

MALAWI DEMOGRAPHIC AND HEALTH SURVEY-II
MALAWI GOVERNMENT- NATIONAL STATISTICAL OFFICE
WOMAN'S QUESTIONNAIRE

IDENTIFICATION													
VILLAGE/PLACE NAME _____	<table border="1" style="width: 100px; height: 100px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <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>												
NAME OF HOUSEHOLD HEAD _____													
MDHS CLUSTER NUMBER													
HOUSEHOLD NUMBER													
URBAN/RURAL (URBAN=1, RURAL=2)													
NAME AND LINE NUMBER OF WOMAN _____													

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE _____	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px;"></table> MONTH <table border="1" style="width: 40px; height: 20px;"></table> YEAR <table border="1" style="width: 60px; height: 20px;"></table>
INTERVIEWER'S NAME _____	_____	_____	_____	NAME <table border="1" style="width: 60px; height: 20px;"></table>
RESULT* _____	_____	_____	_____	RESULT <table border="1" style="width: 40px; height: 20px;"></table>
NEXT VISIT: DATE _____ TIME _____	_____	_____		TOTAL NO. OF VISITS <table border="1" style="width: 40px; height: 20px;"></table>
*RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____ (SPECIFY) 2 NOT AT HOME 5 PARTLY COMPLETED 3 POSTPONED 6 INCAPACITATED				

LANGUAGE OF QUESTIONNAIRE	ENGLISH 3	LANGUAGE OF INTERVIEW	CHICHEWA 1 TUMBUKA 2 OTHER _____ 3 (SPECIFY)
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SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <table border="1" style="width: 40px; height: 20px;"></table>	NAME _____ <table border="1" style="width: 40px; height: 20px;"></table>	<table border="1" style="width: 40px; height: 20px;"></table>	<table border="1" style="width: 40px; height: 20px;"></table>
DATE _____	DATE _____		

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in a village?	CITY 1 TOWN 2 VILLAGE 3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→105
104	Just before you moved here, did you live in a city, in a town, or in a village?	CITY 1 TOWN 2 VILLAGE 3	
105	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES 1 NO 2	→111
108	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
109	How many years of school did you complete <u>at that level</u> ?	YEARS <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	CHECK 108: PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> OR HIGHER CIRCLED ▼		→114
111	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE)	
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' <input type="checkbox"/> CODE '1' OR '4' <input type="checkbox"/> CIRCLED CIRCLED ▼		→115
114	Do you read a newspaper or magazine almost every day, at least once a week, less often than that or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS OFTEN 3 NOT AT ALL 4	
115	Do you listen to the radio almost every day, at least once a week, less often than that or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS OFTEN 3 NOT AT ALL 4	
116	Do you watch television almost every day, at least once a week, less often than that or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS OFTEN 3 NOT AT ALL 4	
117	What is your religion?	CATHOLIC 01 CCAP 02 ANGLICAN 03 SEVENTH DAY ADVENT./BAPTIST 04 OTHER CHRISTIAN 05 MUSLIM 06 NO RELIGION 07 OTHER 96 (SPECIFY)	
118	What is your tribe or ethnic group?	CHEWA 01 TUMBUKA 02 LOMWE 03 TONGA 04 YAO 05 SENA 06 NKONDE 07 NGONI 08 OTHER 96 (SPECIFY)	
119	Have you heard that when a child is born in Malawi, you can register that child with the government and receive a birth certificate?	YES 1 NO 2	

SECTION 2: REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <input type="text"/> DAUGHTERS AT HOME ... <input type="text"/>	
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 <input type="text"/> DAUGHTERS ELSEWHERE <input type="text"/>	
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 survived only a few moments?	YES 1 NO 2	→208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <input type="text"/> GIRLS DEAD <input type="text"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <input type="text"/>	
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="text"/> NO <input type="text"/> → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: ONE OR MORE BIRTHS <input type="text"/> NO BIRTHS <input type="text"/> _____		→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	218	219	220	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"/> <input type="text"/> MONTHS . . 2 <input type="text"/> <input type="text"/> YEARS . . . 3 <input type="text"/> <input type="text"/> <input type="text"/>	
02	SING . 1 MULT 2	BOY . 1 GIRL . 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . 1 NO . . 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 <input type="text"/> <input type="text"/> <input type="text"/> MONTHS . . 2 <input type="text"/> <input type="text"/> YEARS . . . 3 <input type="text"/> <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"/> ↓ (GO TO 221)	DAYS . . . 1 <input type="text"/> <input type="text"/> <input type="text"/> MONTHS . . 2 <input type="text"/> <input type="text"/> YEARS . . . 3 <input type="text"/> <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"/> ↓ (GO TO 221)	DAYS . . . 1 <input type="text"/> <input type="text"/> <input type="text"/> MONTHS . . 2 <input type="text"/> <input type="text"/> YEARS . . . 3 <input type="text"/> <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"/> ↓ (GO TO 221)	DAYS . . . 1 <input type="text"/> <input type="text"/> <input type="text"/> MONTHS . . 2 <input type="text"/> <input type="text"/> YEARS . . . 3 <input type="text"/> <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"/> ↓ (GO TO 221)	DAYS . . . 1 <input type="text"/> <input type="text"/> <input type="text"/> MONTHS . . 2 <input type="text"/> <input type="text"/> YEARS . . . 3 <input type="text"/> <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"/> ↓ (GO TO 221)	DAYS . . . 1 <input type="text"/> <input type="text"/> <input type="text"/> MONTHS . . 2 <input type="text"/> <input type="text"/> YEARS . . . 3 <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2

212	213	214	215	216	217	218	219	220	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"/> YEAR <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES . 1 NO .. 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS 1 MONTHS . 2 YEARS ... 3 <input type="text"/>	YES 1 NO 2
09	SING . 1 MULT 2	BOY . 1 GIRL . 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES . 1 NO .. 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS 1 MONTHS . 2 YEARS ... 3 <input type="text"/>	YES 1 NO 2
10	SING . 1 MULT 2	BOY . 1 GIRL . 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES . 1 NO .. 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS 1 MONTHS . 2 YEARS ... 3 <input type="text"/>	YES 1 NO 2
11	SING . 1 MULT 2	BOY . 1 GIRL . 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES . 1 NO .. 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS 1 MONTHS . 2 YEARS ... 3 <input type="text"/>	YES 1 NO 2
12	SING . 1 MULT 2	BOY . 1 GIRL . 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES . 1 NO .. 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS 1 MONTHS . 2 YEARS ... 3 <input type="text"/>	YES 1 NO 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES 1 NO 2	
223	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 1995 OR LATER. IF NONE, RECORD '0'.		<input type="checkbox"/>
225	FOR EACH BIRTH SINCE JANUARY 1995, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE.		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→229
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="checkbox"/> <input type="checkbox"/>	
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="checkbox"/> <input type="checkbox"/> YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
231	<p>CHECK 230:</p> <p>LAST PREGNANCY ENDED IN <input type="checkbox"/> LAST PREGNANCY ENDED BEFORE <input type="checkbox"/></p> <p>JAN. 1995 OR LATER JAN. 1995</p>		→236
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS <input type="checkbox"/> <input type="checkbox"/>	
233	Have you ever had any other pregnancies which did not result in a live birth?	YES 1 NO 2	→236



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 1995. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.																		
234A	Did you have any pregnancies that terminated before 1995 which did not result in a live birth?	YES 1 NO 2	→236																
235	FILL IN THE MONTH AND YEAR OF TERMINATION OF THE LAST NON-LIVE BIRTH PREGNANCY PRIOR TO JANUARY 1995.	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																	
236	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS AGO 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS AGO 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS AGO 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> 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																
238	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER 6 (SPECIFY) DON'T KNOW 8																	

SECTION 3. CONTRACEPTION

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	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2 ▾	YES 1 NO 2
05	INJECTIONS Women can have an injection by a health provider which stops them from becoming pregnant for three months.	YES 1 NO 2 ▾	YES 1 NO 2
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2 ▾	YES 1 NO 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2 ▾	YES 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2 ▾	YES 1 NO 2
09	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, BILLINGS OR OTHER NATURAL METHODS Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2 ▾	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 to avoid becoming pregnant.	YES 1 NO 2 ▾	YES 1 NO 2
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	YES 1 NO 2 YES 1 NO 2
303	CHECK 302: NOT A SINGLE "YES" <input type="checkbox"/> AT LEAST ONE "YES" <input type="checkbox"/> _____ (NEVER USED) ▾ (EVER USED)		→307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→328
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN . <input type="text"/> <input type="text"/>	
308	CHECK 302 (01): <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">WOMAN NOT STERILIZED <input type="checkbox"/></div> <div style="text-align: center;">WOMAN STERILIZED <input type="checkbox"/></div> </div>		→311A
309	CHECK 226: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">NOT PREGNANT OR UNSURE <input type="checkbox"/></div> <div style="text-align: center;">PREGNANT <input type="checkbox"/></div> </div>		→320
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→320
311 311A	Which method are you using? CIRCLE 'A' FOR FEMALE STERILIZATION. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTIONS E IMPLANTS F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACT. AMEN. METHOD K PERIODIC ABSTINENCE L WITHDRAWAL M OTHER _____ X (SPECIFY)	→313 } →319 } →319A } →319B
313	Where did the sterilization 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) IF BOTH CODE 'A' AND CODE 'B' ARE CIRCLED IN 311, ASK 313-317 ABOUT FEMALE STERILIZATION ONLY.	PUBLIC SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CENTER 12 FAMILY PLANNING CLINIC ... 13 OTHER PUBLIC _____ 16 (SPECIFY) MISSION HOSPITAL 21 HEALTH CENTER 22 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC .. 31 PRIVATE DOCTOR'S OFFICE . 32 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) BLM 41 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
320	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>NO CODE CIRCLED 00</p> <p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTIONS 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>PERIODIC ABSTINENCE 12</p> <p>WITHDRAWAL 13</p> <p>OTHER METHOD 96</p>	<p>→328</p> <p>→330</p> <p>→327</p> <p>→325</p> <p>→330</p>
322	<p>You obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM 313 OR 319).</p> <p>At that time, were you told about side effects or problems you might have with the method?</p>	<p>YES 1</p> <p>NO 2</p>	→323
322A	<p>Were you ever told by a health or family planning worker about side effects or problems you might have with the method?</p>	<p>YES 1</p> <p>NO 2</p>	→325
323	<p>Were you told what to do if you experienced side effects or problems?</p>	<p>YES 1</p> <p>NO 2</p>	
325	<p>CHECK 322:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>CODE '1' CIRCLED</p>  </div> <div style="text-align: center;"> <p>CODE '1' NOT CIRCLED</p>  </div> </div> <p>When you obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM 313 OR 319),</p> <p>At that time, were you told about other methods of family planning which you could use?</p>	<p>YES 1</p> <p>NO 2</p>	→326
325A	<p>Were you ever told by a health or family planning worker about other methods of family planning which you could use?</p>	<p>YES 1</p> <p>NO 2</p>	
326	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>FEMALE STERILIZATION 01</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTIONS 05</p> <p>IMPLANTS 06</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD 11</p>	<p>→330</p> <p>→330</p> <p>→330</p> <p>→330</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
327	<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>MOBILE CLINIC 14</p> <p>CBDA/FIELD WORKER 15</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>MISSION</p> <p>HOSPITAL 21</p> <p>HEALTH CENTER 22</p> <p>MOBILE CLINIC 23</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC .. 31</p> <p>PHARMACY 32</p> <p>PRIVATE DOCTOR 33</p> <p>MOBILE CLINIC 34</p> <p>CBDA/FIELD WORKER 35</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 36</p> <p>(SPECIFY)</p> <p>BLM 41</p> <p>OTHER SOURCE</p> <p>SHOP 51</p> <p>CHURCH 52</p> <p>FRIEND/RELATIVE 53</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→330</p>
328	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→330</p>
329	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC ... C</p> <p>MOBILE CLINIC D</p> <p>CBDA/FIELD WORKER E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>MISSION</p> <p>HOSPITAL G</p> <p>HEALTH CENTER H</p> <p>MOBILE CLINIC I</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ... J</p> <p>PHARMACY K</p> <p>PRIVATE DOCTOR L</p> <p>MOBILE CLINIC M</p> <p>CBDA/FIELD WORKER N</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ O</p> <p>(SPECIFY)</p> <p>BLM P</p> <p>OTHER SOURCE</p> <p>SHOP Q</p> <p>CHURCH R</p> <p>FRIEND/RELATIVE S</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
330	<p>In the last 12 months, were you visited by a community-based distribution agent who talked to you about family planning?</p>	<p>YES 1</p> <p>NO 2</p>	
331	<p>In the last 12 months, have you visited a health facility for care for yourself (or your children)?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→401</p>
332	<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 <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> IN 1995 OR LATER <input type="checkbox"/> IN 1995 OR LATER <input type="checkbox"/>	→486	
402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1995 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="checkbox"/> <input type="checkbox"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input type="checkbox"/> <input type="checkbox"/>
404	FROM 212 AND 216	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ ALIVE <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 422)← LATER 2 NOT AT ALL 3 (SKIP TO 422)←
406	How much longer would you like to have waited?	MONTHS 1 <input type="checkbox"/> <input type="checkbox"/> YEARS 2 <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 998	MONTHS 1 <input type="checkbox"/> <input type="checkbox"/> YEARS 2 <input type="checkbox"/> <input type="checkbox"/> 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/CLINICAL OFFICER .. A NURSE/MIDWIFE B WARD ATTENDANT C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 415)←	
408	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 98	
409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES <input type="checkbox"/> <input type="checkbox"/> 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)	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____																		
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 style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; 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																			
413	Were you told about the signs of pregnancy complications?	YES 1 NO 2 (SKIP TO 415)←----- DON'T KNOW 8																			
414	Were you told where to go if you had these complications?	YES 1 NO 2 DON'T KNOW 8																			
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 416)←----- DON'T KNOW 8																			
415A	During this pregnancy, how many times did you get this injection?	TIMES <input type="text"/> DON'T KNOW 8																			
416	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLET.	YES 1 NO 2 (SKIP TO 418)←----- DON'T KNOW 8																			
417	During the whole pregnancy, for how many days did you take the tablets? 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																			
418	During this pregnancy, did you have difficulty with your vision during the daylight?	YES 1 NO 2 DON'T KNOW 8																			
419	During this pregnancy, did you have difficulty with your vision at night?	YES 1 NO 2 DON'T KNOW 8																			
420	During this pregnancy, did you take any drugs in order to prevent you from getting malaria? Not considered here are instances where you took the drug because you had malaria.	YES 1 NO 2 (SKIP TO 422)←----- DON'T KNOW 8																			

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
421	<p>Which medicines did you take to prevent malaria?</p> <p>RECORD ALL MENTIONED.</p> <p>IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.</p> <p>FOR EACH DRUG CIRCLED ASK: How many times did you take the malaria medicine(s) during the pregnancy?</p>	<p style="text-align: right;">TIMES</p> <p>SP (NOVIDAR, FANSIDAR) . A <input type="checkbox"/></p> <p>QUININE B <input type="checkbox"/></p> <p>CHLOROQUINE C <input type="checkbox"/></p> <p>AMODIAQUINE D <input type="checkbox"/></p> <p>HALAFAN E <input type="checkbox"/></p> <p>OTHER _____ X <input type="checkbox"/> (SPECIFY)</p>	
422	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	<p>VERY LARGE 1</p> <p>LARGER THAN AVERAGE 2</p> <p>AVERAGE 3</p> <p>SMALLER THAN AVERAGE 4</p> <p>VERY SMALL 5</p> <p>DON'T KNOW 8</p>	<p>VERY LARGE 1</p> <p>LARGER THAN AVERAGE 2</p> <p>AVERAGE 3</p> <p>SMALLER THAN AVERAGE 4</p> <p>VERY SMALL 5</p> <p>DON'T KNOW 8</p>
423	Was (NAME) weighed at birth?	<p>YES 1</p> <p>NO 2</p> <p style="text-align: center;">(SKIP TO 425) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p style="text-align: center;">(SKIP TO 425) ←</p> <p>DON'T KNOW 8</p>
424	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	<p>GRAMS FROM CARD 1 <input type="text"/></p> <p>GRAMS FROM RECALL 2 <input type="text"/></p> <p>DON'T KNOW 99998</p>	<p>GRAMS FROM CARD 1 <input type="text"/></p> <p>GRAMS FROM RECALL 2 <input type="text"/></p> <p>DON'T KNOW 99998</p>
425	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR/CLINICAL OFFICER .. A</p> <p>NURSE/MIDWIFE B</p> <p>WARD ATTENDANT C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT D</p> <p>RELATIVE/FRIEND E</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE Y</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR A</p> <p>NURSE/MIDWIFE B</p> <p>WARD ATTENDANT C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT D</p> <p>RELATIVE/FRIEND E</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE Y</p>

		LAST BIRTH	NEXT-TO-LAST BIRTH								
		NAME _____	NAME _____								
426	Where did you give birth to (NAME)?	HOME YOUR HOME 11 (SKIP TO 428)←----- OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST 23 OTHER PUBLIC _____ 26 (SPECIFY) MISSION HOSPITAL 31 HEALTH CENTER 32 PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 41 OTHER PVT. MEDICAL _____ 46 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 428)←-----	HOME YOUR HOME 11 (SKIP TO 428)←----- OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST 23 OTHER PUBLIC _____ 26 (SPECIFY) MISSION HOSPITAL 31 HEALTH CENTER 32 PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 41 OTHER PVT. MEDICAL _____ 46 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 428)←-----								
427	Was (NAME) delivered by caesarian section?	YES 1 (SKIP TO 432)←----- NO 2	YES 1 (SKIP TO 434)←----- NO 2								
428	After (NAME) was born, did a health professional or a traditional birth attendant check on your health?	YES 1 NO 2 (SKIP TO 432)←-----	YES 1 NO 2								
429	How many days or weeks after the delivery did the first check take place? RECORD '00' DAYS IF SAME DAY.	DAYS AFTER DEL 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS AFTER DEL ... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW 998									
430	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PROFESSIONAL DOCTOR/CLINICAL OFFICER .. 1 NURSE/MIDWIFE 2 WARD ATTENDANT 3 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 4 OTHER _____ 6 (SPECIFY)									

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
431	Where did this first check take 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) MISSION HOSPITAL 31 HEALTH CENTER 32 PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 41 OTHER PVT. MEDICAL _____ 46 (SPECIFY) OTHER _____ 96 (SPECIFY)	
431A	At that first check, did any health worker discuss use of family planning?	YES 1 NO 2	
432	In the first two months after delivery, did you receive a vitamin A capsule like this? SHOW CAPSULE.	YES 1 NO 2	
433	Has your period returned since the birth of (NAME)?	YES 1 (SKIP TO 435)← NO 2 (SKIP TO 436)←	
434	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 438)←
435	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
436	CHECK 226: RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> NANT PREGNANT <input type="checkbox"/> OR UNSURE (SKIP TO 438)←	
437	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 439)←	
438	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
439	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 444)←	YES 1 NO 2 (SKIP TO 444)←
440	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	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
440A	Within 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 441)←	YES 1 NO 2 (SKIP TO 441)←
440B	What was (NAME) given to drink before your milk began flowing regularly? Anything else? RECORD ALL MENTIONED.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER ... C PHALA D GRIPE WATER E SALT AND SUGAR SOLUTION ... F FRUIT JUICE G INFANT FORMULA (E.G.LACTOGEN) H TEA/INFUSIONS I HONEY J OTHER _____ X (SPECIFY)	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER ... C PHALA D GRIPE WATER E SALT AND SUGAR SOLUTION ... F FRUIT JUICE G INFANT FORMULA (E.G.LACTOGEN) H TEA/INFUSIONS I HONEY J OTHER _____ X (SPECIFY)
441	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 443)←	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 443)←
442	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 445)← NO 2	YES 1 (SKIP TO 445)← NO 2
443	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
444	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 447) (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 451)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 447) (GO BACK TO 405 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 451)
445	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"/>
446	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"/>

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
447	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
447A	Was sugar added to any of the foods or liquids (NAME) ate yesterday?	YES 1 NO 2	YES 1 NO 2
448	How many <u>times</u> did (NAME) eat solid, semi-solid or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8
450		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 451.	GO BACK TO 405 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 451.

SECTION 4B. IMMUNIZATION, HEALTH, AND NUTRITION

451	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1995 OR LATER. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES).																																																																																																																										
452		LAST BIRTH	NEXT-TO-LAST BIRTH																																																																																																																								
	LINE NUMBER FROM 212	LINE NUMBER <input style="width:20px; height:15px;" type="text"/> <input style="width:20px; height:15px;" type="text"/>	LINE NUMBER <input style="width:20px; height:15px;" type="text"/> <input style="width:20px; height:15px;" type="text"/>																																																																																																																								
453	FROM 212 AND 216	NAME _____ ALIVE <input style="width:15px; height:15px;" type="checkbox"/> DEAD <input style="width:15px; height:15px;" type="checkbox"/> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">↓</div> <div style="text-align: center;">↓ (GO TO 453 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 481)</div> </div>	NAME _____ ALIVE <input style="width:15px; height:15px;" type="checkbox"/> DEAD <input style="width:15px; height:15px;" type="checkbox"/> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">↓</div> <div style="text-align: center;">↓ (GO TO 453 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 481)</div> </div>																																																																																																																								
454	Did (NAME) receive a Vitamin A dose like this during the last 6 months? SHOW CAPSULE.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8																																																																																																																								
455	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 457) ← YES, NOT SEEN 2 (SKIP TO 459) ← NO CARD 3	YES, SEEN 1 (SKIP TO 457) ← YES, NOT SEEN 2 (SKIP TO 459) ← NO CARD 3																																																																																																																								
456	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 459) ← NO 2	YES 1 (SKIP TO 459) ← NO 2																																																																																																																								
457	(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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>BCG</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>P0</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>VIT. A</td><td></td><td></td><td></td><td></td><td></td></tr> </table>	BCG						P0						P1						P2						P3						D1						D2						D3						MEA						VIT. A						DAY MONTH YEAR <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>BCG</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>P0</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>VIT. A</td><td></td><td></td><td></td><td></td><td></td></tr> </table>	BCG						P0						P1						P2						P3						D1						D2						D3						MEA						VIT. A					
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		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
458	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINE(S).	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 457) _____ (SKIP TO 461) ←	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 457) _____ (SKIP TO 461) ←
		NO 2 (SKIP TO 461) ←	NO 2 (SKIP TO 461) ←
		DON'T KNOW 8	DON'T KNOW 8
459	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 463) ←	YES 1 NO 2 (SKIP TO 463) ←
		DON'T KNOW 8	DON'T KNOW 8
460	Please tell me if (NAME) received any of the following vaccinations:		
460A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
460B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 460E) ←	YES 1 NO 2 (SKIP TO 460E) ←
		DON'T KNOW 8	DON'T KNOW 8
460C	When was the first polio vaccine received, just after birth or later?	JUST AFTER BIRTH 1 LATER 2	JUST AFTER BIRTH 1 LATER 2
460D	How many times was the polio vaccine received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
460E	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 460G) ←	YES 1 NO 2 (SKIP TO 460G) ←
		DON'T KNOW 8	DON'T KNOW 8
460F	How many times?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
460G	An injection to prevent measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
461	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 463) ←	YES 1 NO 2 (SKIP TO 463) ←
		NO VACCINATION IN THE LAST 2 YEARS 3 (SKIP TO 463) ←	NO VACCINATION IN THE LAST 2 YEARS 3 (SKIP TO 463) ←
		DON'T KNOW 8 (SKIP TO 463) ←	DON'T KNOW 8 (SKIP TO 463) ←
462	At which national immunization day campaigns did (NAME) receive vaccinations? RECORD ALL MENTIONED.	MEASLES 1998 A MEASLES 1999 B MEASLES 2000 C POLIO 1999 D POLIO 2000 F	MEASLES 1998 A MEASLES 1999 B MEASLES 2000 C POLIO 1999 D POLIO 2000 F
463	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 464) ←	YES 1 NO 2 (SKIP TO 464) ←
		DON'T KNOW 8 (SKIP TO 464) ←	DON'T KNOW 8 (SKIP TO 464) ←

		LAST BIRTH				NEXT-TO-LAST BIRTH					
		NAME				NAME					
463A	Does (NAME) have a fever now?	YES 1 NO 2 DON'T KNOW 8				YES 1 NO 2 DON'T KNOW 8					
463B	I would like to know what things were done in response to (NAME'S) fever. What was done first? What was done after that? NOTE: CIRCLE ONE CODE IN EACH COLUMN FOR FIRST FOUR ACTIONS. EACH COLUMN SHOULD HAVE ONLY ONE CODE CIRCLED. ALL COLUMNS SHOULD CONTAIN AN ACTION.		1st	2nd	3rd	4th		1st	2nd	3rd	4th
		GAVE MEDICINE FROM HOME	01	01	01	01	GAVE MEDICINE FROM HOME	01	01	01	01
		GAVE MEDICINE FROM A PHARMACIST/SHOPKEEPER (WITHOUT A PRESCRIPTION)	02	02	02	02	GAVE MEDICINE FROM A PHARMACIST/SHOPKEEPER (WITHOUT A PRESCRIPTION)	02	02	02	02
		TAKEN TO A GOVERNMENT-RUN HEALTH CENTER	03	03	03	03	TAKEN TO A GOVERNMENT-RUN HEALTH CENTER	03	03	03	03
		TAKEN TO A MISSION HEALTH CENTER	04	04	04	04	TAKEN TO A MISSION HEALTH CENTER	04	04	04	04
		TAKEN TO A PRIVATE HEALTH CENTER	05	05	05	05	TAKEN TO A PRIVATE HEALTH CENTER	05	05	05	05
		CONSULTED TRADITIONAL HEALER	06	06	06	06	CONSULTED TRADITIONAL HEALER	06	06	06	06
		CONSULTED A CHW	07	07	07	07	CONSULTED A CHW	07	07	07	07
		GAVE TEPID SPONGING	08	08	08	08	GAVE TEPID SPONGING	08	08	08	08
		GAVE HERBS AT HOME	09	09	09	09	GAVE HERBS AT HOME	09	09	09	09
		OTHER	96	96	96	96	OTHER	96	96	96	96
		DID NOTHING (ELSE)	10	10	10	10	DID NOTHING (ELSE)	10	10	10	10
		DON'T KNOW	98	98	98	98	DON'T KNOW	98	98	98	98
463C		CHECK 463B: CODE "01" OR "02" CIRCLED IN ANY COLUMN <input type="checkbox"/>				CHECK 463B: CODE "01" OR "02" NOT CIRCLED <input type="checkbox"/>					
		CODE "01" OR "02" NOT CIRCLED <input type="checkbox"/> (SKIP TO 463E)				CODE "01" OR "02" NOT CIRCLED <input type="checkbox"/> (SKIP TO 463E)					

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
463D	<p>Which medicines were given to (NAME)?</p> <p>ASK TO SEE MEDICINE(S). IF NOT SEEN, SHOW MEDICINE(S) TO RESPONDENT.</p> <p>FOR EACH ANTI-MALARIAL MEDICINE: How long after the fever started did (NAME) start taking the medicine?</p> <p>RECORD ALL MENTIONED.</p> <p>DAY CODES: SAME DAY = 0 NEXT DAY AFTER THE FEVER = 1 TWO DAYS AFTER THE FEVER = 2 THREE OR MORE DAYS AFTER THE FEVER = 3</p>	<p>ANTI-MALARIAL</p> <p>SP (FANSIDAR, NOVIDAR) . A 0 1 2 3</p> <p>QUININE B 0 1 2 3</p> <p>CHLOROQUINE C 0 1 2 3</p> <p>AMODIAQUINE D 0 1 2 3</p> <p>HALAFAN E 0 1 2 3</p> <p>OTHER DRUGS</p> <p>ASPIRIN F</p> <p>PANADOL G</p> <p>OTHER _____ X (SPECIFY)</p> <p>UNKNOWN Z</p>	<p>ANTI-MALARIAL</p> <p>SP (FANSIDAR, NOVIDAR) . A 0 1 2 3</p> <p>QUININE B 0 1 2 3</p> <p>CHLOROQUINE C 0 1 2 3</p> <p>AMODIAQUINE D 0 1 2 3</p> <p>HALAFAN E 0 1 2 3</p> <p>OTHER DRUGS</p> <p>ASPIRIN F</p> <p>PANADOL G</p> <p>OTHER _____ X (SPECIFY)</p> <p>UNKNOWN Z</p>
463E		<p>CHECK 463B:</p> <p>CODE "03" CIRCLED IN ANY COLUMN</p> <p><input type="checkbox"/></p> <p>CODE "03" NOT CIRCLED</p> <p><input type="checkbox"/> (SKIP TO 463J)</p>	<p>CHECK 463B:</p> <p>CODE "03" CIRCLED IN ANY COLUMN</p> <p><input type="checkbox"/></p> <p>CODE "03" NOT CIRCLED</p> <p><input type="checkbox"/> (SKIP TO 463J)</p>
463F	<p>How long after you noticed the fever was (NAME) taken to a government-run health center?</p>	<p>SAME DAY 0</p> <p>NEXT DAY 1</p> <p>TWO DAYS AFTER THE FEVER 2</p> <p>THREE OR MORE DAYS AFTER THE FEVER 3</p>	<p>SAME DAY 0</p> <p>NEXT DAY 1</p> <p>TWO DAYS AFTER THE FEVER 2</p> <p>THREE OR MORE DAYS AFTER THE FEVER 3</p>
463G	<p>Were any drugs or prescriptions for drugs given at the government-run health center for (NAME)?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 463I) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 463I) ←</p> <p>DON'T KNOW 8</p>
463H	<p>Which medicines were given to (NAME)?</p> <p>ASK TO SEE MEDICINE(S). IF NOT SEEN, SHOW MEDICINE(S) TO RESPONDENT.</p> <p>FOR EACH ANTI-MALARIAL MEDICINE: How long after the fever started did (NAME) start taking the medicine?</p> <p>RECORD ALL MENTIONED.</p> <p>DAY CODES: SAME DAY = 0 NEXT DAY AFTER THE FEVER = 1 TWO DAYS AFTER THE FEVER = 2 THREE OR MORE DAYS AFTER THE FEVER = 3</p>	<p>ANTI-MALARIAL</p> <p>SP (FANSIDAR, NOVIDAR) . A 0 1 2 3</p> <p>QUININE B 0 1 2 3</p> <p>CHLOROQUINE C 0 1 2 3</p> <p>AMODIAQUINE D 0 1 2 3</p> <p>HALAFAN E 0 1 2 3</p> <p>OTHER DRUGS</p> <p>ASPIRIN F</p> <p>PANADOL G</p> <p>OTHER _____ X (SPECIFY)</p> <p>UNKNOWN Z</p>	<p>ANTI-MALARIAL</p> <p>SP (FANSIDAR, NOVIDAR) . A 0 1 2 3</p> <p>QUININE B 0 1 2 3</p> <p>CHLOROQUINE C 0 1 2 3</p> <p>AMODIAQUINE D 0 1 2 3</p> <p>HALAFAN E 0 1 2 3</p> <p>OTHER DRUGS</p> <p>ASPIRIN F</p> <p>PANADOL G</p> <p>OTHER _____ X (SPECIFY)</p> <p>UNKNOWN Z</p>

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
463I	Did (NAME) receive any injection at the government-run health center?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
463J		CHECK 463B: CODE "04" CIRCLED IN ANY COLUMN <input type="checkbox"/> ▼	CHECK 463B: CODE "04" CIRCLED IN ANY COLUMN <input type="checkbox"/> ▼
		CODE "04" NOT CIRCLED <input type="checkbox"/> ↳(SKIP TO 463O)	CODE "04" NOT CIRCLED <input type="checkbox"/> ↳(SKIP TO 463O)
463K	How long after you noticed the fever was (NAME) taken to a mission health center?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3
463L	Were any drugs or prescriptions for drugs given at the mission health center for (NAME)?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 463N) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 463N) ←
463M	Which medicines were given to (NAME)? ASK TO SEE MEDICINE(S). IF NOT SEEN, SHOW MEDICINE(S) TO RESPONDENT. FOR EACH ANTI-MALARIAL MEDICINE: How long after the fever started did (NAME) start taking the medicine? RECORD ALL MENTIONED. DAY CODES: SAME DAY = 0 NEXT DAY AFTER THE FEVER = 1 TWO DAYS AFTER THE FEVER = 2 THREE OR MORE DAYS AFTER THE FEVER = 3	ANTI-MALARIAL SP (FANSIDAR, NOVIDAR) . A 0 1 2 3 QUININE B 0 1 2 3 CHLOROQUINE C 0 1 2 3 AMODIAQUINE D 0 1 2 3 HALAFAN E 0 1 2 3 OTHER DRUGS ASPIRIN F PANADOL G OTHER _____ X (SPECIFY) UNKNOWN Z	ANTI-MALARIAL SP (FANSIDAR, NOVIDAR) . A 0 1 2 3 QUININE B 0 1 2 3 CHLOROQUINE C 0 1 2 3 AMODIAQUINE D 0 1 2 3 HALAFAN E 0 1 2 3 OTHER DRUGS ASPIRIN F PANADOL G OTHER _____ X (SPECIFY) UNKNOWN Z
463N	Did (NAME) receive any injection at the mission health center?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
463O		CHECK 463B: CODE "05" CIRCLED IN ANY COLUMN <input type="checkbox"/> ▼	CHECK 463B: CODE "05" CIRCLED IN ANY COLUMN <input type="checkbox"/> ▼
		CODE "05" NOT CIRCLED <input type="checkbox"/> ↳(SKIP TO 463T)	CODE "05" NOT CIRCLED <input type="checkbox"/> ↳(SKIP TO 463T)
463P	How long after you noticed the fever was (NAME) taken to a private health center?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3
463Q	Were any medicines or prescriptions for medicines given at the private health center for (NAME)?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 463S) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 463S) ←

		LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____
463R	Which medicines were given to (NAME)? ASK TO SEE MEDICINE(S). IF NOT SEEN, SHOW MEDICINE(S) TO RESPONDENT. FOR EACH ANTI-MALARIAL MEDICINE: How long after the fever started did (NAME) start taking the medicine? RECORD ALL MENTIONED. DAY CODES: SAME DAY = 0 NEXT DAY AFTER THE FEVER = 1 TWO DAYS AFTER THE FEVER = 2 THREE DAYS OR MORE AFTER THE FEVER = 3	ANTI-MALARIAL SP (FANSIDAR, NOVIDAR) . A 0 1 2 3 QUININE B 0 1 2 3 CHLOROQUINE C 0 1 2 3 AMODIAQUINE D 0 1 2 3 HALAFAN E 0 1 2 3 OTHER DRUGS ASPIRIN F PANADOL G OTHER _____ X (SPECIFY) UNKNOWN Z	ANTI-MALARIAL SP (FANSIDAR, NOVIDAR) . A 0 1 2 3 QUININE B 0 1 2 3 CHLOROQUINE C 0 1 2 3 AMODIAQUINE D 0 1 2 3 HALAFAN E 0 1 2 3 OTHER DRUGS ASPIRIN F PANADOL G OTHER _____ X (SPECIFY) UNKNOWN Z
463S	Did (NAME) receive any injection during the visit to the private health center?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
463T		CHECK 463B: CODE "07" CIRCLED IN ANY COLUMN <input type="checkbox"/> ▼ <input type="checkbox"/> (SKIP TO 464)	CHECK 463B: CODE "07" CIRCLED IN ANY COLUMN <input type="checkbox"/> ▼ <input type="checkbox"/> (SKIP TO 464)
463U	How long after you noticed the fever did (NAME) see the community health worker?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3
463V	What did the community health worker do? RECORD ALL MENTIONED.	GAVE MEDICINE A RECOMMENDED PURCHASE OF MEDICINE B REFERRED TO HEALTH CENTER/DOCTOR C OTHER _____ X (SPECIFY)	GAVE MEDICINE A RECOMMENDED PURCHASE OF MEDICINE B REFERRED TO HEALTH CENTER/DOCTOR C OTHER _____ X (SPECIFY)
463W		CHECK 463V: CODE "A" AND/OR CODE "B" CIRCLED <input type="checkbox"/> ▼ <input type="checkbox"/> (SKIP TO 464)	CHECK 463V: CODE "A" AND/OR CODE "B" CIRCLED <input type="checkbox"/> ▼ <input type="checkbox"/> (SKIP TO 464)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
463X	<p>Which medicines were given to (NAME) by the community health worker?</p> <p>ASK TO SEE MEDICINE(S). IF NOT SEEN, SHOW MEDICINE(S) TO RESPONDENT.</p> <p>FOR EACH ANTI-MALARIAL MEDICINE: How long after the fever started did (NAME) start taking the medicine?</p> <p>RECORD ALL MENTIONED.</p> <p>DAY CODES: SAME DAY = 0 NEXT DAY AFTER THE FEVER = 1 TWO DAYS AFTER THE FEVER = 2 THREE DAYS OR MORE AFTER THE FEVER = 3</p>	<p>ANTI-MALARIAL</p> <p>SP (FANSIDAR, NOVIDAR) . A 0 1 2 3</p> <p>QUININE B 0 1 2 3</p> <p>CHLOROQUINE C 0 1 2 3</p> <p>AMODIAQUINE D 0 1 2 3</p> <p>HALAFAN E 0 1 2 3</p> <p>OTHER DRUGS</p> <p>ASPIRIN F</p> <p>PANADOL G</p> <p>OTHER _____ X (SPECIFY)</p> <p>UNKNOWN Z</p>	<p>ANTI-MALARIAL</p> <p>SP (FANSIDAR, NOVIDAR) . A 0 1 2 3</p> <p>QUININE B 0 1 2 3</p> <p>CHLOROQUINE C 0 1 2 3</p> <p>AMODIAQUINE D 0 1 2 3</p> <p>HALAFAN E 0 1 2 3</p> <p>OTHER DRUGS</p> <p>ASPIRIN F</p> <p>PANADOL G</p> <p>OTHER _____ X (SPECIFY)</p> <p>UNKNOWN Z</p>

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
464	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 472)←----- DON'T KNOW 8	YES 1 NO 2 (SKIP TO 472)←----- DON'T KNOW 8
465	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
467	Did you seek advice or treatment for the cough?	YES 1 NO 2 (SKIP TO 472)←-----	YES 1 NO 2 (SKIP TO 472)←-----
468	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER ... B GOVT. HEALTH POST C MOBILE CLINIC D FIELD WORKER E OTHER PUBLIC _____ F (SPECIFY) MISSION HOSPITAL G HEALTH CENTER H MOBILE CLINIC I PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC J PHARMACY K PRIVATE DOCTOR L MOBILE CLINIC M FIELD WORKER N OTHER PVT. MEDICAL _____ O (SPECIFY) OTHER SOURCE SHOP P TRAD. PRACTITIONER Q OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER ... B GOVT. HEALTH POST C MOBILE CLINIC D FIELD WORKER E OTHER PUBLIC _____ F (SPECIFY) MISSION HOSPITAL G HEALTH CENTER H MOBILE CLINIC I PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC J PHARMACY K PRIVATE DOCTOR L MOBILE CLINIC M FIELD WORKER N OTHER PVT. MEDICAL _____ O (SPECIFY) OTHER SOURCE SHOP P TRAD. PRACTITIONER Q OTHER _____ X (SPECIFY)
472	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 480)←----- DON'T KNOW 8	YES 1 NO 2 (SKIP TO 480)←----- DON'T KNOW 8
472A	Did [NAME]'s stool contain blood?	YES 1 NO 2	YES 1 NO 2
473	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

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
474	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
475	Was he/she given a drink made from a special packet called ORS?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
476	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 478) ← _____ DON'T KNOW 8	YES 1 NO 2 (SKIP TO 478) ← _____ DON'T KNOW 8
477	What was given to treat the diarrhea? Anything else? RECORD ALL 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)
478	Did you seek advice or treatment for the diarrhea?	YES 1 NO 2 (SKIP TO 480) ← _____	YES 1 NO 2 (SKIP TO 480) ← _____
479	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER ... B GOVT. HEALTH POST C MOBILE CLINIC D FIELD WORKER E OTHER PUBLIC _____ F (SPECIFY) MISSION HOSPITAL G HEALTH CENTER H MOBILE CLINIC I PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC J PHARMACY K PRIVATE DOCTOR L MOBILE CLINIC M FIELD WORKER N OTHER PRIVATE MEDICAL _____ O (SPECIFY) OTHER SOURCE SHOP P TRAD. PRACTITIONER Q OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER ... B GOVT. HEALTH POST C MOBILE CLINIC D FIELD WORKER E OTHER PUBLIC _____ F (SPECIFY) MISSION HOSPITAL G HEALTH CENTER H MOBILE CLINIC I PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC J PHARMACY K PRIVATE DOCTOR L MOBILE CLINIC M FIELD WORKER N OTHER PRIVATE MEDICAL _____ O (SPECIFY) OTHER SOURCE SHOP P TRAD. PRACTITIONER Q OTHER _____ X (SPECIFY)

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
480	Do you have any mosquito nets in your house?	YES 1 NO 2 480G ←	CHECK FIRST COLUMN: HAS MOSQUITO NETS <input type="checkbox"/> ↓ DOES NOT HAVE MOSQUITO NETS <input type="checkbox"/> → 480G
480A	Does (NAME) usually sleep under a mosquito net?	YES 1 NO 2	YES 1 NO 2
480B	Did (NAME) sleep under a mosquito net last night?	YES 1 NO 2 (SKIP TO 480G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 480G) ← DON'T KNOW 8
480C	Where was the mosquito net (NAME) slept under bought or obtained?	SHOP 1 VENDOR 2 NGO OR OTHER ORGANIZATION 3 OTHER 6 (SPECIFY) DON'T KNOW 8	SHOP 1 VENDOR 2 NGO OR OTHER ORGANIZATION 3 OTHER 6 (SPECIFY) DON'T KNOW 8
480D	How long ago was the mosquito net bought or obtained? WRITE THE ANSWER IN MONTHS (LESS THAN 1 MONTH = 00) IF MORE THAN 7 YEARS, RECORD '95'.	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
480E	Since you got the mosquito net was it ever soaked or dipped in an insecticide to repel mosquitoes or bugs?	YES 1 NO 2 (SKIP TO 480G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 480G) ← DON'T KNOW 8
480F	How long ago was the mosquito net last soaked or dipped? WRITE THE ANSWER IN MONTHS (LESS THAN 1 MONTH = 00)	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
480G		GO BACK TO 451 IN NEXT COLUMN, OR, IF NO MORE CHILDREN, GO TO 481.	GO BACK TO 451 IN NEXT COLUMN, OR, IF NO MORE CHILDREN, GO TO 481.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
481	CHECK 453, ALL COLUMNS: NUMBER OF <u>LIVING</u> CHILDREN BORN IN 1995 OR LATER ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> _____ WITH HER ▼		→486																		
482	The last time you fed your child(ren), did you wash your hands immediately before feeding (him/her/them)?	YES 1 NO 2 NEVER FED CHILD(REN) 3																			
483	The last time you had to clean (your child/one of your children) after he/she defecated, did you wash your hands immediately afterwards?	YES 1 NO 2 NEVER CLEANED CHILD(REN) 3																			
484	What is usually done to dispose of your (youngest) child's stools when he/she does not use any toilet facility?	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 NOT DISPOSED OF 07 OTHER _____ 96 (SPECIFY)																			
485	CHECK 475, ALL COLUMNS: NO CHILD RECEIVED FLUID <input type="checkbox"/> ANY CHILD RECEIVED FLUID <input type="checkbox"/> _____ FROM ORS PACKET ▼ FROM ORS PACKET		→487																		
486	Have you ever heard of a special product called ORS you can get for the treatment of diarrhea?	YES 1 NO 2																			
487	CHECK 218: HAS ONE OR MORE CHILDREN LIVING <input type="checkbox"/> HAS NO CHILDREN LIVING WITH HER <input type="checkbox"/> _____ WITH HER ▼		→489																		
488	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																			
489	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? Knowing where to go. Getting permission to go. Getting money needed for treatment. The time required to cover distance to facility. The availability of means of transport. The cost of transport. Not wanting to go alone. Concern that there may not be a female health provider.	<table border="0"> <thead> <tr> <th data-bbox="970 1576 1123 1603">BIG PROBLEM</th> <th data-bbox="1203 1554 1321 1603">NOT A BIG PROBLEM</th> </tr> </thead> <tbody> <tr> <td data-bbox="1038 1626 1054 1648">1</td> <td data-bbox="1257 1626 1273 1648">2</td> </tr> <tr> <td data-bbox="1038 1671 1054 1693">1</td> <td data-bbox="1257 1671 1273 1693">2</td> </tr> <tr> <td data-bbox="1038 1715 1054 1738">1</td> <td data-bbox="1257 1715 1273 1738">2</td> </tr> <tr> <td data-bbox="1038 1760 1054 1783">1</td> <td data-bbox="1257 1760 1273 1783">2</td> </tr> <tr> <td data-bbox="1038 1805 1054 1827">1</td> <td data-bbox="1257 1805 1273 1827">2</td> </tr> <tr> <td data-bbox="1038 1850 1054 1872">1</td> <td data-bbox="1257 1850 1273 1872">2</td> </tr> <tr> <td data-bbox="1038 1895 1054 1917">1</td> <td data-bbox="1257 1895 1273 1917">2</td> </tr> <tr> <td data-bbox="1038 1939 1054 1962">1</td> <td data-bbox="1257 1939 1273 1962">2</td> </tr> </tbody> </table>	BIG PROBLEM	NOT A BIG PROBLEM	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	
BIG PROBLEM	NOT A BIG PROBLEM																				
1	2																				
1	2																				
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1	2																				

489A	CHECK 215 AND 218: HAS AT LEAST ONE CHILD BORN IN 1997 OR LATER <input type="checkbox"/> AND LIVING WITH HER <input type="checkbox"/>	DOES NOT HAVE ANY CHILDREN BORN IN 1997 OR LATER AND LIVING WITH HER <input type="checkbox"/> RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE TO 489B) _____ (NAME)	→491
------	---	--	------

489B	Now I would like to ask you about liquids (NAME FROM Q. 489A) drank over the last seven days, including yesterday. How many <u>days</u> during the last seven days did (NAME FROM Q. 489A) drink each of the following? FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BEFORE PROCEEDING TO THE NEXT ITEM, ASK: In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 489A) drink (ITEM)? a Plain water? b Commercially produced infant formula? (e.g. Lactogen) c Any other milk such as tinned, powdered, or fresh animal milk? d Fruit juice? e Thobwa? f Any other liquids such as tea, coffee, carbonated drinks, "freezes," or soup broth? Now I would like to ask you about the types of foods (NAME FROM Q. 489A) ate over the last seven days, including yesterday. How many <u>days</u> during the last seven days did (NAME FROM Q. 489A) eat each of the following foods either separately or combined with other food? FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BEFORE PROCEEDING TO THE NEXT ITEM, ASK: In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 489A) eat (ITEM)? g Any food, such as bread or nsima, made from grains [e.g., millet, sorghum, maize, rice, wheat, or other local grains]? h Plain porridge? i Porridge enriched with foods such as legumes, vegetables, fruits, ground nut flour, fish, or meat? j Pumpkin, yellow squash, carrots, or yellow sweet potatoes? k Any other food made from roots or tubers [e.g., white potatoes, cassava, or other local roots/tubers]? l Any green leafy vegetables? m Mango or papaya? n Any other fruits and vegetables [e.g., oranges, bananas, guava, green beans, avocados, tomatoes]? o Meat, poultry, fish, termites, or eggs? p Any food made from legumes [e.g., peas, beans, cowpeas, pulses, or groundnuts]? q Cheese or yoghurt? r Any food made with oil, fat, margarine, or butter? IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.	LAST 7 DAYS NUMBER OF DAYS a b c d e f g h i j k l m n o p q r	YESTERDAY/ LAST NIGHT NUMBER OF TIMES a b c d e f g h i j k l m n o p q r
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491	The last time you prepared a meal for your family, before starting did you wash your hands?	YES 1 NO 2 NEVER PREPARED MEAL 3
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
492	Do you currently smoke cigarettes or tobacco? IF YES: What type of tobacco do you smoke? RECORD ALL MENTIONED.	YES, CIGARETTES A YES, PIPE B YES, OTHER TOBACCO C NO Y	
492A	CHECK 492: CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> _____ ▼	→493A	
493	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/> <input type="text"/>	
493A	Have you ever drunk an alcohol-containing beverage?	YES 1 NO 2	→493F
493B	Have you ever gotten "drunk" from drinking an alcohol-containing beverage?	YES 1 NO 2	
493C	In the last 3 months, on how many days did you drink an alcohol-containing beverage?	NUMBER OF DAYS <input type="text"/> <input type="text"/> NONE/NEVER 97	→493F
493D	CHECK 493B: YES <input type="checkbox"/> NO <input type="checkbox"/> _____ ▼	→493F	
493E	In the last 3 months, on how many occasions did you get "drunk"?	NUMBER OF TIMES <input type="text"/> <input type="text"/> NONE/NEVER 97	
493F	Have you had any kind of injection In the last 3 months?	YES 1 NO 2	→494F
493G	How many times did you have an injection in the last 3 months?	NUMBER OF INJECTIONS . <input type="text"/> <input type="text"/> EVERY DAY 96	
493H	The last time you had an injection, who was the person who gave you the injection?	HEALTH PROFESSIONAL 1 PHARMACIST 2 TRADITIONAL HEALER 3 FRIEND/RELATIVE 4 SELF 5 OTHER _____ 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
494F	CHECK 226: CURRENTLY PREGNANT <input type="checkbox"/> NOT PREGNANT OR UNSURE <input type="checkbox"/> _____ ▼		→494K
494G	Did you have a fever at any time in the last two weeks?	YES 1 NO 2	→494K
494H	Did you take any medicine for the fever?	YES 1 NO 2	→494K
494I	Which medicines did you take? ASK TO SEE MEDICINE(S). IF NOT SEEN, SHOW MEDICINE(S) TO RESPONDENT. FOR EACH ANTI-MALARIAL MEDICINE: How long after the fever started did you start taking the medicine? RECORD ALL MENTIONED. DAY CODES: SAME DAY = 0 NEXT DAY AFTER THE FEVER = 1 TWO DAYS AFTER THE FEVER = 2 THREE DAYS OR MORE AFTER THE FEVER = 3	ANTI-MALARIAL SP (FANSIDAR, NOVIDAR) A 0 1 2 3 QUININE B 0 1 2 3 CHLOROQUINE C 0 1 2 3 AMODIAQUINE D 0 1 2 3 HALAFAN E 0 1 2 3 OTHER DRUGS ASPIRIN F PANADOL G OTHER _____ X (SPECIFY) UNKNOWN Z	
494J	How many times did you take this medicine(s)?	NO OF TIMES <input type="text"/>	
494K	Did you sleep under a mosquito net last night?	YES 1 NO 2	→501
494L	Where was the mosquito net you slept under bought or obtained?	SHOP 1 NGO OR OTHER ORGANIZATION .. 2 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
494M	How long ago was the mosquito net bought or obtained? WRITE THE ANSWER IN MONTHS (LESS THAN 1 MONTH = 00) IF MORE THAN 84 MONTHS, WRITE 95.	NO OF MONTHS <input type="text"/> DON'T KNOW 8	
494N	Since you got the mosquito net, was it ever soaked or dipped in an insecticide to repel mosquitoes or bugs?	YES 1 NO 2 DON'T KNOW 8	→501
494O	How long ago was the mosquito net last soaked or dipped? WRITE THE ANSWER IN MONTHS (LESS THAN 1 MONTH = 00) IF MORE THAN 84 MONTHS, WRITE 95.	MONTHS <input type="text"/> DON'T KNOW 98	

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"/>	
507	Does your husband/partner have any other wives besides yourself?	Yes 1 No 2	→510
508	How many other wives does he have?	NUMBER <input type="text"/> <input type="text"/> DON'T KNOW 98	
510	Have you been married or lived with a man only once, or more than once?	ONCE 1 MORE THAN ONCE 2	
511	CHECK 510: MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="text"/> ↓ In what month and year did you start living with your husband/partner? MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="text"/> ↓ Now we will talk about your first husband/partner. In what month and year did you start living with him?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→514
512	How old were you when you started living with him?	AGE <input type="text"/> <input type="text"/>	
514	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse (if ever)?	NEVER 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 96	→524
515	When was the last time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	→524
516	The last time you had sexual intercourse, was a condom used?	YES 1 NO 2	→517

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
516A	What was the main reason you used a condom on that occasion?	OWN CONCERN PREVENT STD/HIV 1 OWN CONCERN TO PREVENT PREGNANCY 2 OWN CONCERN TO PREVENT BOTH STD/HIV AND PREGNANCY 3 DID NOT TRUST PARTNER/FEELS PARTNER HAS OTHER PARTNERS 4 PARTNER INSISTED 5 DON'T KNOW 6 OTHER _____ 7 (SPECIFY)									
517	What is your relationship to the man with whom you last had sex? IF "BOYFRIEND" OR "FIANCE", ASK: Was your boyfriend/fiance living with you when you last had sex? IF 'YES' RECORD '1' IF 'NO' RECORD '2'	HUSBAND/COHABITING PARTNER 01 BOYFRIEND/FIANCE 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX CUSTOMER ... 06 OTHER _____ 96 (SPECIFY)	→519								
518	For how long have you had sexual relations with this man?	DAYS 1 <table border="1" data-bbox="1278 775 1378 972" 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> WEEKS 2 MONTHS 3 YEARS 4									
519	Have you had sex with any other man in the last 12 months?	YES 1 NO 2	→524								
520	The last time you had sexual intercourse with this other man, was a condom used?	YES 1 NO 2	→521								
520A	What was the main reason you used a condom on that occasion?	OWN CONCERN PREVENT STD/HIV 1 OWN CONCERN TO PREVENT PREGNANCY 2 OWN CONCERN TO PREVENT BOTH STD/HIV AND PREGNANCY 3 DID NOT TRUST PARTNER/FEELS PARTNER HAS OTHER PARTNERS 4 PARTNER INSISTED 5 DON'T KNOW 6 OTHER _____ 7 (SPECIFY)									
521	What is your relationship to this man? IF "BOYFRIEND" OR "FIANCE", ASK: Was your boyfriend/fiance living with you when you last had sex? IF 'YES' RECORD '1' IF 'NO' RECORD '2'	HUSBAND/COHABITING PARTNER 01 BOYFRIEND/FIANCE 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX CUSTOMER ... 06 OTHER _____ 96 (SPECIFY)	→522A								
522	For how long have you had sexual relations with this man?	DAYS 1 <table border="1" data-bbox="1278 1774 1378 1971" 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> WEEKS 2 MONTHS 3 YEARS 4									
522A	Other than these two men, have you had sex with anyone else in the last 12 months?	YES 1 NO 2	→523								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
522B	The last time you had sexual intercourse with this other man, was a condom used?	YES 1 NO 2	→522D								
522C	What was the main reason you used a condom on that occasion?	OWN CONCERN PREVENT STD/HIV 1 OWN CONCERN TO PREVENT PREGNANCY 2 OWN CONCERN TO PREVENT BOTH STD/HIV AND PREGNANCY 3 DID NOT TRUST PARTNER/FEELS PARTNER HAS OTHER PARTNERS 4 PARTNER INSISTED 5 DON'T KNOW 6 OTHER _____ 7 (SPECIFY)									
522D	What is your relationship to this man? IF "BOYFRIEND" OR "FIANCE", ASK: Was your boyfriend/fiance living with you when you last had sex? IF 'YES' RECORD '1' IF 'NO' RECORD '2'	HUSBAND/COHABITING PARTNER 01 BOYFRIEND/FIANCE 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX CUSTOMER ... 06 OTHER _____ 96 (SPECIFY)	→523								
522E	For how long have you had a sexual relationship with this man?	DAYS 1 <table border="1" data-bbox="1278 808 1378 853"><tr><td></td><td></td></tr></table> WEEKS 2 <table border="1" data-bbox="1278 864 1378 909"><tr><td></td><td></td></tr></table> MONTHS 3 <table border="1" data-bbox="1278 920 1378 965"><tr><td></td><td></td></tr></table> YEARS 4 <table border="1" data-bbox="1278 976 1378 1021"><tr><td></td><td></td></tr></table>									
523	Altogether, with how many different men have you had sex in the last 12 months?	NUMBER OF PARTNERS .. <table border="1" data-bbox="1278 1055 1378 1099"><tr><td></td><td></td></tr></table>									
524	Do you know of a place where one can get condoms?	YES 1 NO 2	→527								
525	Where is that? RECORD FIRST RESPONSE ONLY. 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)	PUBLIC SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CENTER 12 FAMILY PLANNING CLINIC 13 MOBILE CLINIC 14 FIELD WORKER 15 OTHER PUBLIC _____ 16 (SPECIFY) MISSION HOSPITAL 21 HEALTH CENTER 22 MOBILE CLINIC 23 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 PHARMACY 32 PRIVATE DOCTOR 33 MOBILE CLINIC 34 FIELD WORKER 35 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) BLM 41 OTHER SOURCE SHOP 51 CHURCH 52 FRIEND/RELATIVE 53 OTHER _____ 96 (SPECIFY)									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
526	If you wanted to, could you yourself get a condom?	YES 1 NO 2 DON'T KNOW/UNSURE 8	
527	Do you know of a place where one can get female condoms?	YES 1 NO 2	→530
528	Where is that? RECORD FIRST RESPONSE ONLY. 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)	PUBLIC SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CENTER 12 FAMILY PLANNING CLINIC 13 MOBILE CLINIC 14 FIELD WORKER 15 OTHER PUBLIC _____ 16 (SPECIFY) MISSION HOSPITAL 21 HEALTH CENTER 22 MOBILE CLINIC 23 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 PHARMACY 32 PRIVATE DOCTOR 33 MOBILE CLINIC 34 FIELD WORKER 35 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) BLM 41 OTHER SOURCE SHOP 51 CHURCH 52 FRIEND/RELATIVE 53 OTHER _____ 96 (SPECIFY)	
529	If you wanted to, could you yourself get a female condom?	YES 1 NO 2 DON'T KNOW/UNSURE 8	
530	Have you heard of a condom called "Chishango"?	YES 1 NO 2 DON'T KNOW/UNSURE 8	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	<p>CHECK 311/311A:</p> <p align="center"> NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/> </p>		→614
602	<p>CHECK 226:</p> <p align="center"> NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> </p> <p>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?</p> <p>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?</p>	<p>HAVE (A/ANOTHER) CHILD 1</p> <p>NO MORE/NONE 2 →604</p> <p>SAYS SHE CAN'T GET PREGNANT . 3 →614</p> <p>UNDECIDED/DON'T KNOW AND PREGNANT 4 →610</p> <p>AND NOT PREGNANT OR UNSURE 5 →608</p>	
603	<p>CHECK 226:</p> <p align="center"> NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> </p> <p>How long would you like to wait from now before the birth of (a/another) child?</p> <p>After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?</p>	<p>MONTHS 1 <input type="text"/></p> <p>YEARS 2 <input type="text"/></p> <p>SOON/NOW 993 →609</p> <p>SAYS SHE CAN'T GET PREGNANT 994 →614</p> <p>AFTER MARRIAGE 995</p> <p>OTHER _____ 996 →609</p> <p>(SPECIFY)</p> <p>DON'T KNOW 998</p>	
604	<p>CHECK 226:</p> <p align="center"> NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> </p>		→610
605	<p>CHECK 310: USING A METHOD?</p> <p align="center"> NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/> </p>		→608
606	<p>CHECK 603:</p> <p align="center"> 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"/> </p>		→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>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>RECORD ALL MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY. . . D</p> <p>SUBFECUND/INFECUND E</p> <p>POSTPARTUM AMENORRHEIC . . . F</p> <p>BREASTFEEDING G</p> <p>FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED . . . J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS O</p> <p>FEAR OF SIDE EFFECTS P</p> <p>LACK OF ACCESS/TOO FAR Q</p> <p>COST TOO MUCH R</p> <p>INCONVENIENT TO USE S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES T</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
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 310: USING A METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NO, NOT CURRENTLY USING <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/></p>		→614
610	<p>Do you think you will use a 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 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>INJECTIONS 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACT. AMEN. METHOD 11</p> <p>PERIODIC ABSTINENCE 12</p> <p>WITHDRAWAL 13</p> <p>OTHER _____ 96 (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 method at any time in the future?	NOT MARRIED 11 FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND 24 WANTS AS MANY CHILDREN AS POSSIBLE 26 OPPOSITION TO USE RESPONDENT OPPOSED 31 HUSBAND/PARTNER OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COST 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 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 <input type="text"/> <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	→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 few months have you seen or heard about family planning: On the radio? On the television? In a newspaper or magazine? On a poster? On clothing (i.e. cap, chitenji, t-shirt) In a drama?	<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>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>POSTER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CLOTHING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DRAMA</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER OR MAGAZINE	1	2	POSTER	1	2	CLOTHING	1	2	DRAMA	1	2	
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POSTER	1	2																						
CLOTHING	1	2																						
DRAMA	1	2																						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
618	In the last few months, have you listened to any of the following program series about family planning or health on the radio? Uchembere Wabwino? Phukusi la Moyo? Pa Mtondo? Women's Talking Point? Window Through Health? Umoyo M'Malawi? Tinkanena? Radio Doctor? Chitukuku M'Malawi? Women's Forum? Tichitenji? Kulera?	YES NO UCHEMBERE WABWINO . . . 1 2 PHUKUSI LA MOYO 1 2 PA MTONDO 1 2 WOMEN'S TALKING PT 1 2 WINDOW THRU HEALTH . . 1 2 UMOYO M'MALAWI 1 2 TINKANENA 1 2 RADIO DOCTOR 1 2 CHITUKUKU M'MALAWI . . . 1 2 WOMEN'S FORUM 1 2 TICHITENJI 1 2 KULERA 1 2	
619	In the last few months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES 1 NO 2	→621
620	With whom? Anyone else? RECORD ALL 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 OTHER _____ X (SPECIFY)	
621	CHECK 501: YES, CURRENTLY <input type="checkbox"/> YES, LIVING <input type="checkbox"/> NO, NOT IN <input type="checkbox"/> MARRIED ▼ WITH A MAN ▼ UNION		→624A
621A	CHECK 311/311A: ANY CODE CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/>		→622
621B	You have told me that you are currently using contraception. Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER _____ 6 (SPECIFY)	
622	Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8	
623	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
623A	CHECK 311/311A: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> NEITHER STERILIZED <input type="checkbox"/> </div> <div style="text-align: center;"> HE OR SHE STERILIZED <input type="checkbox"/> </div> </div>		→624A																				
624	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																					
624A	CHECK 501 & 502: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> EVER IN UNION CODE '3' NOT CIRCLED IN 501 OR 502 <input type="checkbox"/> </div> <div style="text-align: center;"> NEVER IN UNION CODE '3' CIRCLED IN 501 AND 502 <input type="checkbox"/> </div> </div>		→701																				
625	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: She knows her husband has a sexually transmitted disease? She knows her husband has sex with other women? She has recently given birth? She is tired or not in the mood?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>HAS STD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>OTHER WOMEN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>RECENT BIRTH</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>TIRED/MOOD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	HAS STD	1	2	8	OTHER WOMEN	1	2	8	RECENT BIRTH	1	2	8	TIRED/MOOD	1	2	8	
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HAS STD	1	2	8																				
OTHER WOMEN	1	2	8																				
RECENT BIRTH	1	2	8																				
TIRED/MOOD	1	2	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 style="text-align: center;">CURRENTLY FORMERLY</p> <p style="text-align: center;">MARRIED/ LIVING WITH A MAN MARRIED/ LIVED WITH A MAN</p> <p style="text-align: center;">NEVER MARRIED AND NEVER LIVED WITH A MAN</p>		<p>→703</p> <p>→707</p>
702	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input style="width: 40px; height: 20px;" type="text"/>	
703	Did your (last) husband/partner ever attend school?	YES 1 NO 2	→706
704	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3 DON'T KNOW 8	→706
705	How many years of school did he complete <u>at that level</u> ?	YEARS <input style="width: 40px; height: 20px;" type="text"/> DON'T KNOW 98	
706	<p>CHECK 701:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input style="width: 30px; height: 15px;" type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input style="width: 30px; height: 15px;" 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>	<input style="width: 40px; height: 20px;" type="text"/> _____ _____ _____	
707	Aside from your own housework, are you currently working?	YES 1 NO 2	→710
708	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES 1 NO 2	→710
709	Have you done any work in the last 12 months?	YES 1 NO 2	→719
710	What is your occupation, that is, what kind of work do you mainly do?	<input style="width: 40px; height: 20px;" type="text"/> _____ _____ _____	
711	<p>CHECK 710:</p> <p style="text-align: center;">WORKS IN DOES NOT WORK FARMING <input style="width: 30px; height: 15px;" type="checkbox"/> IN FARMING <input style="width: 30px; height: 15px;" type="checkbox"/></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?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
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	
713A	Do you usually work at home or away from home?	HOME 1 AWAY 2	
714	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	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
716	Who mainly decides how the money you earn will be used?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 RESPONDENT AND SOMEONE ELSE JOINTLY 5	
717	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? The number of children you should bear?	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 1 2 3 4 5 6	
720	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING OR NOT PRESENT)	PRES/ PRES/ NOT LISTEN. NOT PRS LISTEN. 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 which his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	YES NO DK GOES OUT 1 2 8 NEGL. CHILDREN .. 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNS FOOD 1 2 8	

SECTION 8: AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→818
802	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	↙→809
803	What can a person do? Anything else? RECORD ALL 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 KISSING K AVOID MOSQUITO BITES L SEEK PROTECTION FROM TRADITIONAL HEALER M AVOID SHARING RAZORS, BLADES N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
804	Can people protect themselves from getting the AIDS virus by having just one uninfected sex partner who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
805	Can a person get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
806	Can people protect themselves from getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
807	Can a person get the AIDS virus from sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
808	Can people protect themselves from getting the AIDS virus by not having sex at all?	YES 1 NO 2 DON'T KNOW 8	
809	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
811	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES 1 NO 2	
812	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	↙→814
813	Can the virus that causes AIDS be transmitted from a mother to a child: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREGNANCY .. 1 2 8 DURING DELIVERY 1 2 8 BY BREASTFEEDING ... 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
814	CHECK 501: YES, CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→815A																		
815	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																			
815A	In your opinion, is it acceptable or unacceptable for AIDS to be discussed: On the radio? On the TV? In newspapers?	<table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:center">ACCEP-</td> <td style="text-align:center">NOT</td> </tr> <tr> <td></td> <td style="text-align:center">TABLE</td> <td style="text-align:center">ACCEP-</td> </tr> <tr> <td></td> <td style="text-align:center">TABLE</td> <td style="text-align:center">TABLE</td> </tr> <tr> <td>ON THE RADIO</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> </tr> <tr> <td>ON THE TV</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> </tr> <tr> <td>IN NEWSPAPERS</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> </tr> </table>		ACCEP-	NOT		TABLE	ACCEP-		TABLE	TABLE	ON THE RADIO	1	2	ON THE TV	1	2	IN NEWSPAPERS	1	2	
	ACCEP-	NOT																			
	TABLE	ACCEP-																			
	TABLE	TABLE																			
ON THE RADIO	1	2																			
ON THE TV	1	2																			
IN NEWSPAPERS	1	2																			
816	If a person learns that he/she is infected with the virus that causes AIDS, should the person be allowed to keep this fact private or should this information be available to the community?	CAN BE KEPT PRIVATE 1 AVAILABLE TO COMMUNITY 2 DK/NOT SURE 8																			
817	If a relative of yours became sick with AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8																			
817A	Should persons with the AIDS virus who work with other persons such as in a shop, office, or farm be allowed to continue their work or not?	CAN CONTINUE WORK 1 SHOULD NOT CONTINUE WORK ... 2 DK/NOT SURE/DEPENDS 8																			
817B	Should children aged 12-14 be taught about using a condom to avoid AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8																			
817BX	Do you think that condoms are safe to use?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8																			
817BY	Do you think that men and women who intend to marry should be tested for the AIDS virus before marriage?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8																			
817C	Have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→817FX																		
817D	Would you want to be tested for the AIDS virus?	YES 1 NO 2 DON'T KNOW/UNSURE 8																			
817E	Do you know a place where you could go to get an AIDS test?	YES 1 NO 2	→818																		
817F	Where can you go for the test? 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)	PUBLIC SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CENTER 12 FAMILY PLANNING CLINIC 13 MOBILE CLINIC 14 OTHER PUBLIC _____ 16 (SPECIFY) MISSION HOSPITAL 21 HEALTH CENTER 22 MOBILE CLINIC 23 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 PRIVATE DOCTOR 32 MOBILE CLINIC 33 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) BLM 41 MACRO 51 OTHER _____ 96 (SPECIFY)																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
818	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES 1 NO 2	→820C
820A	CHECK 514: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/> _____		→901
820B	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a sexually-transmitted disease?	YES 1 NO 2 DON'T KNOW 8	
820C	Sometimes, women experience an abnormal genital discharge. During the last 12 months, have you had an abnormal genital discharge?	YES 1 NO 2 DON'T KNOW 8	
820D	Sometimes, women experience a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DON'T KNOW 8	
820E	CHECK 820B, 820C, 820D: HAS HAD AN INFECTION <input type="checkbox"/> HAS NOT HAD AN INFECTION <input type="checkbox"/> _____		→901
820F	The last time you had (INFECTION FROM 820B/820C/820D), did you seek any kind of advice or treatment?	YES 1 NO 2	→820H
820G	The last time you had (INFECTION FROM 820B/820C/820D) did you do any of the following? Did you.... Go to a clinic, hospital, or private doctor? Consult a traditional healer? Seek advice or buy medicines in a shop or pharmacy? Ask for advice from friends or relatives?	YES NO 1 2 1 2 1 2 1 2	
820H	When you had (INFECTION FROM 820B/820C/820D), did you inform the persons with whom you were having sex?	YES 1 NO 2 SOME/ NOT ALL 3	
820I	When you had (INFECTION FROM 820B/820C/820D) did you do something to avoid infecting your sexual partner(s)?	YES 1 NO 2 PARTNER ALREADY INFECTED . . . 3	→901
820J	What did you do to avoid infecting your partner(s)? Did you.... Stop having sex? Use a condom when having sex? Use medicine?	YES NO 1 2 1 2 1 2	

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"/>						
902	CHECK 901: <input type="text"/> ONLY ONE BIRTH <input type="text"/> _____ TWO OR MORE BIRTHS ▾ (RESPONDENT ONLY)							→916
903	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/>						
904	Please tell me the names of all your brothers and sisters starting with the oldest.	[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"/> GO TO [2]	<input type="text"/> GO TO [3]	<input type="text"/> GO TO [4]	<input type="text"/> GO TO [5]	<input type="text"/> GO TO [6]	<input type="text"/> GO TO [7]	
908	In what year did (NAME) die?	GO TO 910← DK 9998	GO TO 910← DK 9998	GO TO 910← DK 9998	GO TO 910← DK 9998	GO TO 910← DK 9998	GO TO 910← DK 9998	
909	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"/>	
910	How old was (NAME) when he/she died?	<input type="text"/> IF (1) MALE OR (2) FEMALE & DIED BEFORE 12 YEARS OF AGE GO TO [2]	<input type="text"/> IF (1) MALE OR (2) FEMALE & DIED BEFORE 12 YEARS OF AGE GO TO [3]	<input type="text"/> IF (1) MALE OR (2) FEMALE & DIED BEFORE 12 YEARS OF AGE GO TO [4]	<input type="text"/> IF (1) MALE OR (2) FEMALE & DIED BEFORE 12 YEARS OF AGE GO TO [5]	<input type="text"/> IF (1) MALE OR (2) FEMALE & DIED BEFORE 12 YEARS OF AGE GO TO [6]	<input type="text"/> IF (1) MALE OR (2) FEMALE & DIED BEFORE 12 YEARS OF AGE GO TO [7]	
911	Was (NAME) pregnant when she died?	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	
912	Did (NAME) die during childbirth?	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	
913	Did (NAME) die within 2 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	
915	How many children did (NAME) give birth to during her lifetime?	<input type="text"/> GO TO [2]	<input type="text"/> GO TO [3]	<input type="text"/> GO TO [4]	<input type="text"/> GO TO [5]	<input type="text"/> GO TO [6]	<input type="text"/> GO TO [7]	
IF NO MORE BROTHERS OR SISTERS, GO TO 916								

904	Please tell me the names of all your brothers and sisters starting with the oldest.	[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"/> GO TO [8]	<input type="text"/> GO TO [9]	<input type="text"/> GO TO [10]	<input type="text"/> GO TO [11]	<input type="text"/> GO TO [12]	<input type="text"/> GO TO [13]
908	In what year did (NAME) die?	<input type="text"/> GO TO 910 DK 9998	<input type="text"/> GO TO 910 DK 9998	<input type="text"/> GO TO 910 DK 9998	<input type="text"/> GO TO 910 DK 9998	<input type="text"/> GO TO 910 DK 9998	<input type="text"/> GO TO 910 DK 9998
909	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"/>
910	How old was (NAME) when he/she died?	<input type="text"/> IF (1) MALE OR (2) FEMALE & DIED BEFORE 12 YEARS OF AGE GO TO [8]	<input type="text"/> IF (1) MALE OR (2) FEMALE & DIED BEFORE 12 YEARS OF AGE GO TO [9]	<input type="text"/> IF (1) MALE OR (2) FEMALE & DIED BEFORE 12 YEARS OF AGE GO TO [10]	<input type="text"/> IF (1) MALE OR (2) FEMALE & DIED BEFORE 12 YEARS OF AGE GO TO [11]	<input type="text"/> IF (1) MALE OR (2) FEMALE & DIED BEFORE 12 YEARS OF AGE GO TO [12]	<input type="text"/> IF (1) MALE OR (2) FEMALE & DIED BEFORE 12 YEARS OF AGE GO TO [13]
911	Was (NAME) pregnant when she died?	YES 1 GO TO 915 NO 2	YES 1 GO TO 915 NO 2	YES 1 GO TO 915 NO 2	YES 1 GO TO 915 NO 2	YES 1 GO TO 915 NO 2	YES 1 GO TO 915 NO 2
912	Did (NAME) die during childbirth?	YES 1 GO TO 915 NO 2	YES 1 GO TO 915 NO 2	YES 1 GO TO 915 NO 2	YES 1 GO TO 915 NO 2	YES 1 GO TO 915 NO 2	YES 1 GO TO 915 NO 2
913	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
915	How many children did (NAME) give birth to during her lifetime?	<input type="text"/> GO TO [8]	<input type="text"/> GO TO [9]	<input type="text"/> GO TO [10]	<input type="text"/> GO TO [11]	<input type="text"/> GO TO [12]	<input type="text"/> GO TO [13]
IF NO MORE BROTHERS OR SISTERS, GO TO 916							
916	RECORD THE TIME.	HOURS <input type="text"/> MINUTES <input type="text"/>					

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SIGNATURE OF THE INTERVIEWER: _____ DATE: _____

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:
 ONLY ONE CODE SHOULD APPEAR IN ANY BOX.

BIRTHS AND PREGNANCIES

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

12 DEC	01	
11 NOV	02	
10 OCT	03	
09 SEP	04	
2 08 AUG	05	
0 07 JUL	06	
0 06 JUN	07	
0 05 MAY	08	
04 APR	09	
03 MAR	10	
02 FEB	11	
01 JAN	12	
<hr/>		
12 DEC	13	
11 NOV	14	
10 OCT	15	
09 SEP	16	
1 08 AUG	17	
9 07 JUL	18	
9 06 JUN	19	
9 05 MAY	20	
04 APR	21	
03 MAR	22	
02 FEB	23	
01 JAN	24	
<hr/>		
12 DEC	25	
11 NOV	26	
10 OCT	27	
09 SEP	28	
1 08 AUG	29	
9 07 JUL	30	
9 06 JUN	31	
8 05 MAY	32	
04 APR	33	
03 MAR	34	
02 FEB	35	
01 JAN	36	
<hr/>		
12 DEC	37	
11 NOV	38	
10 OCT	39	
09 SEP	40	
1 08 AUG	41	
9 07 JUL	42	
9 06 JUN	43	
7 05 MAY	44	
04 APR	45	
03 MAR	46	
02 FEB	47	
01 JAN	48	
<hr/>		
12 DEC	49	
11 NOV	50	
10 OCT	51	
09 SEP	52	
1 08 AUG	53	
9 07 JUL	54	
9 06 JUN	55	
6 05 MAY	56	
04 APR	57	
03 MAR	58	
02 FEB	59	
01 JAN	60	
<hr/>		
12 DEC	61	
11 NOV	62	
10 OCT	63	
09 SEP	64	
1 08 AUG	65	
9 07 JUL	66	
9 06 JUN	67	
5 05 MAY	68	
04 APR	69	
03 MAR	70	
02 FEB	71	
01 JAN	72	