POST ..... 23  OTHER PUBLIC _____ 26 (SPECIFY)  PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC..... 31 OTHER PVT. MEDICAL _____ 36 (SPECIFY)  CHAL CHAL HOSPITAL ..... 41 CHAL HEALTH CENTER ..... 42  OTHER _____ 96 (SPECIFY)	
433	In the first two months after delivery, did you receive a vitamin A dose like this?  SHOW AMPULE/CAPSULE/SYRUP.	YES ..... 1 NO ..... 2	
434	Has your period returned since the birth of (NAME)?	YES ..... 1 (SKIP TO 436) ← NO ..... 2 (SKIP TO 437) ←	
435	Did your period return between the birth of (NAME) and your next pregnancy?		YES..... 1 NO ..... 2 (SKIP TO 439) ←
436	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS ..... <input type="text"/> <input type="text"/> DON'T KNOW..... 98
437	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT <input type="checkbox"/> NANT     ↓     OR UNSURE (SKIP TO 439) ←	
438	Have you resumed sexual relations since the birth of (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 440) ←	
439	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS ..... <input type="text"/> <input type="text"/> DON'T KNOW..... 98
440	Did you ever breastfeed (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 447) ←	YES..... 1 NO ..... 2 (SKIP TO 447) ←
441	How long after birth did you first put (NAME) to the breast?  IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ..... 000  HOURS..... 1 <input type="text"/> <input type="text"/> DAYS..... 2 <input type="text"/> <input type="text"/>	IMMEDIATELY ..... 000  HOURS..... 1 <input type="text"/> <input type="text"/> DAYS ..... 2 <input type="text"/> <input type="text"/>

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

SECTION 4B. IMMUNIZATION, HEALTH AND NUTRITION

454	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1999 OR LATER. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES).		
455	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"/>
456	FROM 212 AND 216	NAME _____	NAME _____
		LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 456 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 484)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 456 IN LAST COLUMN OF NEW QUESTIONNAIRE OR, IF NO MORE BIRTHS, GO TO 484)
457	Did (NAME) receive a vitamin A dose like this during the last 6 months? SHOW AMPULE/CAPSULE/SYRUP.	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
458	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN ..... 1 (SKIP TO 460) ← YES, NOT SEEN ..... 2 (SKIP TO 462) ← NO CARD ..... 3	YES, SEEN ..... 1 (SKIP TO 460) ← YES, NOT SEEN ..... 2 (SKIP TO 462) ← NO CARD ..... 3
459	Did you ever have a vaccination card for (NAME)?	YES ..... 1 (SKIP TO 462) ← NO ..... 2	YES ..... 1 (SKIP TO 462) ← NO ..... 2
460	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.  (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.	DAY MONTH YEAR  BCG ..... P0..... P1..... P2..... P3..... D1 ..... D2 ..... D3 ..... MEA ..... VIT. A.... HEP B1. HEP B2. HEP B3.	DAY MONTH YEAR  BCG ..... P0..... P1..... P2..... P3..... D1 ..... D2 ..... D3 ..... MEA ..... VIT. A.... HEP B1. HEP B2. HEP B3.

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
461	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign?  RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, MEASLES VACCINE, VITAMIN A, HEPB 1-3.	YES ..... 1 (PROBE FOR VACCINATIONS ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) _____ (SKIP TO 464) ← NO ..... 2 (SKIP TO 464) ← DON'T KNOW ..... 8	YES ..... 1 (PROBE FOR VACCINATIONS ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) _____ (SKIP TO 464) ← NO ..... 2 (SKIP TO 464) ← DON'T KNOW ..... 8
462	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES ..... 1 NO ..... 2 (SKIP TO 466) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 466) ← DON'T KNOW ..... 8
463	Please tell me if (NAME) received any of the following vaccinations:		
463A	A BCG vaccination against tuberculosis, which 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
463B	Polio vaccine, that is, drops in the mouth?	YES ..... 1 NO ..... 2 (SKIP TO 463E) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 463E) ← DON'T KNOW ..... 8
463C	When was the first polio vaccine received, just after birth or later?	JUST AFTER BIRTH ..... 1 LATER ..... 2	JUST AFTER BIRTH ..... 1 LATER ..... 2
463D	How many times was the polio vaccine received?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
463E	A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES ..... 1 NO ..... 2 (SKIP TO 463G) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 463G) ← DON'T KNOW ..... 8
463F	How many times?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
463G	An injection to prevent measles?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
463H	A vitamin A dose (capsules/syrup)?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
463I	An injection to prevent Hepatitis B?	YES ..... 1 NO ..... 2 (SKIP TO 464) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 464) ← DON'T KNOW ..... 8
463J	How many times?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
464	Were any of the vaccinations (NAME) received during the last two years given as a part of a national immunization day campaign?	YES ..... 1 NO ..... 2 (SKIP TO 466) ← NO VACCINATION IN THE LAST 2 YEARS ..... 3 (SKIP TO 466) ← DON'T KNOW ..... 8 (SKIP TO 466) ←	YES ..... 1 NO ..... 2 (SKIP TO 466) ← NO VACCINATION IN THE LAST 2 YEARS ..... 3 (SKIP TO 466) ← DON'T KNOW ..... 8 (SKIP TO 466) ←

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
465	At which national immunization day campaigns did (NAME) receive vaccinations?  RECORD ALL CAMPAIGNS MENTIONED.	MEASLES AUG-SEPT 1999 ..... A MEASLES SEPT 2000 ..... B MEASLES MAY 2003 ..... C POLIO AUG-SEPT 2004 ..... D  OTHER _____ X (SPECIFY)	MEASLES AUG-SEPT 1999 ..... A MEASLES SEPT 2000 ..... B MEASLES MAY 2003 ..... C POLIO AUG-SEPT 2004 ..... D  OTHER _____ X (SPECIFY)
466	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
467	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 469) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 469) ← DON'T KNOW ..... 8
468	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, fast breaths?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
469	CHECK 466 AND 467:  FEVER OR COUGH?	"YES" IN 466      NO/DK <input type="checkbox"/> OR 467    ↓ <input type="checkbox"/> (SKIP TO 475)	"YES" IN 466      NO/DK <input type="checkbox"/> OR 467    ↓ <input type="checkbox"/> (SKIP TO 475)
470	Did you seek advice or treatment for the fever/cough?	YES ..... 1 NO ..... 2 (SKIP TO 472) ←	YES ..... 1 NO ..... 2 (SKIP TO 472) ←
471	Where did you seek advice or treatment?  IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____ (NAME OF PLACE) (LAST BIRTH)  _____ (NAME OF PLACE) (NEXT-TO-LAST BIRTH)  Anywhere else?  RECORD ALL MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL ..... A GOVT. HEALTH CENTER ..... B GOVT. HEALTH POST ..... C  OTHER PUBLIC _____ D (SPECIFY)  PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC ..... E PHARMACY ..... F PRIVATE DOCTOR ..... G OTHER PVT. MEDICAL _____ H (SPECIFY)  CHAL CHAL HOSPITAL ..... I CHAL HEALTH CENTER ..... J  CBD ..... K COMMUNITY HEALTH WORKER ... L SUPPORT GROUPS ..... M  OTHER SOURCE SHOP ..... N TRADITIONAL HEALER ..... O  OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL ..... A GOVT. HEALTH CENTER ..... B GOVT. HEALTH POST ..... C  OTHER PUBLIC _____ D (SPECIFY)  PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC ..... E PHARMACY ..... F PRIVATE DOCTOR ..... G OTHER PVT. MEDICAL _____ H (SPECIFY)  CHAL CHAL HOSPITAL ..... I CHAL HEALTH CENTER ..... J  CBD ..... K COMMUNITY HEALTH WORKER ... L SUPPORT GROUPS ..... M  OTHER SOURCE SHOP ..... N TRADITIONAL HEALER ..... O  OTHER _____ X (SPECIFY)
472	CHECK 466:  HAD FEVER?	"YES" IN 466      "NO"/"DK" IN 466 <input type="checkbox"/> <input type="checkbox"/> ↓ (SKIP TO 475)	"YES" IN 466      "NO"/"DK" IN 466 <input type="checkbox"/> <input type="checkbox"/> ↓ (SKIP TO 475)
473	Did (NAME) take any drugs for the fever?	YES ..... 1 NO ..... 2 (SKIP TO 475) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 475) ← DON'T KNOW ..... 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
474	What drugs did (NAME) take?  RECORD ALL MENTIONED.  ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN.	PARACETAMOL/PANADOL .....A IBUPROFEN .....B ASPIRIN .....C  OTHER _____ X (SPECIFY) DON'T KNOW .....Z	PARACETAMOL/PANADOL .....A IBUPROFEN.....B ASPIRIN .....C  OTHER _____ X (SPECIFY) DON'T KNOW .....Z
475	Has (NAME) had diarrhea in the last 2 weeks, that is three or more watery stools per day?	YES ..... 1 NO ..... 2 (SKIP TO 483) ←   DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 483) ←   DON'T KNOW ..... 8
476	Now I would like to know how much (NAME) was offered to drink during the diarrhea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink?  IF LESS, PROBE: Was he/she offered much less than usual to drink or somewhat less?	MUCH LESS ..... 1 SOMEWHAT 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
476A	CHECK 445:  'YES' (BF) <input type="checkbox"/> ↓ When (NAME) had diarrhea, was he/she offered less than usual to breastfeed, about the same amount, more than usual, or nothing to breastfeed?  'NO' (NOT BF) <input type="checkbox"/> ↓ GO TO 477	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5 DON'T KNOW ..... 8
477	When (NAME) had diarrhea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat?  IF LESS, PROBE: Was he/she offered much less than usual to eat or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 STOPPED FOOD ..... 5 NEVER GAVE FOOD ..... 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 STOPPED FOOD ..... 5 NEVER GAVE FOOD ..... 6 DON'T KNOW ..... 8
478	Was he/she given any of the following to drink:  a A fluid made from a special packet called Motsoako or ORS?  b A health clinic-recommended sugar-salt solution?	YES NO DK FLUID FROM ORS PKT ..... 1 2 8 SUGAR-SALT SOLUTION . 1 2 8	YES NO DK FLUID FROM ORS PKT ..... 1 2 8 SUGAR-SALT SOLUTION . 1 2 8
479	Was anything (else) given to treat the diarrhea?	YES ..... 1 NO ..... 2 (SKIP TO 481) ←   DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 481) ←   DON'T KNOW ..... 8
480	What (else) was given to treat the diarrhea?  Anything else?  RECORD ALL TREATMENTS MENTIONED.	PILL OR SYRUP .....A INJECTION .....B (I.V.) INTRAVENOUS.....C HOME REMEDIES/ HERBAL MEDICINES .....D  OTHER _____ X (SPECIFY)	PILL OR SYRUP .....A INJECTION .....B (I.V.) INTRAVENOUS.....C HOME REMEDIES/ HERBAL MEDICINES .....D  OTHER _____ X (SPECIFY)
481	Did you seek advice or treatment for the diarrhea?	YES ..... 1 NO ..... 2 (SKIP TO 483) ←	YES ..... 1 NO ..... 2 (SKIP TO 483) ←

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
482	<p>Where did you seek advice or treatment?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE) (LAST BIRTH)</p> <p>_____</p> <p>(NAME OF PLACE) (NEXT-TO-LAST BIRTH)</p> <p>Anywhere else?</p> <p>RECORD ALL MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL .....A</p> <p>GOVT. HEALTH CENTER .....B</p> <p>GOVT. HEALTH POST .....C</p> <p>OTHER PUBLIC _____ D (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC .....E</p> <p>PHARMACY .....F</p> <p>PRIVATE DOCTOR .....G</p> <p>OTHER PVT. MEDICAL _____ H (SPECIFY)</p> <p>CHAL</p> <p>CHAL HOSPITAL .....I</p> <p>CHAL HEALTH CENTER .....J</p> <p>CBD .....K</p> <p>COMMUNITY HEALTH WORKER ... L</p> <p>SUPPORT GROUPS ..... M</p> <p>OTHER SOURCE</p> <p>SHOP .....N</p> <p>TRADITIONAL HEALER ..... O</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL .....A</p> <p>GOVT. HEALTH CENTER .....B</p> <p>GOVT. HEALTH POST ..... C</p> <p>OTHER PUBLIC _____ D (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC .....E</p> <p>PHARMACY .....F</p> <p>PRIVATE DOCTOR .....G</p> <p>OTHER PVT. MEDICAL _____ H (SPECIFY)</p> <p>CHAL</p> <p>CHAL HOSPITAL .....I</p> <p>CHAL HEALTH CENTER ..... J</p> <p>CBD .....K</p> <p>COMMUNITY HEALTH WORKER ... L</p> <p>SUPPORT GROUPS ..... M</p> <p>OTHER SOURCE</p> <p>SHOP .....N</p> <p>TRADITIONAL HEALER ..... O</p> <p>OTHER _____ X (SPECIFY)</p>
483		GO BACK TO 456 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484.	GO BACK TO 456 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 484.



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
484	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 1999 OR LATER LIVING WITH THE RESPONDENT  ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/>		→487																								
485	What is usually done to dispose of your (youngest) child's stools when he/she does not use any toilet facility?	CHILD ALWAYS USE TOILET/LATRINE .....01 THROW IN THE TOILET/LATRINE .....02 THROW OUTSIDE THE DWELLING .....03 THROW OUTSIDE THE YARD .....04 BURY IN THE YARD .....05 RINSE AWAY .....06 USE DISPOSABLE DIAPERS .....07 USE WASHABLE DIAPERS .....08 NOT DISPOSED OF .....09  OTHER _____ 96 (SPECIFY)																									
486	CHECK 478a, ALL COLUMNS:  NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/>		→488																								
487	Have you ever heard of a special product called ORS or Motsoako you can get for the treatment of diarrhea?	YES .....1 NO .....2																									
488	CHECK 218:  HAS ONE OR MORE CHILDREN LIVING WITH HER <input type="checkbox"/> HAS NO CHILDREN LIVING WITH HER <input type="checkbox"/>		→490																								
489	When (your child/one of your children) is seriously ill, can you decide by yourself whether or not the child should be taken for medical treatment?  IF SAYS NO CHILD EVER SERIOUSLY ILL, ASK: If (your child/one of your children) became seriously ill, could you decide by yourself whether the child should be taken for medical treatment?	YES .....1 NO .....2 DEPENDS .....3																									
490	Now I would like to ask you some questions about medical care for you yourself.  Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?	<table border="0"> <thead> <tr> <th></th> <th>BIG PROBLEM</th> <th>NOT A BIG PROBLEM</th> </tr> </thead> <tbody> <tr> <td>Knowing where to go.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Getting permission to go.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Getting money needed for treatment.</td> <td>1</td> <td>2</td> </tr> <tr> <td>The distance to a health facility.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Having to take transport.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Not wanting to go alone.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Concern that there may not be a female health provider.</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		BIG PROBLEM	NOT A BIG PROBLEM	Knowing where to go.	1	2	Getting permission to go.	1	2	Getting money needed for treatment.	1	2	The distance to a health facility.	1	2	Having to take transport.	1	2	Not wanting to go alone.	1	2	Concern that there may not be a female health provider.	1	2	
	BIG PROBLEM	NOT A BIG PROBLEM																									
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Having to take transport.	1	2																									
Not wanting to go alone.	1	2																									
Concern that there may not be a female health provider.	1	2																									
490A	Do you have a Health Card/Bukana?	YES .....1 NO .....2	→491																								
490B	Have you ever used another person's Health Card/Bukana?	YES .....1 NO .....2																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
491	<p>CHECK 215 AND 218:</p> <p>HAS AT LEAST ONE CHILD BORN IN 2001 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE TO 492)</p> <p>_____ (NAME)</p>	<p>DOES NOT HAVE ANY CHILDREN BORN IN 2001 OR LATER AND LIVING WITH HER <input type="checkbox"/></p>	→496
492	<p>Now I would like to ask you about liquids (NAME FROM Q. 491) drank yesterday. In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) drink (ITEM)?</p> <p>a Plain water?</p> <p>b Commercially produced infant formula?</p> <p>c Any other milk such as tinned, powdered, or fresh animal milk?</p> <p>d Fruit juice?</p> <p>e Any other liquids?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>YESTERDAY/LAST NIGHT NUMBER OF TIMES</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p>	
493	<p>Now I would like to ask you about the types of foods (NAME FROM Q. 491) ate yesterday. In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) eat (ITEM)?</p> <p>a Barley, bread, rolls, cereal bran, flour, maize, noodles, pasta, oats, porridges, rice, sorghum, wheat?</p> <p>b Pumpkin, red/orange/dark yellow squash, carrots, or red sweet potatoes - fresh or dried?</p> <p>c Any other food made from roots or tubers, such as white potatoes?</p> <p>d Any dark green leafy vegetables, such as broccoli, beet, kale, mustard, pumpkin leaves, turnip leaves, wild Moroho, pepper, spinach, swiss chard, cabbage – fresh or dried?</p> <p>e Mango, papaya, apricots, peaches, goose berries – fresh or dried?</p> <p>f Any other fruits and vegetables, such as bananas, apples/sauce, citrus fruit, figs, pears, plums, cauliflower, eggplant, mushrooms, green beans, avocados, tomatoes?</p> <p>g Red meat, pork, poultry, fish, or eggs?</p> <p>h Any food made from legumes, such as lentils, beans, bean sprouts, chickpeas, almonds, cashew nuts, or peanuts?</p> <p>i Cheese or yoghurt?</p> <p>j Any food made with oil, fat, or butter?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>YESTERDAY/LAST NIGHT NUMBER OF TIMES</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p> <p>f <input type="text"/></p> <p>g <input type="text"/></p> <p>h <input type="text"/></p> <p>i <input type="text"/></p> <p>j <input type="text"/></p>	
496	<p>Do you currently smoke cigarettes or tobacco? IF YES: what type of tobacco do you smoke?</p> <p>RECORD ALL TYPES MENTIONED.</p>	<p>YES, CIGARETTES ..... A YES, PIPE ..... B YES, SNUFF ..... C YES, OTHER TOBACCO ..... D NO ..... Y</p>	
497	<p>CHECK 496:</p> <p>CODE 'A' CIRCLED <input type="checkbox"/></p>	<p>CODE 'A' NOT CIRCLED <input type="checkbox"/></p>	→499A
498	<p>In the last 24 hours, how many cigarettes did you smoke?</p>	<p>CIGARETTES ..... <input type="text"/></p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
499A	Have you ever drunk an alcohol-containing beverage?	YES .....1 NO .....2	→499F
499B	In the last 3 months, on how many days did you drink an alcohol-containing beverage? IF EVERY DAY: RECORD '90'.	NUMBER OF DAYS ..... <input type="text"/> <input type="text"/> NONE .....95	
499C	Have you ever gotten "drunk" from drinking an alcohol-containing beverage?	YES .....1 NO .....2	→499F
499D	CHECK 499B:  DRANK ALCOHOL ON AT LEAST ONE DAY <input type="checkbox"/> NONE <input type="checkbox"/>		→499F
499E	In the last 3 months, on how many occasions did you get "drunk"?	NUMBER OF... TIMES ..... <input type="text"/> <input type="text"/> NONE .....95	
499F	Have you had an injection for any reason in the last three months? IF YES: How many injections did you have?  IF DAILY INJECTIONS FOR 3 MONTHS, ASK: Are you diabetic? IF YES, CIRLCE CODE '95'.  IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS AND NOT DIABETIC, RECORD '90'.  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS..... <input type="text"/> <input type="text"/>  DIABETIC .....95 NONE .....00	→499H →501
499G	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health workers?  IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS..... <input type="text"/> <input type="text"/> NONE .....00	
499H	The last time you had an injection, did [You/The person who gave you the injection] take the syringe and the needle from a new, unopened package?	YES .....1 NO .....2 DON'T KNOW .....8	

SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Are you currently married or living with a man?	YES, CURRENTLY MARRIED..... 1 YES, LIVING WITH A MAN..... 2 NO, NOT IN UNION..... 3	→505
502	Have you ever been married or lived with a man?	YES, FORMERLY MARRIED..... 1 YES, LIVED WITH A MAN..... 2 NO..... 3	→510 →514
504	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED..... 1 DIVORCED..... 2 SEPARATED..... 3	→510
505	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER..... 1 STAYING ELSEWHERE..... 2	
506	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	
510	Have you been married or lived with a man only once, or more than once?	ONCE..... 1 MORE THAN ONCE..... 2	
511	<p>CHECK 510:</p> <p align="center">MARRIED/ LIVED WITH A MAN <input type="text"/> ONLY ONCE</p> <p>In what month and year did you start living with your husband/partner?</p> <p align="center">MARRIED/ LIVED WITH A MAN <input type="text"/> MORE THAN ONCE</p> <p>Now we will talk about your first husband/partner. In what month and year did you start living with him?</p>	<p>MONTH..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH..... 98</p> <p>YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR..... 9998</p>	→514
512	How old were you when you started living with him?	AGE..... <input type="text"/> <input type="text"/>	
514	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.</p> <p>How old were you when you first had sexual intercourse (if ever)?</p>	<p>NEVER..... 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>	→529
514A	<p>CHECK 106:</p> <p align="center">15-24 <input type="text"/> YEARS OLD</p> <p align="center">25-49 <input type="text"/> YEARS OLD</p>		→515
514B	The first time you had sexual intercourse, was a male or a female condom used?	YES, MALE CONDOM..... 1 YES, FEMALE CONDOM..... 2 NO..... 3	
515	<p>When was the last time you had sexual intercourse?</p> <p>RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO.....1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO.....2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO.....3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO.....4 <input type="text"/> <input type="text"/></p>	
516	The last time you had sexual intercourse, was a male or female condom used?	YES, MALE CONDOM..... 1 YES, FEMALE CONDOM..... 2 NO..... 3	→516B

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
516A	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STI/HIV.....01 RESPONDENT WANTED TO PREVENT PREGNANCY.....02 RESPONDENT WANTED TO PREVENT BOTH STI/HIV AND PREGNANCY .....03 DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS ..04 PARTNER REQUESTED/INSISTED .....05  OTHER _____ 96 (SPECIFY) DON'T KNOW .....98	→516C
516B	What is the main reason you did <u>not</u> use a condom that time?	NOT AVAILABLE .....01 COST TOO MUCH.....02 USED FAMILY PLANNING METHOD ...03 CONDOMS TRANSMIT HIV .....04 CONDOMS HAVE WORMS.....05 TRUSTED PARTNER .....06 PARTNER WAS NEGATIVE/NO RISK...07 RESPONDENT DOESN'T LIKE.....08 PARTNER REFUSED/OBJECTED.....09 PARTNER DRUNK/ON DRUGS .....10 RESPONDENT DRUNK/ON DRUGS ....11 RESPONDENT WANTED TO GET PREGNANT .....12  OTHER _____ 96 (SPECIFY)	
516C	The last time you had sexual intercourse with this person, did you or this person drink alcohol?	YES .....1 NO .....2	→517
516D	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	
517	What is your relationship to the man with whom you last had sex?  IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex?  IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER .....01 MAN IS BOYFRIEND/FIANCÉ .....02 OTHER FRIEND.....03 CASUAL ACQUAINTANCE.....04 RELATIVE .....05 PROSTITUTE.....06  OTHER _____ 96 (SPECIFY)	→519
517A	CHECK 106:  15-24 YEARS OLD <input type="checkbox"/> 25-49 YEARS OLD <input type="checkbox"/>		→518
517B	Was this man younger, about the same age or older than you?  IF OLDER: Do you think that he was less than 10 years older than you or 10 or more years older than you?	YOUNGER .....1 ABOUT SAME AGE .....2 LESS THAN 10 YEARS OLDER.....3 10 OR MORE YEARS OLDER.....4 OLDER, DON'T KNOW DIFFERENCE....5 DON'T KNOW .....8	
518	For how long have you had sexual relations with this man?  IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS .....1 <input type="text"/> <input type="text"/> WEEKS.....2 <input type="text"/> <input type="text"/> MONTHS .....3 <input type="text"/> <input type="text"/> YEARS .....4 <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
519	Have you had sex with any other man in the last 12 months?	YES ..... 1 NO ..... 2	→529
520	The last time you had sexual intercourse this second man, was a male or female condom used?	YES, MALE CONDOM ..... 1 YES, FEMALE CONDOM..... 2 NO ..... 3	→520B
520A	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STI/HIV.....01 RESPONDENT WANTED TO PREVENT PREGNANCY.....02 RESPONDENT WANTED TO PREVENT BOTH STI/HIV AND PREGNANCY .....03 DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS .04 PARTNER REQUESTED/INSISTED .....05  OTHER _____ 96 (SPECIFY) DON'T KNOW .....98	→520C
520B	What is the main reason you did <u>not</u> use a condom that time?	NOT AVAILABLE .....01 COST TOO MUCH.....02 USED FAMILY PLANNING METHOD ...03 CONDOMS TRANSMIT HIV .....04 CONDOMS HAVE WORMS.....05 TRUSTED PARTNER .....06 PARTNER WAS NEGATIVE/NO RISK...07 RESPONDENT DOESN'T LIKE.....08 PARTNER REFUSED/OBJECTED.....09 PARTNER DRUNK/ON DRUGS .....10 RESPONDENT DRUNK/ON DRUGS ....11 RESPONDENT WANTED TO GET PREGNANT ..... 12  OTHER _____ 96 (SPECIFY)	
520C	The last time you had sexual intercourse with this second person, did you or this person drink alcohol?	YES ..... 1 NO ..... 2	→521
520D	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	
521	What is your relationship to this second man?  IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex with him?  IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER ..... 01 MAN IS BOYFRIEND/FIANCÉ ..... 02 OTHER FRIEND..... 03 CASUAL ACQUAINTANCE..... 04 RELATIVE ..... 05 PROSTITUTE..... 06  OTHER _____ 96 (SPECIFY)	→523
521A	CHECK 106:  15-24 YEARS OLD <input type="checkbox"/> 25-49 YEARS OLD <input type="checkbox"/>		→522
521B	Was this man younger, about the same age or older than you?  IF OLDER: Do you think that he was less than 10 years older than you or 10 or more years older than you?	YOUNGER .....1 ABOUT SAME AGE .....2 LESS THAN 10 YEARS OLDER.....3 10 OR MORE YEARS OLDER.....4 OLDER, DON'T KNOW DIFFERENCE.....5 DON'T KNOW .....8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
522	<p>For how long have you had sexual relations with this second man?</p> <p>IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.</p>	<p>DAYS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WEEKS ..... 2</p> <p>MONTHS ..... 3</p> <p>YEARS ..... 4</p>									
523	Other than these two men, have you had sex with any other man in the last 12 months?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→527								
524	The last time you had sexual intercourse with this third man, was a male or a female condom used?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→524B								
524A	What was the main reason you used a condom on that occasion?	<p>RESPONDENT WANTED TO PREVENT STI/HIV ..... 01</p> <p>RESPONDENT WANTED TO PREVENT PREGNANCY ..... 02</p> <p>RESPONDENT WANTED TO PREVENT BOTH STI/HIV AND PREGNANCY ..... 03</p> <p>DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS ..... 04</p> <p>PARTNER REQUESTED/INSISTED ..... 05</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	→524C								
524B	What is the main reason you did <u>not</u> use a condom that time?	<p>NOT AVAILABLE ..... 01</p> <p>COST TOO MUCH ..... 02</p> <p>USED FAMILY PLANNING METHOD ..... 03</p> <p>CONDOMS TRANSMIT HIV ..... 04</p> <p>CONDOMS HAVE WORMS ..... 05</p> <p>TRUSTED PARTNER ..... 06</p> <p>PARTNER WAS NEGATIVE/NO RISK ..... 07</p> <p>RESPONDENT DOESN'T LIKE ..... 08</p> <p>PARTNER REFUSED/OBJECTED ..... 09</p> <p>PARTNER DRUNK/ON DRUGS ..... 10</p> <p>RESPONDENT DRUNK/ON DRUGS ..... 11</p> <p>RESPONDENT WANTED TO GET PREGNANT ..... 12</p> <p>OTHER _____ 96 (SPECIFY)</p>									
524C	The last time you had sexual intercourse with this third person, did you or this person drink alcohol?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→525								
524D	<p>Were you or your partner drunk at that time?</p> <p>IF YES: Who was drunk?</p>	<p>RESPONDENT ONLY ..... 1</p> <p>PARTNER ONLY ..... 2</p> <p>BOTH RESPONDENT AND PARTNER ..... 3</p> <p>NEITHER ..... 4</p>									
525	<p>What is your relationship to this third man?</p> <p>IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex with him?</p> <p>IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.</p>	<p>SPOUSE/COHABITING PARTNER ..... 01</p> <p>MAN IS BOYFRIEND/FIANCÉ ..... 02</p> <p>OTHER FRIEND ..... 03</p> <p>CASUAL ACQUAINTANCE ..... 04</p> <p>RELATIVE ..... 05</p> <p>COMMERCIAL SEX WORKER ..... 06</p> <p>OTHER _____ 96 (SPECIFY)</p>	→527								
525A	<p>CHECK 106:</p> <p style="text-align: center;">15-24 YEARS OLD <input type="checkbox"/></p> <p style="text-align: center;">25-49 YEARS OLD <input type="checkbox"/></p>		→526								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
525B	<p>Was this man younger, about the same age or older than you?</p> <p>IF OLDER: Do you think that he was less than 10 years older than you or 10 or more years older than you?</p>	<p>YOUNGER .....1</p> <p>ABOUT SAME AGE .....2</p> <p>LESS THAN 10 YEARS OLDER.....3</p> <p>10 OR MORE YEARS OLDER.....4</p> <p>OLDER, DON'T KNOW DIFFERENCE.....5</p> <p>DON'T KNOW .....8</p>	
526	<p>For how long have you had sexual relations with this third man?</p> <p>IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.</p>	<p>DAYS ..... 1 <input type="text"/></p> <p>WEEKS ..... 2 <input type="text"/></p> <p>MONTHS..... 3 <input type="text"/></p> <p>YEARS ..... 4 <input type="text"/></p>	
527	<p>In total, how many different men have you had sexual intercourse with in the last 12 months?</p> <p>IF NON-NUMERIC, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95'.</p>	<p>NUMBER OF PARTNERS..... <input type="text"/></p> <p>DON'T KNOW .....98</p>	
528	<p>In total, how many different men have you had sexual intercourse with in your lifetime?</p> <p>IF NON-NUMERIC, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95'.</p>	<p>NUMBER OF PARTNERS..... <input type="text"/></p> <p>DON'T KNOW .....98</p>	
529	<p>Do you know of a place where a person can get male condoms?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→531
530	<p>Where is that?</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL .....A</p> <p>GOVT. HEALTH CENTER .....B</p> <p>FAMILY PLANNING CLINIC .....C</p> <p>OTHER PUBLIC ..... D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC .....E</p> <p>PHARMACY ..... F</p> <p>PRIVATE DOCTOR ..... G</p> <p>OTHER PRIVATE</p> <p>MEDICAL ..... H</p> <p>(SPECIFY)</p> <p>CHAL</p> <p>CHAL HOSPITAL ..... I</p> <p>CHAL HEALTH CENTER..... J</p> <p>CBD ..... K</p> <p>COMMUNITY HEALTH WORKER ..... L</p> <p>SUPPORT GROUPS..... M</p> <p>OTHER SOURCE</p> <p>SHOP ..... N</p> <p>CHURCH..... O</p> <p>PEER EDUCATORS ..... P</p> <p>FRIENDS/RELATIVES..... Q</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	
531	<p>If you wanted to, could you yourself get a male condom?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</p>	
532	<p>Do you know of a place where one can get female condoms?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→534



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
533	<p>Where is that?</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL.....A</p> <p>GOVT. HEALTH CENTER .....B</p> <p>FAMILY PLANNING CLINIC ..... C</p> <p>OTHER PUBLIC _____ D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC .....E</p> <p>PHARMACY.....F</p> <p>PRIVATE DOCTOR ..... G</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ H</p> <p>(SPECIFY)</p> <p>CHAL</p> <p>CHAL HOSPITAL.....I</p> <p>CHAL HEALTH CENTER..... J</p> <p>CBD.....K</p> <p>COMMUNITY HEALTH WORKER..... L</p> <p>SUPPORT GROUPS..... M</p> <p>OTHER SOURCE</p> <p>SHOP ..... N</p> <p>CHURCH..... O</p> <p>PEER EDUCATORS.....P</p> <p>FRIENDS/RELATIVES..... Q</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
534	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>	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 310/310A:  NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→614
602	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>  Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?  Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD..... 1 NO MORE/NONE ..... 2 →604 SAYS SHE CAN'T GET PREGNANT ..... 3 →614 UNDECIDED/DON'T KNOW: AND PREGNANT..... 4 →610 AND NOT PREGNANT OR UNSURE ..... 5 →608	
603	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>  How long would you like to wait from now before the birth of (a/another) child?  After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS ..... 1 <input type="text"/> YEARS..... 2 <input type="text"/>  SOON/NOW ..... 993 →609 SAYS SHE CAN'T GET PREGNANT ..... 994 →614 AFTER MARRIAGE ..... 995 OTHER ..... 996 →609 (SPECIFY) DON'T KNOW ..... 998	
604	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→610
605	CHECK 309: USING A CONTRACEPTIVE METHOD?  NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→608
606	CHECK 603:  NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		→610

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
607	<p>CHECK 602:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why?</p> <p>Any other reason?</p>	<p>NOT MARRIED.....A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX.....B</p> <p>INFREQUENT SEX.....C</p> <p>MENOPAUSAL/HYSTERECTOMY.....D</p> <p>SUBFECUND/INFECUND.....E</p> <p>POSTPARTUM AMENORRHEIC.....F</p> <p>BREASTFEEDING.....G</p> <p>FATALISTIC.....H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED.....I</p> <p>HUSBAND/PARTNER OPPOSED.....J</p> <p>OTHERS OPPOSED.....K</p> <p>RELIGIOUS PROHIBITION.....L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD.....M</p> <p>KNOWS NO SOURCE.....N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS.....O</p> <p>FEAR OF SIDE EFFECTS.....P</p> <p>LACK OF ACCESS/TOO FAR.....Q</p> <p>COSTS TOO MUCH.....R</p> <p>INCONVENIENT TO USE.....S</p> <p>INTERFERES WITH BODY'S NATURAL PROCESSES.....T</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW.....Z</p>
608	<p>In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?</p>	<p>BIG PROBLEM.....1</p> <p>SMALL PROBLEM.....2</p> <p>NO PROBLEM.....3</p> <p>SAYS SHE CAN'T GET PREGNANT/ NOT HAVING SEX.....4</p>	
609	<p>CHECK 309: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NO, CURRENTLY USING <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/></p>		→614
610	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	→612
611	<p>Which contraceptive method would you prefer to use?</p>	<p>FEMALE STERILIZATION.....01</p> <p>MALE STERILIZATION.....02</p> <p>PILL.....03</p> <p>IUD.....04</p> <p>INJECTABLES.....05</p> <p>IMPLANTS.....06</p> <p>MALE CONDOM.....07</p> <p>FEMALE CONDOM.....08</p> <p>DIAPHRAGM.....09</p> <p>FOAM/JELLY.....10</p> <p>LACTATIONAL AMEN. METHOD.....11</p> <p>PERIODIC ABSTINENCE.....12</p> <p>WITHDRAWAL.....13</p> <p>LOCAL TRADITIONAL METHODS.....14</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>UNSURE.....98</p>	→614

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED..... 11  FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX .....22 MENOPAUSAL/HYSTERECTOMY .....23 SUBFECUND/INFECUND ..... 24 WANTS AS MANY CHILDREN AS POSSIBLE ..... 26  OPPOSITION TO USE RESPONDENT OPPOSED..... 31 HUSBAND OPPOSED .....32 OTHERS OPPOSED.....33 RELIGIOUS PROHIBITION..... 34  LACK OF KNOWLEDGE KNOWS NO METHOD ..... 41 KNOWS NO SOURCE ..... 42  METHOD-RELATED REASONS HEALTH CONCERNS..... 51 FEAR OF SIDE EFFECTS..... 52 LACK OF ACCESS/TOO FAR ..... 53 COSTS TOO MUCH..... 54 INCONVENIENT TO USE ..... 55 INTERFERES WITH BODY'S NORMAL PROCESSES ..... 56  OTHER _____ 96 (SPECIFY) DON'T KNOW..... 98	→614
613	Would you ever use a contraceptive method if you were married?	YES..... 1 NO .....2 DON'T KNOW..... 8	
614	CHECK 216:  HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?  If you could choose exactly the number of children to have in your whole life, how many would that be?  PROBE FOR A NUMERIC RESPONSE.	NUMBER ..... 00  NUMBER ..... <input type="text"/> <input type="text"/>  OTHER _____ 96 (SPECIFY)	→616   →616
615	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS      GIRLS      EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  OTHER _____ 96 (SPECIFY)	
616	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE ..... 1 DISAPPROVE .....2 DON'T KNOW/UNSURE ..... 3	
617	In the last 3 months have you heard about family planning:  On the radio? On the television? In a newspaper or magazine? On billboards, posters, pamphlets?	YES      NO RADIO ..... 1    2 TELEVISION ..... 1    2 NEWSPAPER OR MAGAZINE .... 1    2 BILLBRDS/POSTERS/PAMPH .... 1    2	
619	In the last 3 months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES..... 1 NO .....2	→621

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
620	With whom? Anyone else? RECORD ALL PERSONS MENTIONED.	HUSBAND/PARTNER.....A MOTHER.....B FATHER.....C SISTER(S).....D BROTHER(S).....E DAUGHTER.....F SON.....G MOTHER-IN-LAW.....H FRIENDS/NEIGHBORS.....I TEACHERS.....J CHIEFS.....K OTHER _____ X (SPECIFY)																					
621	CHECK 501: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→628																				
622	CHECK 310/310A: ANY CODE CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/>		→624																				
623	You have told me that you are currently using contraception. Would you say that using contraception is mainly your decision, mainly your husband's decision or did you both decide together?	MAINLY RESPONDENT.....1 MAINLY HUSBAND/PARTNER.....2 JOINT DECISION.....3 OTHER _____ 6 (SPECIFY)																					
624	Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner approves or disapproves of couples using a contraceptive method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 DON'T KNOW.....8																					
625	How often have you talked to your husband/partner about family planning in the past year?	NEVER.....1 ONCE OR TWICE.....2 MORE OFTEN.....3																					
626	CHECK 310/310A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→628																				
627	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DON'T KNOW.....8																					
628	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: She knows her husband has a sexually transmitted disease? She knows her husband has sex with women other than his wives? She has recently given birth? She is tired or not in the mood?	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> <td style="text-align: right;">DK</td> </tr> <tr> <td>HAS STD.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>OTHER WOMEN.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>RECENT BIRTH.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>TIRED/MOOD.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> </table>		YES	NO	DK	HAS STD.....	1	2	8	OTHER WOMEN.....	1	2	8	RECENT BIRTH.....	1	2	8	TIRED/MOOD.....	1	2	8	
	YES	NO	DK																				
HAS STD.....	1	2	8																				
OTHER WOMEN.....	1	2	8																				
RECENT BIRTH.....	1	2	8																				
TIRED/MOOD.....	1	2	8																				
628A	When a wife knows her husband has a sexually transmitted disease, is she justified in asking that they use a condom?	YES.....1 NO.....2 DON'T KNOW.....8																					

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	<p>CHECK 501 AND 502:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/></p>	<p>→703</p> <p>→707</p>	
702	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/>	
703	Did your (last) husband/partner ever attend school?	<p>YES .....1</p> <p>NO .....2</p>	→706
704	What is the highest level of school he attended?	<p>PRIMARY .....1</p> <p>VOCAT/TECHN. TRAINING AFTER PRIMARY .....2</p> <p>SECONDARY/HIGH .....3</p> <p>VOCAT/TECHN. TRAINING AFTER SECONDARY/HIGH .....4</p> <p>COLLEGE .....5</p> <p>GRADUATE/POST GRADUATE .....6</p> <p>DON'T KNOW .....8</p>	→706
705	What is the highest (standard/form/year) he completed at that level?	<p>STND/FORM/YEAR..... <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	
706	<p>CHECK 701:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>What is your husband's/partner's occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?</p>	<p><input type="text"/></p> <p>_____</p> <p>_____</p> <p>_____</p>	
707	Aside from your own housework, are you currently working?	<p>YES .....1</p> <p>NO .....2</p>	→710
708	<p>As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business.</p> <p>Are you currently doing any of these things or any other work?</p>	<p>YES .....1</p> <p>NO .....2</p>	→710
709	Have you done any work in the last 12 months?	<p>YES .....1</p> <p>NO .....2</p>	→719
710	What is your occupation, that is, what kind of work do you mainly do?	<p><input type="text"/></p> <p>_____</p> <p>_____</p> <p>_____</p>	
711	<p>CHECK 710:</p> <p>WORKS IN AGRICULTURE <input type="checkbox"/></p> <p>DOES NOT WORK IN AGRICULTURE <input type="checkbox"/></p>	<p>_____</p>	→713
712	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	<p>OWN LAND .....1</p> <p>FAMILY LAND .....2</p> <p>RENTED LAND .....3</p> <p>SOMEONE ELSE'S LAND .....4</p>	

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

SECTION 8: HIV AND AIDS, OTHER SEXUALLY TRANSMITTED DISEASES, AND TUBERCULOSIS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2	→837
802	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
803	Can a person get the AIDS virus from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
804	Can a person get the AIDS virus from kissing another person?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
805	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
806	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
807	Can people get the AIDS virus by using the same eating utensils as a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
808	Can people reduce their chance of getting the AIDS virus by not having sex at all?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
809	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
810	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	↙812
811	What can a person do?  Anything else?  RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX ..... A USE CONDOMS ..... B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER ..... C LIMIT NUMBER OF SEXUAL PARTNERS ..... D AVOID SEX WITH PROSTITUTES ..... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS ..... F AVOID SEX WITH HOMOSEXUALS ..... G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY ... H AVOID BLOOD TRANSFUSIONS ..... I AVOID INJECTIONS ..... J AVOID SHARING RAZORS/BLADES ..... K AVOID KISSING ..... L AVOID MOSQUITO BITES ..... M SEEK PROTECTION FROM TRADITIONAL HEALER ..... N  OTHER _____ W (SPECIFY)  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
812	Is it possible for a healthy-looking person to have the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
813	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES ..... 1 NO ..... 2	





826	Where can you go for the test?  RECORD ONLY FIRST RESPONSE GIVEN.	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... 11 GOVERNMENT HEALTH CENTER ... 12 FAMILY PLANNING CLINIC ..... 13 OTHER PUBLIC _____ 16 (SPECIFY)	
826A	Where did you go for the test?  IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____ (NAME OF PLACE)	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ..... 21 PHARMACY ..... 22 PRIVATE DOCTOR ..... 23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY)  CHAL CHAL HOSPITAL ..... 31 CHAL HEALTH CENTER ..... 32  CBD ..... 41 COMMUNITY HEALTH WORKER ..... 42 SUPPORT GROUPS ..... 43  OTHER SOURCE SHOP ..... 51 CHURCH ..... 52 FRIENDS/RELATIVES ..... 53  OTHER _____ 96 (SPECIFY)	
827	CHECK 501: YES, CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	NO, NOT IN UNION <input type="checkbox"/>	→829
828	Have you ever talked about ways to prevent getting the virus that causes AIDS with (your husband/the man you are living with)?	YES ..... 1 NO ..... 2	
829	In your opinion, is it acceptable or unacceptable for a woman to talk with her partner about ways to prevent getting the virus that causes AIDS?	ACCEPTABLE ..... 1 UNACCEPTABLE ..... 2	
830	In your opinion, is it acceptable or unacceptable for AIDS to be discussed:  On the radio? On the TV? In newspapers?	ACCEPT- NOT ABLE- ACCEPT- ABLE ABLE ON THE RADIO ..... 1 2 ON THE TV ..... 1 2 IN NEWSPAPERS ..... 1 2	
831	Would you buy fresh vegetables from a vendor who has the AIDS virus?	YES ..... 1 NO ..... 2 DK/NOT SURE ..... 8	
832	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES ..... 1 NO ..... 2 DK/NOT SURE ..... 8	
833	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES ..... 1 NO ..... 2 DK/NOT SURE ..... 8	
834A	If a female teacher has the AIDS virus, should she be allowed to continue teaching in the school?	CAN CONTINUE ..... 1 SHOULD NOT CONTINUE ..... 2 DK/NOT SURE ..... 8	
834B	If a male teacher has the AIDS virus, should she be allowed to continue teaching in the school?	CAN CONTINUE ..... 1 SHOULD NOT CONTINUE ..... 2 DK/NOT SURE ..... 8	
835	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE ..... 8	

836	Have you ever been taught how to use a condom?	YES ..... 1 NO ..... 2	→837
836A	Where/who taught you how to use a condom?  Anywhere/anybody else?  RECORD ALL MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL ..... A GOVT. HEALTH CENTER ..... B FAMILY PLANNING CLINIC ..... C OTHER PUBLIC ..... D (SPECIFY)  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ..... E PHARMACY ..... F PRIVATE DOCTOR ..... G OTHER PRIVATE MEDICAL ..... H (SPECIFY)  CHAL CHAL HOSPITAL ..... I CHAL HEALTH CENTER ..... J  CBD ..... K COMMUNITY HEALTH WORKER ..... L SUPPORT GROUPS ..... M  OTHER SOURCE MEDIA ..... N PEER EDUCATORS ..... O SHOP ..... P CHURCH ..... Q FRIENDS/RELATIVES ..... R  OTHER ..... X (SPECIFY)	
837	(Apart from AIDS), have you heard about other infections that can be transmitted through sexual contact?	YES ..... 1 NO ..... 2	→840
838	If a man has a sexually transmitted infection, what symptoms might he have?  Any others?  RECORD ALL SYMPTOMS MENTIONED.	ABDOMINAL PAIN ..... A GENITAL DISCHARGE/DRIPPING ..... B FOUL SMELLING DISCHARGE ..... C BURNING PAIN ON URINATION ..... D REDNESS/INFLAMMATION IN GENITAL AREA ..... E SWELLING IN GENITAL AREA ..... F GENITAL SORES/ULCERS ..... G GENITAL WARTS ..... H GENITAL ITCHING ..... I BLOOD IN URINE ..... J LOSS OF WEIGHT ..... K IMPOTENCE ..... L  OTHER ..... W (SPECIFY)  OTHER ..... X (SPECIFY)  NO SYMPTOMS ..... Y DON'T KNOW ..... Z	

839	<p>If a woman has a sexually transmitted infection, what symptoms might she have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	<p>ABDOMINAL PAIN ..... A  GENITAL DISCHARGE ..... B  FOUL SMELLING DISCHARGE ..... C  BURNING PAIN ON URINATION ..... D  REDNESS/INFLAMMATION IN  GENITAL AREA ..... E  SWELLING IN GENITAL AREA ..... F  GENITAL SORES/ULCERS ..... G  GENITAL WARTS ..... H  GENITAL ITCHING ..... I  BLOOD IN URINE ..... J  LOSS OF WEIGHT ..... K  HARD TO GET PREGNANT/HAVE  A CHILD ..... L  OTHER _____ W  (SPECIFY)  OTHER _____ X  (SPECIFY)  NO SYMPTOMS ..... Y  DON'T KNOW ..... Z</p>	
840	<p>CHECK 514:</p> <p>HAS HAD SEXUAL <input type="checkbox"/> HAS NOT HAD SEXUAL <input type="checkbox"/> INTERCOURSE _____ →851  INTERCOURSE</p>		
841	<p>CHECK 837:</p> <p>KNOWS STI <input type="checkbox"/> DOES NOT KNOW <input type="checkbox"/> _____ →843  STI</p>		
842	<p>Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a sexually-transmitted infection?</p>	<p>YES ..... 1  NO ..... 2  DON'T KNOW ..... 8</p>	
843	<p>Sometimes, women experience a bad smelling abnormal genital discharge.</p> <p>During the last 12 months, have you had a bad smelling abnormal genital discharge?</p>	<p>YES ..... 1  NO ..... 2  DON'T KNOW ..... 8</p>	
844	<p>Sometimes women have a genital sore or ulcer.</p> <p>During the last 12 months, have you had a genital sore or ulcer?</p>	<p>YES ..... 1  NO ..... 2  DON'T KNOW ..... 8</p>	
845	<p>CHECK 842/843/844:</p> <p>HAS HAD AN <input type="checkbox"/> HAS NOT HAD AN <input type="checkbox"/> _____ →851  INFECTION DOES NOT KNOW</p>		
846	<p>The last time you had (PROBLEM FROM 842/843/844), did you seek any kind of advice or treatment?</p>	<p>YES ..... 1  NO ..... 2</p>	→848

847 Where did you go? PUBLIC SECTOR  
 GOVERNMENT HOSPITAL ..... A  
 GOVT. HEALTH CENTER ..... B  
 FAMILY PLANNING CLINIC ..... C  
 OTHER PUBLIC \_\_\_\_\_ D  
 (SPECIFY)

Anywhere else? PRIVATE MEDICAL SECTOR  
 PRIVATE HOSPITAL/CLINIC..... E  
 PHARMACY ..... F  
 PRIVATE DOCTOR..... G  
 OTHER PRIVATE  
 MEDICAL \_\_\_\_\_ H  
 (SPECIFY)

RECORD ALL MENTIONED. CHAL  
 CHAL HOSPITAL ..... I  
 CHAL HEALTH CENTER ..... J

CBD ..... K  
 COMMUNITY HEALTH WORKER ..... L  
 SUPPORT GROUPS ..... M

OTHER SOURCE  
 SHOP ..... N  
 CHURCH ..... O  
 FRIENDS/RELATIVES ..... P  
 TRADITIONAL HEALER ..... Q

OTHER \_\_\_\_\_ X  
 (SPECIFY)

848	When you had (PROBLEM FROM 842/843/844), did you do something to avoid infecting your sexual partner(s)?	YES ..... 1 NO ..... 2 PARTNER ALREADY INFECTED ..... 3	<input type="checkbox"/> →851																		
849	When you had (PROBLEM FROM 842/843/844), did you inform your sexual partner(s) about it?	YES ..... 1 SOME/NOT ALL ..... 2 NO ..... 3 DID NOT HAVE PARTNER ..... 4	<input type="checkbox"/> →851																		
850	What did you do to avoid infecting your partner(s)? Did you....  Use medicine? Stop having sex? Use a condom when having sex?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>USE MEDICINE .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>STOP SEX .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>USE CONDOM .....</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	USE MEDICINE .....	1	2	STOP SEX .....	1	2	USE CONDOM .....	1	2							
	YES	NO																			
USE MEDICINE .....	1	2																			
STOP SEX .....	1	2																			
USE CONDOM .....	1	2																			
851	Now I would like to ask you about something else.  Since age 15, have you ever had the following symptoms:  a. Cough for two weeks or more? b. Fever for two weeks or more? c. Chest or back pain? d. Coughing up blood? e. Sweating at night?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>COUGH 2+ WEEKS .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>FEVER 2+ WEEKS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CHEST/BACK PAIN .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLOOD IN SPUTUM .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>NIGHT SWEATING .....</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	COUGH 2+ WEEKS .....	1	2	FEVER 2+ WEEKS.....	1	2	CHEST/BACK PAIN .....	1	2	BLOOD IN SPUTUM .....	1	2	NIGHT SWEATING .....	1	2	
	YES	NO																			
COUGH 2+ WEEKS .....	1	2																			
FEVER 2+ WEEKS.....	1	2																			
CHEST/BACK PAIN .....	1	2																			
BLOOD IN SPUTUM .....	1	2																			
NIGHT SWEATING .....	1	2																			
852	CHECK 851:  AT LEAST ONE 'YES' <input type="checkbox"/> (ANY SYMPTOMS)      NOT A SINGLE 'YES' <input type="checkbox"/> (NO SYMPTOM)		→860																		
853	Did you seek consultation or treatment for the symptom(s)?	YES ..... 1 NO ..... 2	→855																		

854	<p>What is the main reason you did <u>not</u> seek consultation or treatment for the symptom(s)?</p>	<p>SYMPTOMS HARMLESS ..... 1  COST ..... 2  DISTANCE ..... 3  EMBARRASSED ..... 4  NOT ALLOWED ..... 5    OTHER _____ 6  (SPECIFY)</p>	<p>→860</p>						
855	<p>The last time you had such symptoms, where did you first go for advice or treatment?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR  GOVERNMENT HOSPITAL ..... 11  GOVT. HEALTH CENTER ..... 12  FAMILY PLANNING CLINIC ..... 13  OTHER PUBLIC _____ 14  (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR  PRIVATE HOSPITAL/CLINIC ..... 21  PHARMACY ..... 22  PRIVATE DOCTOR ..... 23  OTHER PRIVATE  MEDICAL _____ 24  (SPECIFY)</p> <p>CHAL  CHAL HOSPITAL ..... 31  CHAL HEALTH CENTER ..... 32</p> <p>CBD ..... 41  COMMUNITY HEALTH WORKER ..... 42  SUPPORT GROUPS ..... 43</p> <p>TRADITIONAL HEALER ..... 51</p> <p>OTHER _____ 96  (SPECIFY)</p>							
856	<p>How soon after the symptom(s) did you first seek consultation or treatment?</p>	<p>DAYS ..... 1 <table border="1" data-bbox="1268 1073 1365 1129"><tr><td></td><td></td></tr></table>  WEEKS ..... 2 <table border="1" data-bbox="1268 1129 1365 1186"><tr><td></td><td></td></tr></table>  MONTHS ..... 3 <table border="1" data-bbox="1268 1186 1365 1243"><tr><td></td><td></td></tr></table>  DON'T KNOW ..... 998</p>							
857	<p>During that first visit, were you told by a doctor or another health professional that you had tuberculosis?</p>	<p>YES ..... 1  NO ..... 2</p>	<p>→860</p>						
858	<p>Did you go anywhere else for advice or treatment after you were told that you had tuberculosis?</p>	<p>YES ..... 1  NO ..... 2</p>	<p>→861</p>						

859	<p>Where did you go?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>GOVT. HEALTH CENTER ..... 12</p> <p>FAMILY PLANNING CLINIC ..... 13</p> <p>OTHER PUBLIC _____ 14</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC..... 21</p> <p>PHARMACY ..... 22</p> <p>PRIVATE DOCTOR..... 23</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 24</p> <p>(SPECIFY)</p> <p>CHAL</p> <p>CHAL HOSPITAL ..... 31</p> <p>CHAL HEALTH CENTER ..... 32</p> <p>CBD ..... 41</p> <p>COMMUNITY HEALTH WORKER ..... 42</p> <p>SUPPORT GROUPS ..... 43</p> <p>TRADITIONAL HEALER..... 51</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→861</p>
860	<p>Have you ever heard of an illness called tuberculosis?</p>	<p>YES..... 1</p> <p>NO ..... 2</p>	<p>→901</p>
861	<p>Do you think tuberculosis can be cured?</p>	<p>YES..... 1</p> <p>NO ..... 2</p>	
862	<p>Would you be willing to work with someone who has been previously treated for tuberculosis?</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE ..... 8</p>	
863	<p>What signs or symptoms would lead you to think that a person has tuberculosis?</p> <p>PROBE: Any others?</p> <p>RECORD ALL MENTIONED.</p>	<p>COUGHING ..... A</p> <p>COUGHING WITH SPUTUM..... B</p> <p>COUGHING FOR SEVERAL</p> <p>WEEKS..... C</p> <p>FEVER..... D</p> <p>BLOOD IN SPUTUM ..... E</p> <p>LOSS OF APPETITE ..... F</p> <p>NIGHT SWEATING ..... G</p> <p>PAIN IN CHEST OR BACK ..... H</p> <p>TIREDNESS/FATIGUE..... I</p> <p>WEIGHT LOSS..... J</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO SYMPTOMS..... Y</p> <p>DON'T KNOW..... Z</p>	
864	<p>What do you think is the cause of tuberculosis?</p> <p>PROBE: Anything else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MICROBES/GERMS/BACTERIA ..... A</p> <p>INHERITED ..... B</p> <p>LIFESTYLE ..... C</p> <p>SMOKING ..... D</p> <p>ALCOHOL DRINKING ..... E</p> <p>EXPOSURE TO COLD TEMPERAT. .... F</p> <p>DUST/POLLUTION..... G</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>OTHER _____ Y</p> <p>(SPECIFY)</p> <p>DON'T KNOW..... Z</p>	

SECTION 9. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
901	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER..... <input type="text"/> <input type="text"/>						
902	CHECK 901: TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>							→914
903	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS..... <input type="text"/> <input type="text"/>						
904	What was the name given to your oldest (next oldest) brother or sister?	[1] _____	[2] _____	[3] _____	[4] _____	[5] _____	[6] _____	
905	Is (NAME) male or female?	MALE ..... 1 FEMALE..... 2	MALE..... 1 FEMALE..... 2	MALE ..... 1 FEMALE..... 2	MALE ..... 1 FEMALE..... 2	MALE..... 1 FEMALE..... 2	MALE ..... 1 FEMALE..... 2	
906	Is (NAME) still alive?	YES ..... 1 NO..... 2 ↳GO TO 908 DK..... 8 ↳GO TO [2]	YES ..... 1 NO..... 2 ↳GO TO 908 DK..... 8 ↳GO TO [3]	YES..... 1 NO..... 2 ↳GO TO 908 DK..... 8 ↳GO TO [4]	YES ..... 1 NO..... 2 ↳GO TO 908 DK..... 8 ↳GO TO [5]	YES ..... 1 NO..... 2 ↳GO TO 908 DK..... 8 ↳GO TO [6]	YES..... 1 NO..... 2 ↳GO TO 908 DK..... 8 ↳GO TO [7]	
907	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]	
908	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
909	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 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]	
910	Was (NAME) pregnant when she died?	YES..... 1 GO TO 913← NO..... 2	YES..... 1 GO TO 913← NO..... 2	YES..... 1 GO TO 913← NO..... 2	YES..... 1 GO TO 913← NO..... 2	YES..... 1 GO TO 913← NO..... 2	YES..... 1 GO TO 913← NO..... 2	
911	Did (NAME) die during childbirth?	YES..... 1 GO TO 913← NO..... 2	YES..... 1 GO TO 913← NO..... 2	YES..... 1 GO TO 913← NO..... 2	YES..... 1 GO TO 913← NO..... 2	YES..... 1 GO TO 913← NO..... 2	YES..... 1 GO TO 913← NO..... 2	
912	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2	
913	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
IF NO MORE BROTHERS OR SISTERS, GO TO 914								



904	What was name given to your oldest (next oldest) brother or sister?	[7] _____	[8] _____	[9] _____	[10] _____	[11] _____	[12] _____
905	Is (NAME) male or female?	MALE .....1 FEMALE.....2	MALE..... 1 FEMALE ..... 2	MALE .....1 FEMALE .....2	MALE ..... 1 FEMALE..... 2	MALE..... 1 FEMALE ..... 2	MALE ..... 1 FEMALE..... 2
906	Is (NAME) still alive?	YES.....1 NO.....2 ↳GO TO 908 DK.....8 ↳GO TO [8]	YES ..... 1 NO ..... 2 ↳GO TO 908 DK ..... 8 ↳GO TO [9]	YES.....1 NO.....2 ↳GO TO 908 DK.....8 ↳GO TO [10]	YES ..... 1 NO ..... 2 ↳GO TO 908 DK ..... 8 ↳GO TO [11]	YES ..... 1 NO ..... 2 ↳GO TO 908 DK.....8 ↳GO TO [12]	YES..... 1 NO.....2 ↳GO TO 908 DK..... 8 ↳GO TO [13]
907	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO [8]	<input type="text"/> <input type="text"/> GO TO [9]	<input type="text"/> <input type="text"/> GO TO [10]	<input type="text"/> <input type="text"/> GO TO [11]	<input type="text"/> <input type="text"/> GO TO [12]	<input type="text"/> <input type="text"/> GO TO [13]
908	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
909	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 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]
910	Was (NAME) pregnant when she died?	YES.....1 GO TO 913← NO.....2	YES ..... 1 GO TO 913← NO ..... 2	YES.....1 GO TO 913← NO .....2	YES ..... 1 GO TO 913← NO ..... 2	YES ..... 1 GO TO 913← NO ..... 2	YES..... 1 GO TO 913← NO..... 2
911	Did (NAME) die during childbirth?	YES.....1 GO TO 913← NO.....2	YES ..... 1 GO TO 913← NO ..... 2	YES.....1 GO TO 913← NO .....2	YES ..... 1 GO TO 913← NO ..... 2	YES ..... 1 GO TO 913← NO ..... 2	YES..... 1 GO TO 913← NO..... 2
912	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES.....1 NO.....2	YES ..... 1 NO ..... 2	YES.....1 NO .....2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES..... 1 NO..... 2
913	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
IF NO MORE BROTHERS OR SISTERS, GO TO 914							

904	What was name given to your oldest (next oldest) brother or sister?	[13] _____	[14] _____	[15] _____	[16] _____	[17] _____	[18] _____	
905	Is (NAME) male or female?	MALE .....1 FEMALE.....2	MALE..... 1 FEMALE ..... 2	MALE .....1 FEMALE .....2	MALE ..... 1 FEMALE..... 2	MALE..... 1 FEMALE ..... 2	MALE ..... 1 FEMALE..... 2	
906	Is (NAME) still alive?	YES.....1 NO.....2 ↳GO TO 908 DK.....8 ↳GO TO [14]	YES ..... 1 NO ..... 2 ↳GO TO 908 DK ..... 8 ↳GO TO [15]	YES.....1 NO.....2 ↳GO TO 908 DK.....8 ↳GO TO [16]	YES ..... 1 NO ..... 2 ↳GO TO 908 DK ..... 8 ↳GO TO [17]	YES ..... 1 NO ..... 2 ↳GO TO 908 DK.....8 ↳GO TO [18]	YES..... 1 NO..... 2 ↳GO TO 908 DK..... 8 ↳GO TO [19]	
907	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO [14]	<input type="text"/> <input type="text"/> GO TO [15]	<input type="text"/> <input type="text"/> GO TO [16]	<input type="text"/> <input type="text"/> GO TO [17]	<input type="text"/> <input type="text"/> GO TO [18]	<input type="text"/> <input type="text"/> GO TO [19]	
908	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
909	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [14]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [15]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [16]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [17]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [18]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [19]	
910	Was (NAME) pregnant when she died?	YES.....1 GO TO 913← NO.....2	YES ..... 1 GO TO 913← NO ..... 2	YES.....1 GO TO 913← NO .....2	YES ..... 1 GO TO 913← NO ..... 2	YES ..... 1 GO TO 913← NO ..... 2	YES..... 1 GO TO 913← NO..... 2	
911	Did (NAME) die during childbirth?	YES.....1 GO TO 913← NO.....2	YES ..... 1 GO TO 913← NO ..... 2	YES.....1 GO TO 913← NO .....2	YES ..... 1 GO TO 913← NO ..... 2	YES ..... 1 GO TO 913← NO ..... 2	YES..... 1 GO TO 913← NO..... 2	
912	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES.....1 NO.....2	YES ..... 1 NO ..... 2	YES.....1 NO .....2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES..... 1 NO..... 2	
913	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
IF NO MORE BROTHERS OR SISTERS, GO TO 914								
914	RECORD THE TIME.						HOURS ..... <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:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF THE SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_

