

INTRODUCTION AND CONSENT

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

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

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

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED . . . 1

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



SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS VISITOR 95 96	→ 105
103	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY 1 TOWN 2 RURAL AREA 3	
104	Before you moved here, which [REGION] did you live in?	NOTHERN 01 CENTRAL 02 SOUTHERN 03 OUTSIDE OF MALAWI 96	
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	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	What is the highest [FORM/YEAR] you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[GRADE/FORM/YEAR] <input type="text"/> <input type="text"/>	
110	CHECK 108: PRIMARY OR <input type="checkbox"/> SECONDARY ↓	HIGHER <input type="checkbox"/> → 113	
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 PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
112	CHECK 111: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED ↓	CODE '1' OR '5' CIRCLED <input type="checkbox"/> → 114	
113	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
114	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
115	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
116	Do you own a mobile telephone?	YES 1 NO 2	→ 118
117	Do you use your mobile phone for any financial transactions?	YES 1 NO 2	
118	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	
119	Have you ever used the internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 122
120	In the last 12 months, have you used the internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 122
121	During the last one month, how often did you use the internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
122	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)	
123	What is your tribe or ethnic group?	CHEWA 01 TUMBUKA 02 LOMWE 03 TONGA 04 YAO 05 SENA 06 NKHONDE 07 NGONI 08 OTHER _____ 96 (SPECIFY)	
124	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES <input type="text"/> <input type="text"/> NONE 00	→ 201
125	In the last 12 months, have you been away from home for more than one month at a time?	YES 1 NO 2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME <table border="1" data-bbox="1209 398 1348 510" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS AT HOME <table border="1" data-bbox="1209 454 1348 566" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <table border="1" data-bbox="1209 674 1348 786" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" data-bbox="1209 730 1348 842" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2	→ 208								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <table border="1" data-bbox="1209 1084 1348 1196" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) GIRLS DEAD <table border="1" data-bbox="1209 1140 1348 1252" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <table border="1" data-bbox="1209 1247 1348 1308" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	<p>CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct?</p> <p align="center"> YES <input type="checkbox"/> ↓ NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY. </p>										
210	<p>CHECK 208:</p> <p align="center"> ONE OR MORE BIRTHS <input type="checkbox"/> ↓ NO BIRTHS <input type="checkbox"/> → 226 </p>										

SECTION 2. REPRODUCTION

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
 RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. IF THERE ARE MORE THAN 10 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW.

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER.	Is (NAME) a boy or a girl?	Were any of these births twins?	On what day, month, and year was (NAME) born?	Is (NAME) still alive?	How old was (NAME) at (NAME)'s 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 '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	
02	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↓ NO 2 (NEXT BIRTH) ↓
03	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↓ NO 2 (NEXT BIRTH) ↓
04	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↓ NO 2 (NEXT BIRTH) ↓
05	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↓ NO 2 (NEXT BIRTH) ↓

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER.	Is (NAME) a boy or a girl?	Were any of these births twins?	On what day, month, and year was (NAME) born?	Is (NAME) still alive?	How old was (NAME) at (NAME)'s 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 '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
06	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
07	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
08	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
09	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
10	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 (SKIP TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES 1 (RECORD BIRTH(S) IN TABLE) ← NO 2	
223	COMPARE 208 WITH NUMBER OF BIRTHS IN BIRTH HISTORY NUMBERS ARE SAME <input type="checkbox"/> ↓ NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) ←		
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2010-2015	NUMBER OF BIRTHS <input type="text"/> NONE 0	→ 226
225	C FOR EACH BIRTH IN 2010-2015, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF COMPLETED MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 230
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
228	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 230
229	CHECK 208: TOTAL NUMBER OF BIRTHS ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> a) Did you want to have a baby later on or did you not want any more children? b) Did you want to have a baby later on or did you not want any children?	LATER 1 NO MORE/NONE 2	
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 239
230A	I will now ask you about each of them separately. IF NONE, RECORDE "00" 01 In total, how many miscarriages have you had? 02 In total, how many abortions have you had? Please, also include abortions induced by cytotec or other medicines/herbs with abortive effect conducted at home or elsewhere by yourself or with a help of a health professional. 03 In total, how many stillbirths have you had?	01. TOTAL MISCARRIAGES <input type="text"/> <input type="text"/> 02. TOTAL INDUCED ABORTIONS .. <input type="text"/> <input type="text"/> 03. TOTAL STILLBIRTHS <input type="text"/> <input type="text"/>	
231	When did the last such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
232	CHECK 231: LAST PREGNANCY ENDED IN 2010-2015 <input type="checkbox"/>	LAST PREGNANCY ENDED IN 2009 OR EARLIER <input type="checkbox"/>	→ 234 → 239
LINE NO.	233 In what month and year did the preceding such pregnancy end?	234 How many months pregnant were you when that pregnancy ended?	235 Since January 2010, have you had any other pregnancies that did not result in a live birth?
01		<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 → NEXT LINE NO 2 → 236
02	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 → NEXT LINE NO 2 → 236
03	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 → NEXT LINE NO 2 → 236
04	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 NO 2 → 236
236	<p>C FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2010-2015 OR LATER, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY. IF THERE ARE MORE THAN FOUR PREGNANCIES THAT DID NOT END IN A LIVE BIRTH, USE AN ADDITIONAL QUESTIONNAIRE STARTING ON THE SECOND LINE.</p>		
237	Did you have any miscarriages, abortions or stillbirths that ended before 2010?	YES 1 NO 2	→ 239
238	When did the last such pregnancy that terminated before 2010 end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
239	When did your last menstrual period start? <hr/> (DATE, IF GIVEN)	<table border="0"> <tr> <td>DAYS AGO</td> <td>1</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>WEEKS AGO</td> <td>2</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>MONTHS AGO</td> <td>3</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>YEARS AGO</td> <td>4</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>IN MENOPAUSE/ HAS HAD HYSTERECTOMY</td> <td></td> <td></td> <td>994</td> </tr> <tr> <td>BEFORE LAST BIRTH</td> <td></td> <td></td> <td>995</td> </tr> <tr> <td>NEVER MENSTRUATED</td> <td></td> <td></td> <td>996</td> </tr> </table>	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"/>	IN MENOPAUSE/ HAS HAD HYSTERECTOMY			994	BEFORE LAST BIRTH			995	NEVER MENSTRUATED			996	
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"/>																												
IN MENOPAUSE/ HAS HAD HYSTERECTOMY			994																												
BEFORE LAST BIRTH			995																												
NEVER MENSTRUATED			996																												
240	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	<table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td>DON'T KNOW</td> <td>8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8	<input type="checkbox"/> → 242																						
YES	1																														
NO	2																														
DON'T KNOW	8																														
241	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	<table border="0"> <tr> <td>JUST BEFORE HER PERIOD BEGINS</td> <td>1</td> </tr> <tr> <td>DURING HER PERIOD</td> <td>2</td> </tr> <tr> <td>RIGHT AFTER HER PERIOD HAS ENDED</td> <td>3</td> </tr> <tr> <td>HALFWAY BETWEEN TWO PERIODS</td> <td>4</td> </tr> <tr> <td>OTHER _____</td> <td>6</td> </tr> <tr> <td align="center">(SPECIFY)</td> <td></td> </tr> <tr> <td>DON'T KNOW</td> <td>8</td> </tr> </table>	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															
JUST BEFORE HER PERIOD BEGINS	1																														
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HALFWAY BETWEEN TWO PERIODS	4																														
OTHER _____	6																														
(SPECIFY)																															
DON'T KNOW	8																														
242	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	<table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td>DON'T KNOW</td> <td>8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8																							
YES	1																														
NO	2																														
DON'T KNOW	8																														

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?		
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2	
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2	
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2	
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2	
09	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2	
10	Standard Days Method. PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES 1 NO 2	
11	Lactational Amenorrhea Method (LAM). PROBE: Up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES 1 NO 2	
12	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES 1 NO 2	
13	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2	
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ 1 (SPECIFY) YES, TRADITIONAL METHOD _____ 2 (SPECIFY) NO 3	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
307	<p>In what facility did the sterilization take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16</p> <p align="center">(SPECIFY)</p> <p>CHAM/MISSION</p> <p>HOSPITAL 21</p> <p>HEALTH CENTER 22</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 31</p> <p>PRIVATE DOCTOR'S OFFICE 32</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p>BLM 41</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>							
308	<p>In what month and year was the sterilization performed?</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>							<p align="right">→ 310</p>
309	<p>Since what month and year have you been using (CURRENT METHOD) without stopping?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>							
310	<p>CHECK 308 AND 309, 215 AND 231: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308 OR 309</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p> <p align="center">GO BACK TO 308 OR 309, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>								

SECTION 3. CONTRACEPTION

311	CHECK 308 AND 309: YEAR IS 2010-2015 <input type="checkbox"/> C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. THEN CONTINUE ↓		YEAR IS 2009 OR EARLIER <input type="checkbox"/> C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2010 . THEN ↓ (SKIP TO 324) ←
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312	I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years. C USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2010. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.
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		COLUMN 1	COLUMN 2	COLUMN 3
312A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	MONTH <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> YEAR	MONTH <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> YEAR	MONTH <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> YEAR
312B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your partner use any method of contraception?	YES 1 NO 2 (SKIP TO 312I) ←	YES 1 NO 2 (SKIP TO 312I) ←	YES 1 NO 2 (SKIP TO 312I) ←
312C	Which method was that?	METHOD CODE .. <input style="width: 30px; height: 20px;" type="text"/>	METHOD CODE .. <input style="width: 30px; height: 20px;" type="text"/>	METHOD CODE .. <input style="width: 30px; height: 20px;" type="text"/>
312D	How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.	IMMEDIATELY 00 MONTHS .. <input style="width: 30px; height: 20px;" type="text"/> (SKIP TO 312F) ← DATE GIVEN 95	IMMEDIATELY 00 MONTHS .. <input style="width: 30px; height: 20px;" type="text"/> (SKIP TO 312F) ← DATE GIVEN 95	IMMEDIATELY 00 MONTHS .. <input style="width: 30px; height: 20px;" type="text"/> (SKIP TO 312F) ← DATE GIVEN 95
312E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	MONTH <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> YEAR	MONTH <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> YEAR	MONTH <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> YEAR
312F	For how many months did you use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.	MONTHS .. <input style="width: 30px; height: 20px;" type="text"/> (SKIP TO 312H) ← DATE GIVEN 95	MONTHS .. <input style="width: 30px; height: 20px;" type="text"/> (SKIP TO 312H) ← DATE GIVEN 95	MONTHS .. <input style="width: 30px; height: 20px;" type="text"/> (SKIP TO 312H) ← DATE GIVEN 95
312G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	MONTH <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> YEAR	MONTH <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> YEAR	MONTH <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> YEAR
312H	Why did you stop using (METHOD)?	REASON STOPPED <input style="width: 30px; height: 20px;" type="text"/>	REASON STOPPED <input style="width: 30px; height: 20px;" type="text"/>	REASON STOPPED <input style="width: 30px; height: 20px;" type="text"/>
312I		GO BACK TO 312A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 313.	GO BACK TO 312A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 313.	GO BACK TO 312A IN NEW QUESTIONNAIRE; OR, IF NO MORE GAPS, GO TO 313.

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/>		→ 315
314	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 326
315	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 LACTATIONAL AMENORRHEA METHOD 11 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 326 → 319 → 327 → 323
316	You first started using (CURRENT METHOD) in (DATE FROM 308 OR 309). Where did you get it at that time? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER 12 GOVERNMENT HEALTH POST/ OUTREACH 13 MOBILE CLINIC 14 HSA 15 CBDA/DOOR TO DOOR 16 OTHER PUBLIC SECTOR _____ 17 (SPECIFY) CHAM/MISSION HOSPITAL 21 HEALTH CENTER 22 MOBILE CLINIC 23 CBDA/DOOR TO DOOR 24 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 PHARMACY 32 PRIVATE DOCTOR 33 MOBILE CLINIC 34 CBDA/DOOR TO DOOR 35 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) BLM 41 MACRO 51 YOUTH DROP IN CENTRE 61 OTHER SOURCE SHOP 71 CHURCH 72 FRIEND/RELATIVE 73 OTHER _____ 96 (SPECIFY)	
317	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 323 → 322 → 323

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>GOVERNMENT HEALTH POST/ OUTREACH 13</p> <p>MOBILE CLINIC 14</p> <p>HSA 15</p> <p>CBDA/DOOR TO DOOR 16</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 17</p> <p align="center">(SPECIFY)</p> <p>CHAM/MISSION</p> <p>HOSPITAL 21</p> <p>HEALTH CENTER 22</p> <p>MOBILE CLINIC 23</p> <p>CBDA/DOOR TO DOOR 24</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/DOOR TO DOOR 35</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p>BLM 41</p> <p>MACRO 51</p> <p>YOUTH DROP IN CENTRE 61</p> <p>OTHER SOURCE</p> <p>SHOP 71</p> <p>CHURCH 72</p> <p>FRIEND/RELATIVE 73</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	<p>→ 327</p>
326	<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>	
327	<p>In the last 12 months, were you visited by a fieldworker?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 329</p>
328	<p>Did the fieldworker talk to you about family planning?</p>	<p>YES 1</p> <p>NO 2</p>	
329	<p>CHECK 202: LIVING CHILDREN</p> <p align="center">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>a) In the last 12 months, have you visited a health facility for care for yourself or your children?</p> <p>b) In the last 12 months, have you visited a health facility for care for yourself?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 401</p>
330	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: ONE OR MORE BIRTHS IN 2010-2015 <input type="checkbox"/>	NO BIRTHS IN 2010-2015 <input type="checkbox"/>	→ 648
402	CHECK 215. RECORD THE BIRTH HISTORY NUMBER IN 403 AND THE NAME AND SURVIVAL STATUS IN 404 FOR EACH BIRTH IN 2010-2015. 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 QUESTIONNAIRE(S). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)		
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/>
404	FROM 212 AND 216:	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 NO 2 (SKIP TO 408) ←	YES 1 NO 2 (SKIP TO 426) ←
406	CHECK 208: ONLY ONE BIRTH <input type="checkbox"/> a) Did you want to have a baby later on, or did you not want any children? MORE THAN ONE BIRTH <input type="checkbox"/> b) Did you want to have a baby later on, or did you not want any more children?	LATER 1 NO MORE/NONE 2 (SKIP TO 408) ←	LATER 1 NO MORE/NONE 2 (SKIP TO 426) ←
407	How much longer did you want to wait?	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW998	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW998
408	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2 (SKIP TO 414) ←	
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR/CLINICAL OFFICER/MEDICAL ASSISTANT A NURSE/MIDWIFE B PATIENT ATTENDANT C HSA D OTHER PERSON TRADITIONAL BIRTH ATTENDANT E OTHER _____ X (SPECIFY)	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH																								
		NAME _____	NAME _____																								
410	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME A</p> <p>OTHER HOME B</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL... C</p> <p>GOVERNMENT HEALTH CENTER D</p> <p>GOVERNMENT HEALTH POST E</p> <p>MOBILE CLINIC F</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ G</p> <p>(SPECIFY)</p> <p>CHAM/MISSION</p> <p>HOSPITAL H</p> <p>HEALTH CENTER I</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC J</p> <p>MOBILE CLINIC K</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ L</p> <p>(SPECIFY)</p> <p>BLM M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>																									
411	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>																									
412	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>																									
413	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once:</p> <p>a) Was your blood pressure measured?</p> <p>b) Did you give a urine sample?</p> <p>c) Did you give a blood sample?</p> <p>d) Was your height measured?</p> <p>e) Were you weighed?</p> <p>f) Was the fetal heartbeat checked?</p> <p>g) Did you receive information on what foods to eat?</p>	<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>a) BP</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) URINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) BLOOD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) HEIGHT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) WEIGHT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) HEART</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g) FOODS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	a) BP	1	2	b) URINE	1	2	c) BLOOD	1	2	d) HEIGHT	1	2	e) WEIGHT	1	2	f) HEART	1	2	g) FOODS	1	2	
	YES	NO																									
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c) BLOOD	1	2																									
d) HEIGHT	1	2																									
e) WEIGHT	1	2																									
f) HEART	1	2																									
g) FOODS	1	2																									
414	<p>During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 417) ←</p> <p>DON'T KNOW 8</p>																									
415	<p>During this pregnancy, how many times did you get a tetanus injection?</p>	<p>TIMES <input type="text"/></p> <p>DON'T KNOW 8</p>																									
416	<p>CHECK 415:</p>	<p>2 OR MORE TIMES <input type="checkbox"/></p> <p>(SKIP TO 420) ←</p> <p>OTHER <input type="checkbox"/></p>																									

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
417	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 DON'T KNOW 8			
			(SKIP TO 420) ←		
418	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8			
419	CHECK 418: ONLY <input type="checkbox"/> ONE ↓ MORE <input type="checkbox"/> THAN ONE ↓ a) How many years ago did you receive that tetanus injection? b) How many years ago did you receive the last tetanus injection prior to this pregnancy?	YEARS AGO <input type="text"/> <input type="text"/>			
420	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLETS.	YES 1 NO 2 DON'T KNOW 8			
			(SKIP TO 422) ←		
421	During the whole pregnancy, for how many days did you take the tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW998			
422	During this pregnancy, did you take any drug for intestinal worms?	YES 1 NO 2 DON'T KNOW 8			
423	During this pregnancy, did you take SP/Fansidar to keep you from getting malaria?	YES 1 NO 2 DON'T KNOW 8			
			(SKIP TO 426) ←		
424	How many times did you take SP/Fansidar during this pregnancy?	TIMES <input type="text"/> <input type="text"/>			
425	Did you get the SP/Fansidar during any antenatal care visit, during another visit to a health facility or from another source? IF MORE THAN ONE SOURCE, RECORD THE HIGHEST SOURCE ON THE LIST.	ANTENATAL VISIT 1 ANOTHER FACILITY VISIT 2 OTHER SOURCE 6			
426	When (NAME) was born, was (NAME) very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8		VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	
427	Was (NAME) weighed at birth?	YES 1 NO 2 DON'T KNOW 8		YES 1 NO 2 DON'T KNOW 8	
			(SKIP TO 429) ←	(SKIP TO 429) ←	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
428	<p>How much did (NAME) weigh?</p> <p>RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.</p>	<p>KG FROM CARD</p> <p>1 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/></p> <p>KG FROM RECALL</p> <p>2 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW 99998</p>	<p>KG FROM CARD</p> <p>1 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/></p> <p>KG FROM RECALL</p> <p>2 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW 99998</p>
429	<p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p>HEALTH PERSONNEL DOCTOR/CLINICAL OFFICER/MEDICAL ASSISTANT A NURSE/MIDWIFE B PATIENT ATTENDANT C</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE ASSISTED Y</p>	<p>HEALTH PERSONNEL DOCTOR/CLINICAL OFFICER/MEDICAL ASSISTANT A NURSE/MIDWIFE B PATIENT ATTENDANT C</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE ASSISTED Y</p>
430	<p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME HER HOME 11 (SKIP TO 434) ← OTHER HOME 12</p> <p>PUBLIC SECTOR GOVERNMENT HOSPITAL... 21 GOVERNMENT HEALTH CENTER 22 GOVERNMENT HEALTH POST/OUTREACH 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>CHAM/MISSION HOSPITAL 31 HEALTH CENTER 32</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 41 OTHER PRIVATE MEDICAL SECTOR _____ 46 (SPECIFY)</p> <p>BLM 51</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 434) ←</p>	<p>HOME HER HOME 11 (SKIP TO 434) ← OTHER HOME 12</p> <p>PUBLIC SECTOR GOVERNMENT HOSPITAL... 21 GOVERNMENT HEALTH CENTER 22 GOVERNMENT HEALTH POST/OUTREACH 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>CHAM/MISSION HOSPITAL 31 HEALTH CENTER 32</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 41 OTHER PRIVATE MEDICAL SECTOR _____ 46 (SPECIFY)</p> <p>BLM 51</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 434) ←</p>
431	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <input type="text"/><input type="text"/></p> <p>DAYS 2 <input type="text"/><input type="text"/></p> <p>WEEKS 3 <input type="text"/><input type="text"/></p> <p>DON'T KNOW 998</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____													
432	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES 1 NO 2 (SKIP TO 434) ←	YES 1 NO 2 (SKIP TO 434) ←													
433	When was the decision made to have the caesarean section? Was it before or after your labor pains started?	BEFORE 1 AFTER 2	BEFORE 1 AFTER 2													
434	Immediately after the birth, was (NAME) put directly on the bare skin of your chest?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8													
434A	CHECK 430: PLACE OF DELIVERY	CODE 11, 12, OR 96 <input type="checkbox"/> OTHER <input type="checkbox"/> CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 449) ←	CODE 11, 12, OR 96 <input type="checkbox"/> OTHER <input type="checkbox"/> CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 459) ←													
435	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?	YES 1 NO 2 (SKIP TO 438) ←														
436	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="901 981 1021 1041"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" data-bbox="901 1041 1021 1102"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" data-bbox="901 1102 1021 1162"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW998														
437	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR/CLINICAL OFFICER/MEDICAL ASSISTANT 11 NURSE/MIDWIFE 12 PATIENT ATTENDANT 13 HSA 14 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 OTHER _____ 96 (SPECIFY)														
438	Now I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. Did anyone check on (NAME)'s health while you were still in the facility?	YES 1 NO 2 (SKIP TO 441) ← DON'T KNOW 8														

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____														
439	How long after delivery was (NAME)'s health first checked? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW998															
440	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR/CLINICAL OFFICER/MEDICAL ASSISTANT 11 NURSE/MIDWIFE 12 PATIENT ATTENDANT 13 HSA 14 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 OTHER _____ 96 (SPECIFY)															
441	Now I want to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?	YES 1 NO 2 (SKIP TO 445) ←															
442	How long after delivery did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW998															
443	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR/CLINICAL OFFICER/MEDICAL ASSISTANT 11 NURSE/MIDWIFE 12 PATIENT ATTENDANT 13 HSA 14 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 OTHER _____ 96 (SPECIFY)															

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
444	<p>Where did the check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL... 21</p> <p>GOVERNMENT HEALTH CENTER 22</p> <p>GOVERNMENT HEALTH POST/OUTREACH 23</p> <p>OTHER PUBLIC SECTOR _____ 26</p> <p>(SPECIFY)</p> <p>CHAM/MISSION</p> <p>HOSPITAL 31</p> <p>HEALTH CENTER 32</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 41</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 46</p> <p>(SPECIFY)</p> <p>BLM 51</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
445	<p>I would like to talk to you about checks on (NAME)'s health after you left (FACILITY IN 430). Did any health care provider or a traditional birth attendant check on (NAME)'s health in the two months after you left (FACILITY IN 430)?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 457) ←</p> <p>DON'T KNOW 8</p>	
446	<p>How many hours, days or weeks after the birth of (NAME) did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW998</p>	
447	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR/CLINICAL OFFICER/MEDICAL ASSISTANT 11</p> <p>NURSE/MIDWIFE 12</p> <p>PATIENT ATTENDANT 13</p> <p>HSA 14</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
448	<p>Where did this check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL... 21</p> <p>GOVERNMENT HEALTH CENTER 22</p> <p>GOVERNMENT HEALTH POST/OUTREACH ... 23</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26</p> <p>(SPECIFY)</p> <p>CHAM/MISSION</p> <p>HOSPITAL 31</p> <p>HEALTH CENTER 32</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 41</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 46</p> <p>(SPECIFY)</p> <p>BLM 51</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>(SKIP TO 457) ←</p>	
449	<p>I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 453) ←</p>	
450	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW998</p>	
451	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR/CLINICAL OFFICER/MEDICAL ASSISTANT 11</p> <p>NURSE/MIDWIFE 12</p> <p>PATIENT ATTENDANT 13</p> <p>HSA 14</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____						
452	<p>Where did this first check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME HER HOME 11 OTHER HOME 12</p> <p>PUBLIC SECTOR GOVERNMENT HOSPITAL... 21 GOVERNMENT HEALTH CENTER 22 GOVERNMENT HEALTH POST/OUTREACH 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>CHAM/MISSION HOSPITAL 31 HEALTH CENTER 32</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 41 OTHER PRIVATE MEDICAL SECTOR _____ 46 (SPECIFY)</p> <p>BLM 51</p> <p>OTHER _____ 96 (SPECIFY)</p>							
453	<p>I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME)'s health?</p>	<p>YES 1 NO 2 (SKIP TO 457) ← DON'T KNOW 8</p>							
454	<p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS AFTER BIRTH 1</p> <table border="1" data-bbox="901 1294 1023 1442"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p>DAYS AFTER BIRTH 2</p> <p>WEEKS AFTER BIRTH 3</p> <p>DON'T KNOW998</p>							
455	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR/CLINICAL OFFICER/MEDICAL ASSISTANT 11 NURSE/MIDWIFE 12 PATIENT ATTENDANT 13 HSA 14</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21</p> <p>OTHER _____ 96 (SPECIFY)</p>							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____																								
456	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL... 21</p> <p>GOVERNMENT HEALTH CENTER 22</p> <p>GOVERNMENT HEALTH POST/OUTREACH 23</p> <p>OTHER PUBLIC SECTOR _____ 26</p> <p>(SPECIFY)</p> <p>CHAM/MISSION</p> <p>HOSPITAL 31</p> <p>HEALTH CENTER 32</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 41</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 46</p> <p>(SPECIFY)</p> <p>BLM 51</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>																									
457	<p>During the first two days after (NAME)'s birth, did any health care provider do the following:</p> <p>a) Examine the cord?</p> <p>b) Measure (NAME)'s temperature?</p> <p>c) Counsel you on danger signs for newborns?</p> <p>d) Counsel you on breastfeeding?</p> <p>e) Observe (NAME) breastfeeding?</p>	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) CORD.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) TEMP.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) SIGNS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) COUNSEL BREAST-FEED</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) OBSERVE BREAST-FEED</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) CORD.....	1	2	8	b) TEMP.	1	2	8	c) SIGNS	1	2	8	d) COUNSEL BREAST-FEED	1	2	8	e) OBSERVE BREAST-FEED	1	2	8	
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e) OBSERVE BREAST-FEED	1	2	8																								
458	<p>Has your menstrual period returned since the birth of (NAME)?</p>	<p>YES 1</p> <p>(SKIP TO 460) ←</p> <p>NO 2</p> <p>(SKIP TO 461) ←</p>																									
459	<p>Did your period return between the birth of (NAME) and your next pregnancy?</p>		<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 463) ←</p>																								
460	<p>For how many months after the birth of (NAME) did you not have a period?</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>																								
461	<p>CHECK 226: IS RESPONDENT PREGNANT?</p>	<p>NOT PREGNANT <input type="checkbox"/></p> <p>PREGNANT OR UNSURE <input type="checkbox"/></p> <p>(SKIP TO 463) ←</p>																									

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
462	Have you had sexual intercourse since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 464) ←	
463	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
464	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 466) ←	YES 1 NO 2
465	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 470) ← (GO TO 471) ←	
466	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.	IMMEDIATELY000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	
467	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2	
468	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 471) ←	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 471) ←
469	Are you still breastfeeding (NAME)?	YES 1 NO 2	
470	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
471		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501A.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501A.

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501A	CHECK 215 IN THE BIRTH HISTORY: ANY BIRTHS IN 2012-2015? ONE OR MORE BIRTHS IN 2012-2015 <input type="checkbox"/>	NO BIRTHS IN 2012-2015 <input type="checkbox"/> →	601
502A	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE LAST CHILD BORN IN 2012-2015. NAME OF LAST BIRTH _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>		
503A	CHECK 216 FOR CHILD: LIVING <input type="checkbox"/>	DEAD <input type="checkbox"/> →	501B
504A	Do you have a Health Passport or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A HEALTH PASSPORT 1 YES, HAS ONLY AN OTHER DOCUMENT 2 YES, HAS HEALTH PPT AND OTHER DOCUMENT 3 NO, NO HEALTH PPT AND NO OTHER DOCUMEN 4	→ 507A → 507A
505A	Did you ever have a Health Passport for (NAME)?	YES 1 NO 2	
506A	CHECK 504A: CODE '2' CIRCLED <input type="checkbox"/>		CODE '4' CIRCLED <input type="checkbox"/> → 511A
507A	May I see the Health Passport or other document where (NAME)'s vaccinations are written down?	YES, ONLY HEALTH PPT SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, HEALTH PPT AND OTHER DOCUMENT SEE 3 NO HEALTH PPT AND NO OTHER DOCUM. SEEN 4	→ 511A

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																																																								
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SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
511A	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES 1 NO 2 DON'T KNOW 8	→ 525A
512A	Has (NAME) ever received 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	
514A	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES 1 NO 2 DON'T KNOW 8	→ 517A
515A	Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS 1 LATER 2	
516A	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES <input type="text"/>	
517A	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES 1 NO 2 DON'T KNOW 8	→ 519A
518A	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES <input type="text"/>	

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
519A	Has (NAME) ever received a pneumococcal vaccination (PCV), that is, an injection in the thigh to prevent pneumonia?	YES 1 NO 2 DON'T KNOW 8	→ 521A
520A	How many times did (NAME) receive the pneumococcal vaccine (PCV)?	NUMBER OF TIMES <input type="text"/>	
521A	Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea?	YES 1 NO 2 DON'T KNOW 8	→ 523A
522A	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES <input type="text"/>	
523A	Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	→ 525A
524A	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES <input type="text"/>	
525A	In the last 7 days was (NAME) given:	YES NO DK	
	a) MULTIPLE MICRONUTRIENT POWDER ?	a) POWDER 1 2 8	
	b) READY TO USE THERAPEUTIC FOOD SUCH AS CHIPONDE ?	b) CHIPONDE 1 2 8	
	c) SUPPLEMENTARY FOOD SUCH AS LIKUNI PHALA?	c) LIKUNI PHALA 1 2 8	
526A	CONTINUE WITH 501B.		

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501B	CHECK 215 IN THE BIRTH HISTORY: ANY MORE BIRTHS IN 2012-2015? MORE BIRTHS IN 2012-2015 <input type="checkbox"/> NO MORE BIRTHS IN 2012-2015 <input type="checkbox"/>		→ 601
502B	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE NEXT-TO-LAST CHILD BORN IN 2012-2015. NAME OF NEXT-TO-LAST BIRTH _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>		
503B	CHECK 216 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		→ 526B
504B	Do you have a Health Passport or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A HEALTH PASSPORT 1 YES, HAS ONLY AN OTHER DOCUMENT 2 YES, HAS HEALTH PPT AND OTHER DOCUMENT 3 NO, NO HEALTH PPT AND NO OTHER DOCUMEN 4	→ 507B → 507B
505B	Did you ever have a Health Passport for (NAME)?	YES 1 NO 2	
506B	CHECK 504B: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/>		→ 511B
507B	May I see the Health Passport or other document where (NAME)'s vaccinations are written down?	YES, ONLY HEALTH PPT SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, HEALTH PPT AND OTHER DOCUMENT SEE 3 NO HEALTH PPT AND NO OTHER DOCUM. SEEN 4	→ 511B

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

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SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

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512B	Has (NAME) ever received 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	
514B	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES 1 NO 2 DON'T KNOW 8	→ 517B
515B	Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS 1 LATER 2	
516B	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES <input type="text"/>	
517B	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES 1 NO 2 DON'T KNOW 8	→ 519B
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SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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520B	How many times did (NAME) receive the pneumococcal vaccine (PCV)?	NUMBER OF TIMES <input type="text"/>	
521B	Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea?	YES 1 NO 2 DON'T KNOW 8	→ 523B
522B	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES <input type="text"/>	
523B	Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	→ 525B
524B	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES <input type="text"/>	
525B	In the last 7 days was (NAME) given:	YES NO DK	
	a) MULTIPLE MICRONUTRIENT POWDER ?	a) POWDER 1 2 8	
	b) READY TO USE THERAPEUTIC FOOD SUCH AS CHIPONDE ?	b) CHIPONDE 1 2 8	
	c) SUPPLEMENTARY FOOD SUCH AS LIKUNI PHALA?	c) LIKUNI PHALA 1 2 8	
526B	CHECK 215 IN BIRTH HISTORY: ANY MORE BIRTHS IN 2012-2015? MORE BIRTHS IN 2012-2015 <input type="checkbox"/> (GO TO 502B IN AN ADDITIONAL QUESTIONNAIRE) ←	NO MORE BIRTHS IN 2012-2015 <input type="checkbox"/> →	601

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
609	<p>CHECK 464: EVER BREASTFED?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>a) Now I would like to know how much (NAME) was given to drink during the diarrhea including breastmilk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p>	<p>b) Now I would like to know how much (NAME) was given to drink during the diarrhea. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>	
610	<p>When (NAME) had diarrhea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>		
611	<p>Did you seek advice or treatment for the diarrhea from any source?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 615) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 615) ←</p>		

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____
611A	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
612	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S). _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL ... A GOVERNMENT HEALTH CENTER B GOVERNMENT HEALTH POST/OUTREACH C MOBILE CLINIC D HSA E OTHER PUBLIC SECTOR _____ F (SPECIFY) _____ CHAM/MISSION HOSPITAL G HEALTH CENTER H PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC I PHARMACY J PRIVATE DOCTOR K MOBILE CLINIC L HSA M OTHER PRIVATE MEDICAL SECTOR _____ N (SPECIFY) _____ BLM O MACRO P YOUTH DROP CENTER Q OTHER SOURCE SHOP R TRADITIONAL PRACTITIONER S MARKET T OTHER _____ X (SPECIFY) _____	PUBLIC SECTOR GOVERNMENT HOSPITAL ... A GOVERNMENT HEALTH CENTER B GOVERNMENT HEALTH POST/OUTREACH C MOBILE CLINIC D HSA E OTHER PUBLIC SECTOR _____ F (SPECIFY) _____ CHAM/MISSION HOSPITAL G HEALTH CENTER H PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC I PHARMACY J PRIVATE DOCTOR K MOBILE CLINIC L HSA M OTHER PRIVATE MEDICAL SECTOR _____ N (SPECIFY) _____ BLM O MACRO P YOUTH DROP CENTER Q OTHER SOURCE SHOP R TRADITIONAL PRACTITIONER S MARKET T OTHER _____ X (SPECIFY) _____	PUBLIC SECTOR GOVERNMENT HOSPITAL ... A GOVERNMENT HEALTH CENTER B GOVERNMENT HEALTH POST/OUTREACH C MOBILE CLINIC D HSA E OTHER PUBLIC SECTOR _____ F (SPECIFY) _____ CHAM/MISSION HOSPITAL G HEALTH CENTER H PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC I PHARMACY J PRIVATE DOCTOR K MOBILE CLINIC L HSA M OTHER PRIVATE MEDICAL SECTOR _____ N (SPECIFY) _____ BLM O MACRO P YOUTH DROP CENTER Q OTHER SOURCE SHOP R TRADITIONAL PRACTITIONER S MARKET T OTHER _____ X (SPECIFY) _____	
613	CHECK 612:	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 615) ←	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 615) ←	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 615) ←	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 615) ←
614	Where did you first seek advice or treatment? USE LETTER CODE FROM 612.	FIRST PLACE <input type="text"/>	FIRST PLACE <input type="text"/>	FIRST PLACE <input type="text"/>	FIRST PLACE <input type="text"/>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH			NEXT-TO-LAST BIRTH				
		NAME _____	YES	NO	DK	NAME _____	YES	NO	DK
615	<p>Was (NAME) given any of the following at any time since (NAME) started having the diarrhea:</p> <p>a) A fluid made from a special packet called THANZI-ORS?</p> <p>b) A homemade fluid such as THOBWA?</p> <p>c) Zinc tablets or syrup?</p>	<p>a) FLUID FROM ORS PACKET .. 1 2 8</p> <p>b) HOMEMADE FLUID 1 2 8</p> <p>c) ZINC 1 2 8</p>				<p>a) FLUID FROM ORS PACKET .. 1 2 8</p> <p>c) HOMEMADE FLUID 1 2 8</p> <p>d) ZINC 1 2 8</p>			
616	<p>CHECK 615:</p> <p>ANY 'YES' <input type="checkbox"/> ↓</p> <p>a) Was anything else given to treat the diarrhea?</p> <p>b) Was anything given to treat the diarrhea?</p>	<p>ALL 'NO' OR 'DK' <input type="checkbox"/> ↓</p> <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>(SKIP TO 618) ←</p>			<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>(SKIP TO 618) ←</p>				
617	<p>CHECK 615:</p> <p>ANY 'YES' <input type="checkbox"/> ↓</p> <p>a) What else was given to treat the diarrhea?</p> <p>Anything else?</p> <p>b) What was given to treat the diarrhea?</p> <p>Anything else?</p> <p>RECORD ALL TREATMENTS GIVEN.</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C</p> <p>UNKNOWN PILL OR SYRUP D</p> <p>INJECTION</p> <p>ANTIBIOTIC E</p> <p>NON-ANTIBIOTIC F</p> <p>UNKNOWN INJECTION G</p> <p>(IV) INTRAVENOUS H</p> <p>HOME REMEDY/ HERBAL MEDICINE I</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>			<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C</p> <p>UNKNOWN PILL OR SYRUP D</p> <p>INJECTION</p> <p>ANTIBIOTIC E</p> <p>NON-ANTIBIOTIC F</p> <p>UNKNOWN INJECTION G</p> <p>(IV) INTRAVENOUS H</p> <p>HOME REMEDY/ HERBAL MEDICINE I</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>				
618	Has (NAME) been ill with a fever at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>(SKIP TO 620) ←</p>			<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>(SKIP TO 620) ←</p>				
619	At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>			<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>				
620	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>			<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>				
621	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>(SKIP TO 623) ←</p>			<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>(SKIP TO 623) ←</p>				

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
622	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 624) ←	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 624) ←
623	CHECK 618: HAD FEVER?	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> ↓ (SKIP TO 646) ←	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> ↓ (SKIP TO 646) ←
624	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 629) ←	YES 1 NO 2 (SKIP TO 629) ←
625	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S). _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL ... A GOVERNMENT HEALTH CENTER B GOVERNMENT HEALTH POST/OUTREACH C MOBILE CLINIC D HSA E OTHER PUBLIC SECTOR _____ F (SPECIFY) CHAM/MISSION HOSPITAL G HEALTH CENTER H PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC I PHARMACY J PRIVATE DOCTOR K MOBILE CLINIC L HSA M OTHER PRIVATE MEDICAL SECTOR _____ N (SPECIFY) BLM O MACRO P YOUTH DROP IN CENTRE ... Q OTHER SOURCE SHOP R TRADITIONAL PRACTITIONER S MARKET T ITINERANT DRUG SELLER U OTHER X (SPECIFY)	PUBLIC SECTOR GOVERNMENT HOSPITAL ... A GOVERNMENT HEALTH CENTER B GOVERNMENT HEALTH POST/OUTREACH C MOBILE CLINIC D HSA E OTHER PUBLIC SECTOR _____ F (SPECIFY) CHAM/MISSION HOSPITAL G HEALTH CENTER H PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC I PHARMACY J PRIVATE DOCTOR K MOBILE CLINIC L HSA M OTHER PRIVATE MEDICAL SECTOR _____ N (SPECIFY) BLM O MACRO P YOUTH DROP IN CENTRE ... Q OTHER SOURCE SHOP R TRADITIONAL PRACTITIONER S MARKET T ITINERANT DRUG SELLER U OTHER X (SPECIFY)
626	CHECK 625:	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ↓ ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 628) ←	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ↓ ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 628) ←

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
627	Where did you first seek advice or treatment? USE LETTER CODE FROM 625.	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>
628	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
629	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (SKIP TO 646) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 646) ← DON'T KNOW 8
630	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS LA A ASAQ (COMBINED AMODIAQUINE AND ARTESUNATE) B SP/FANSIDAR/NOVIDAR SP C QUININE TABLETS D INJECTION/IV E ARTESUNATE RECTAL F INJECTION/IV G OTHER ANTIMALARIAL _____ H (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP I INJECTION/IV J OTHER DRUGS ASPIRIN/CAFENOL K ACETAMINOPHEN/PANADOL/ PARACETAMOL L IBUPROFEN M OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS LA A AA/ASAQ (COMBINED AMODIAQUINE AND ARTESUNATE) B SP/FANSIDAR/NOVIDAR SP C QUININE TABLETS D INJECTION/IV E ARTESUNATE RECTAL F INJECTION/IV G OTHER ANTIMALARIAL _____ H (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP I INJECTION/IV J OTHER DRUGS ASPIRIN/CAFENOL K ACETAMINOPHEN/PANADOL/ PARACETAMOL L IBUPROFEN M OTHER _____ X (SPECIFY) DON'T KNOW Z
631	CHECK 630: ANY CODE A-H CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (SKIP TO 646) ←	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (SKIP TO 646) ←

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____
632	CHECK 630: LA ('A') GIVEN	CODE 'A' CIRCLED <input type="checkbox"/> ↓	CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 634) ←	CODE 'A' CIRCLED <input type="checkbox"/> ↓	CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 634) ←
633	How long after the fever started did (NAME) first take LA?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
634	CHECK 630: ASAQ (COMBINED AMODIAQUINE AND ARTESUNATE) ('B') GIVEN	CODE 'B' CIRCLED <input type="checkbox"/> ↓	CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 636) ←	CODE 'B' CIRCLED <input type="checkbox"/> ↓	CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 636) ←
635	How long after the fever started did (NAME) first take ASAQ?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
636	CHECK 630: SP/FANSIDAR/NOVIDAR SP ('C') GIVEN	CODE 'C' CIRCLED <input type="checkbox"/> ↓	CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO 640) ←	CODE 'C' CIRCLED <input type="checkbox"/> ↓	CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO 640) ←
637	How long after the fever started did (NAME) first take SP/Fansidar/Novidar SP?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____
640	CHECK 630: QUININE ('D' OR 'E') GIVEN	CODE 'D' OR 'E' CIRCLED <input type="checkbox"/> ↓	CODE 'D' OR 'E' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 642) ←	CODE 'D' OR 'E' CIRCLED <input type="checkbox"/> ↓	CODE 'D' OR 'E' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 642) ←
641	How long after the fever started did (NAME) first take quinine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
642	CHECK 630: ARTESUNATE ('F' OR 'G') GIVEN	CODE 'F' OR 'G' CIRCLED <input type="checkbox"/> ↓	CODE 'F' OR 'G' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 644) ←	CODE 'F' OR 'G' CIRCLED <input type="checkbox"/> ↓	CODE 'F' OR 'G' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 644) ←
643	How long after the fever started did (NAME) first take artesunate?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
644	CHECK 630: OTHER ANTIMALARIAL ('H') GIVEN	CODE 'H' CIRCLED <input type="checkbox"/> ↓	CODE 'H' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 646) ←	CODE 'H' CIRCLED <input type="checkbox"/> ↓	CODE 'H' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 646) ←
645	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
646		GO BACK TO 604 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 647.	GO TO 604 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 647.		

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
647	CHECK 615(a), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/>	ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/>	→ 649
648	Have you ever heard of a special product called THANZI-ORS PACKET you can get for the treatment of diarrhea?	YES 1 NO 2	
649	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2013-2015 LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> _____ (NAME OF YOUNGEST CHILD LIVING WITH HER) ↓		→ 701

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
650	<p>Now I would like to ask you about liquids or foods that (NAME FROM 649) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods. Did (NAME FROM 649) drink or eat:</p>		
		YES NO DK	
	a) Plain water?	a) 1 2 8	
	b) Juice or juice drinks?	b) 1 2 8	
	c) Soft drinks?	c) 1 2 8	
	d) Clear broth?	d) 1 2 8	
	e) Milk such as tinned, powdered, or fresh animal milk? IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	e) 1 2 8 NUMBER OF TIMES DRANK <input type="text"/>	
	f) Infant formula (S26, Naan, Lactogene, Infanticare)? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	f) 1 2 8 NUMBER OF TIMES DRANK <input type="text"/>	
	g) Any other liquids?	g) 1 2 8	
	h) Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	h) 1 2 8 NUMBER OF TIMES ATE <input type="text"/>	
	i) Any fortified cereals (Cerelac, Likuni Phala, Nestum, Purity, Sibusiso, Gluco Phala)?	i) 1 2 8	
	j) Bread, rice, noodles, porridge, maize meal (ngaiwa), maize flour (ufawoyera), millet, sorghum, or other foods made from grains?	j) 1 2 8	
	k) Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	k) 1 2 8	
	l) Cocoyams, irish potatoes, white sweet potatoes, white yams, cassava, or any other foods made from roots or tubers?	l) 1 2 8	
	m) Any dark green, leafy vegetables such as amaranth, pumpkin leaves, chinese cabbage, greens, kale, cassava leaves, beans, cow peas or sweet potato leaves that are fresh?	m) 1 2 8	
	n) Ripe mangoes, papayas, or guava?	n) 1 2 8	
	o) Any other fruits or vegetables (e.g. bananas, apples, green beans, avocados, tomatoes, okra)?	o) 1 2 8	
	p) Liver, kidney, heart, or other organ meats?	o) 1 2 8	
	q) Any meat, such as beef, pork, lamb, goat, chicken, duck, rabbit or rodents (such as mice, moles, etc.)?	q) 1 2 8	
	r) Grubs, snails or insects?	r) 1 2 8	
	s) Eggs?	s) 1 2 8	
	t) Fresh or dried fish or shellfish, crabs or seafood?	t) 1 2 8	
	u) Any foods made from beans, pigeon peas, cow peas, lentils, nuts, soybeans or ground nut powder (nsinjiro)?	u) 1 2 8	
	v) Cheese or other food made from milk?	v) 1 2 8	
	w) Any oil, fats, or butter, or foods made with any of these?	w) 1 2 8	
	x) Any sugary foods such as chocolates, sweets, candies, sugar cane, honey, pastries, cakes, or biscuits?	x) 1 2 8	
	y) Any other solid, semi-solid, or soft food?	y) 1 2 8	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
651	CHECK 650 (CATEGORIES 'h' THROUGH 'y'): NOT A SINGLE 'YES' <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/>		→ 653
652	Did (NAME FROM 649) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES 1 (GO BACK TO 650 TO RECORD FOOD EATEN YESTERDAY) (THEN CONTINUE TO 653) NO 2	→ 654
653	How many times did (NAME FROM 649) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	
654	The last time (NAME FROM 649) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER 96 (SPECIFY)	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	<input type="checkbox"/> → 704
702	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	<input type="checkbox"/> → 712
703	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> → 709
704	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
705	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"/>	
706	Does your (husband/partner) have other wives or does he live with other women as if married?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 709
707	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/> DON'T KNOW 98	
708	Are you the first, second, ... wife?	RANK <input type="text"/> <input type="text"/>	
709	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
710	CHECK 709: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE ↓ <input type="checkbox"/></p> </div> <div style="border-left: 1px dashed black; height: 100px; margin: 0 10px;"></div> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE ↓ <input type="checkbox"/></p> </div> </div> <p>a) In what month and year did you start living with your (husband/partner)?</p> <p>b) Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?</p>	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	<input type="checkbox"/> → 712
711	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
712	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
713	<p>Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p>	<p>→ 731</p>
714	<p>I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/> <input type="text"/></p>	<p>→ 716</p> <p>→ 727</p>

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
715	When was the last time you had sexual intercourse with this person?		DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/>	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/>
716	The last time you had sexual intercourse with this person, was a male or female used?	YES 1 NO 2 (SKIP TO 718) ←	YES 1 NO 2 (SKIP TO 718) ←	YES 1 NO 2 (SKIP TO 718) ←
717	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
718	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	HUSBAND 1 LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY)	HUSBAND 1 LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY)	HUSBAND 1 LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY)
719	How long ago did you first have sexual intercourse with this person?	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> YEARS AGO .. 4 <input type="text"/> <input type="text"/>	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> YEARS AGO .. 4 <input type="text"/> <input type="text"/>	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> YEARS AGO .. 4 <input type="text"/> <input type="text"/>
720	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, RECORD '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
721	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98
722	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 715 IN NEXT COLUMN) ← NO 2 (SKIP TO 724) ←	YES 1 (GO BACK TO 715 IN NEXT COLUMN) ← NO 2 (SKIP TO 724) ←	
723	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.			NUMBER OF PARTNERS LAST 12 MONTHS .. <input type="text"/> <input type="text"/> DON'T KNOW 98

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	CHECK 106: AGE 15-24 <input type="checkbox"/> ↓	AGE 25-49 <input type="checkbox"/> → 727	
725	CHECK 701: NOT IN A UNION <input type="checkbox"/> ↓	CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> → 727	
726	In the past 12 months have you had sex or been sexually involved with anyone because he gave you or told you he would give you gifts, cash, or anything else?	YES 1 NO 2	
727	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98	
728	CHECK 716, MOST RECENT PARTNER (FIRST COLUMN): YES, CONDOM USED <input type="checkbox"/> ↓	NO, CONDOM NOT USED <input type="checkbox"/> → 731 NOT ASKED <input type="checkbox"/> → 731	
729	You told me that a condom was used the last time you had sex. What is the brand name of the condom used at that time? IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	CHISHANGO 01 MANYUCHI 02 SILVERTOUCH 03 CARE(FEMALE CONDOMS) 04 PUBLIC SECTOR CONDOMS 05 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
730	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <hr/> <p align="center">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>GOVERNMENT HEALTH POST/ OUTREACH 13</p> <p>MOBILE CLINIC 14</p> <p>HSA 15</p> <p>CBDA/DOOR TO DOOR 16</p> <p>OTHER PUBLIC SECTOR</p> <hr/> <p align="center">(SPECIFY)</p> <p>17</p> <p>CHAM/MISSION</p> <p>HOSPITAL 21</p> <p>HEALTH CENTER 22</p> <p>MOBILE CLINIC 23</p> <p>DOOR TO DOOR 24</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/DOOR TO 35</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <hr/> <p align="center">(SPECIFY)</p> <p>36</p> <p>BLM 41</p> <p>MACRO 51</p> <p>YOUTH DROP IN CENTRE 61</p> <p>OTHER SOURCE</p> <p>SHOP 71</p> <p>CHURCH 72</p> <p>FRIEND/RELATIVE 73</p> <p>CONDOMISED CAMPAIGNS 74</p> <p>OTHER 96</p> <hr/> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>													
731	<p>PRESENCE OF OTHERS DURING THIS SECTION.</p>	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>CHILDREN <10</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>MALE ADULTS</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>FEMALE ADULTS</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	CHILDREN <10	1	2	MALE ADULTS	1	2	FEMALE ADULTS	1	2	
	YES	NO													
CHILDREN <10	1	2													
MALE ADULTS	1	2													
FEMALE ADULTS	1	2													

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
801	CHECK 304: NEITHER <input type="checkbox"/> STERILIZED ↓	HE OR SHE <input type="checkbox"/> STERILIZED →	813								
802	CHECK 226: PREGNANT <input type="checkbox"/> ↓	NOT PREGNANT <input type="checkbox"/> OR UNSURE →	804								
803	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 805 → 812								
804	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8	→ 807 → 813 → 811								
805	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓ a) How long would you like to wait from now before the birth of (a/another) child? PREGNANT <input type="checkbox"/> ↓ b) After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998									→ 811 → 813 → 811
806	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/> →	812								
807	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT <input type="checkbox"/> CURRENTLY USING ↓	CURRENTLY <input type="checkbox"/> USING →	813								
808	CHECK 805: '24' OR MORE MONTHS <input type="checkbox"/> OR '02' OR MORE YEARS ↓	NOT <input type="checkbox"/> ASKED ↓ '00-23' MONTHS <input type="checkbox"/> OR '00-01' YEAR →	812								
809	CHECK 714: DAYS, WEEKS OR <input type="checkbox"/> MONTHS AGO ↓	YEARS <input type="checkbox"/> AGO → NOT <input type="checkbox"/> ASKED →	→ 811 → 811								

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	<p>CHECK 804:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/> WANTS NO MORE/NONE <input type="checkbox"/></p> <p>a) You have said that you do not want (a/another) child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>b) You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason? Any other reason?</p> <p align="center">RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>SIDE EFFECTS/HEALTH CONCERNS O</p> <p>LACK OF ACCESS/TOO FAR P</p> <p>COSTS TOO MUCH Q</p> <p>PREFERRED METHOD NOT AVAILABLE R</p> <p>NO METHOD AVAILABLE S</p> <p>INCONVENIENT TO USE T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES U</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
811	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NO, NOT CURRENTLY USING <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/></p>		→ 813
812	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
813	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p align="center">PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00 → 815</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 → 815 (SPECIFY)</p>	
814	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?</p>	<p align="center">BOYS GIRLS EITHER</p> <p>NUMBER .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
815	In the last few months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Received a voice or text message about family planning on a mobile phone? e) Read about family planning on the internet/website? f) Read about family planning on a poster? g) Read about family planning on clothing (i.e. cap, chitenji, t-shirt)? h) Heard about family planning in a drama?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) RADIO</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) TELEVISION</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c) NEWSPAPER OR MAGAZINE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) MOBILE PHONE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>e) INTERNET/WEBSITE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>f) POSTER/FLYERS/REFLETS</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>g) CLOTHING</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>h) DRAMA</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	a) RADIO	1	2	b) TELEVISION	1	2	c) NEWSPAPER OR MAGAZINE	1	2	d) MOBILE PHONE	1	2	e) INTERNET/WEBSITE	1	2	f) POSTER/FLYERS/REFLETS	1	2	g) CLOTHING	1	2	h) DRAMA	1	2	
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a) RADIO	1	2																												
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f) POSTER/FLYERS/REFLETS	1	2																												
g) CLOTHING	1	2																												
h) DRAMA	1	2																												
817	CHECK 701: YES, <input type="checkbox"/> CURRENTLY MARRIED ↓ YES, <input type="checkbox"/> LIVING WITH A MAN ↓ NO, <input type="checkbox"/>	NOT IN A UNION →	→ 901																											
818	CHECK 303: USING A CONTRACEPTIVE METHOD? CURRENTLY <input type="checkbox"/> USING ↓ NOT <input type="checkbox"/> ASKED →	NOT CURRENTLY USING →	→ 820 → 822																											
819	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)	→ 821																											
820	Would you say that not 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)																												
821	CHECK 304: NEITHER ARE <input type="checkbox"/> STERILIZED ↓	HE OR SHE ARE <input type="checkbox"/> STERILIZED →	→ 901																											
822	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8																												

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	NOT IN UNION <input type="checkbox"/>	→ 909
902	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
903	Did your (husband/partner) ever attend school?	YES 1 NO 2	→ 906
904	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3 DON'T KNOW 8	→ 906
905	What was the highest [FORM/YEAR] he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[GRADE/FORM/YEAR] <input type="text"/> <input type="text"/> DON'T KNOW 98	
906	Has your (husband/partner) done any work in the last 7 days?	YES 1 NO 2 DON'T KNOW 8	→ 908
907	Has your (husband/partner) done any work in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	→ 909
908	What is your (husband's/partner's) occupation? That is, what kind of work does he mainly do?	_____ _____ _____	<input type="text"/> <input type="text"/>
909	Aside from your own housework, have you done any work in the last seven days?	YES 1 NO 2	→ 913
910	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES 1 NO 2	→ 913
911	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES 1 NO 2	→ 913
912	Have you done any work in the last 12 months?	YES 1 NO 2	→ 917
913	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ _____	<input type="text"/> <input type="text"/>

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
914	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	
915	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	
916	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
917	CHECK 701: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 925
918	CHECK 916: CODE '1' OR '2' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 921
919	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 OTHER _____ (SPECIFY) 6	
920	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER HAS NO EARNINGS 4 DONT KNOW 8	→ 922
921	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 HUSBAND/PARTNER HAS NO EARNINGS 4 OTHER _____ (SPECIFY) 6	
922	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
923	Who usually makes decisions about making major household purchases: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
924	Who usually makes decisions about visits to your family or relatives: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6																													
925	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	→ 928																												
926	Do you have a title deed for any house you own?	YES 1 NO 2 DON'T KNOW 8	☐ → 928																												
927	Is your name on the title deed?	YES 1 NO 2 DON'T KNOW 8																													
928	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	→ 931																												
929	Do you have a title deed for any land you own?	YES 1 NO 2 DON'T KNOW 8	☐ → 931																												
930	Is your name on the title deed?	YES 1 NO 2 DON'T KNOW 8																													
931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="0"> <tr> <td></td> <td align="center" colspan="3">PRES./</td> </tr> <tr> <td></td> <td align="center">PRES./</td> <td align="center">NOT</td> <td align="center">NOT</td> </tr> <tr> <td></td> <td align="center">LISTEN.</td> <td align="center">LISTEN.</td> <td align="center">PRES.</td> </tr> <tr> <td>CHILDREN < 10</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>HUSBAND</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>OTHER MALES</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>OTHER FEMALES</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> </table>		PRES./				PRES./	NOT	NOT		LISTEN.	LISTEN.	PRES.	CHILDREN < 10	1	2	3	HUSBAND	1	2	3	OTHER MALES	1	2	3	OTHER FEMALES	1	2	3	
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OTHER FEMALES	1	2	3																												
932	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she does not properly cook the food?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>a) GOES OUT</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) NEGLECTS CHILDREN ..</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) ARGUES</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>d) REFUSES SEX</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>e) FOOD</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	a) GOES OUT	1	2	8	b) NEGLECTS CHILDREN ..	1	2	8	c) ARGUES	1	2	8	d) REFUSES SEX	1	2	8	e) FOOD	1	2	8					
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SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Now I would like to talk about something else. Have you ever heard of HIV or AIDS?	YES 1 NO 2	→ 1042
1002	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DONT KNOW 8	
1003	Can people get HIV from mosquito bites?	YES 1 NO 2 DONT KNOW 8	
1004	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DONT KNOW 8	
1004A	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES 1 NO 2 DONT KNOW 8	
1005	Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DONT KNOW 8	
1006	Can people get HIV because of witchcraft or other supernatural means?	YES 1 NO 2 DONT KNOW 8	
1007	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DONT KNOW 8	
1008	Can HIV be transmitted from a mother to her baby:	YES NO DK a) DURING PREGNANCY .. 1 2 8 b) DURING DELIVERY 1 2 8 c) BREASTFEEDING 1 2 8	
1009	CHECK 1008: AT LEAST ONE 'YES' <input type="checkbox"/> ↓ OTHER <input type="checkbox"/>		→ 1011
1010	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DONT KNOW 8	
1011	CHECK 208 AND 215: LAST BIRTH IN 2013-2015 <input type="checkbox"/> ↓ NO BIRTHS <input type="checkbox"/> → 1027 LAST BIRTH IN 2012 OR EARLIER <input type="checkbox"/> → 1027		
1012	CHECK 408 FOR LAST BIRTH: HAD ANTENATAL CARE <input type="checkbox"/> ↓ NO ANTENATAL CARE <input type="checkbox"/> → 1020		
1013	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
1014	During any of the antenatal visits for your last birth were you given any information about:	YES NO DK a) HIV FROM MOTHER .. 1 2 8 b) THINGS TO DO 1 2 8 c) TESTED FOR HIV 1 2 8	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1015	Were you offered a test for HIV as part of your antenatal care?	YES 1 NO 2	
1016	I don't want to know the results, but were you tested for HIV as part of your antenatal care?	YES 1 NO 2	→ 1019A
1017	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER 12 GOVERNMENT HEALTH POST/ OUTREACH 13 HSA 14 DOOR TO DOOR 15 OTHER PUBLIC SECTOR _____ (SPECIFY) 16 CHAM/MISSION HOSPITAL 21 HEALTH CENTER 22 MOBILE CLINIC 23 DOOR TO DOOR 24 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 31 LIGHT HOUSE 32 DREAM CENTRE 33 PHARMACY 34 OTHER PRIVATE MEDICAL SECTOR _____ (SPECIFY) 36 BLM 41 MACRO 51 OTHER SOURCE HOME 61 WORKPLACE 62 CORRECTIONAL FACILITY 63 OTHER 96 (SPECIFY)	
1018	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	→ 1019A
1019	All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling?	YES 1 NO 2 DONT KNOW 8	
1019A	During any of the antenatal visits for your last birth, was the baby's father offered a test for HIV by your health provider?	YES 1 NO 2	→ 1020
1019B	I don't want to know the results, but was he tested for HIV at that time?	YES 1 NO 2 DONT KNOW 8	
1020	CHECK 430 FOR LAST BIRTH: ANY CODE <input type="checkbox"/> '21-51' CIRCLED ↓ OTHER <input type="checkbox"/>		→ 1024
1021	Between the time you went for delivery but before the baby was born, were you offered an HIV test?	YES 1 NO 2	
1022	I don't want to know the results, but were you tested for HIV at that time?	YES 1 NO 2	→ 1024
1023	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	→ 1025
1024	CHECK 1016: YES <input type="checkbox"/> ↓ NO OR <input type="checkbox"/> NOT ASKED →		→ 1027
1025	Have you been tested for HIV since that time you were tested during your pregnancy?	YES 1 NO 2	→ 1028
1026	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95	→ 1033

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1027	I don't want to know the results, but have you ever been tested for HIV?	YES 1 NO 2	→ 1031
1028	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95	
1029	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
1029A	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required by the health provider?	TEST REQUESTED BY THE RESPONDENT 1 TEST OFFERED BY THE HEALTH PROVIDER ... 2 TEST REQUIRED BY THE HEALTH PROVIDER .. 3	
1030	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER 12 GOVERNMENT HEALTH POST/ OUTREACH 13 HSA 14 DOOR TO DOOR 15 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) CHAM/MISSION HOSPITAL 21 HEALTH CENTER 22 MOBILE CLINIC 23 DOOR TO DOOR 24 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 31 PHARMACY 32 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) BLM 41 MACRO 51 OTHER SOURCE HOME 61 WORKPLACE 62 CORRECTIONAL FACILITY 63 OTHER _____ 96 (SPECIFY)	→ 1033
1031	Do you know of a place where people can go to get an HIV test?	YES 1 NO 2	→ 1033
1032	Where is that? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVERNMENT HEALTH CENTER B GOVERNMENT HEALTH POST/ OUTREACH C HSA D DOOR TO DOOR E OTHER PUBLIC SECTOR _____ F (SPECIFY) CHAM/MISSION HOSPITAL G HEALTH CENTER H MOBILE CLINIC I DOOR TO DOOR J PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR K PHARMACY L OTHER PRIVATE MEDICAL SECTOR _____ M (SPECIFY) BLM N MACRO O OTHER SOURCE HOME P WORKPLACE Q CORRECTIONAL FACILITY R OTHER _____ X (SPECIFY)	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1033	Have you heard of test kits people can use to test themselves for HIV?	YES 1 NO 2	→ 1035
1034	Have you ever tested yourself for HIV using a self-test kit?	YES 1 NO 2	
1035	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DONT KNOW/NOT SURE/DEPENDS 8	
1036	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DONT KNOW/NOT SURE/DEPENDS 8	
1037	Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES 1 NO 2 DONT KNOW/NOT SURE/DEPENDS 8	
1038	Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES 1 NO 2 DONT KNOW/NOT SURE/DEPENDS 8	
1039	Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES 1 NO 2 DONT KNOW/NOT SURE/DEPENDS 8	
1040	Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV.	AGREE 1 DISAGREE 2 DONT KNOW/NOT SURE/DEPENDS 8	
1041	Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES 1 NO 2 SAYS SHE HAS HIV 3 DONT KNOW/NOT SURE/DEPENDS 8	
1042	CHECK 1001: HEARD ABOUT HIV OR AIDS <input type="checkbox"/> ↓ a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT HIV OR AIDS <input type="checkbox"/> ↓ b) Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	
1043	CHECK 713: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 1051
1044	CHECK 1042: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 1046

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
1045	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DONT KNOW 8		
1046	Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?	YES 1 NO 2 DONT KNOW 8		
1047	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DONT KNOW 8		
1048	CHECK 1045, 1046, AND 1047: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> ↓ HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 1051	
1049	The last time you had (PROBLEM FROM 1045/1046/1047), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 1051	
1050	Where did you go? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVERNMENT HEALTH CENTER B GOVERNMENT HEALTH POST/ OUTREACH C HSA D DOOR TO DOOR E OTHER PUBLIC SECTOR _____ (SPECIFY) F CHAM/MISSION HOSPITAL G HEALTH CENTER H MOBILE CLINIC I DOOR TO DOOR J PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR K PHARMACY L OTHER PRIVATE MEDICAL SECTOR _____ (SPECIFY) M BLM N MACRO O OTHER SOURCE SHOP P OTHER _____ X (SPECIFY)		
1051	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DONT KNOW 8		
1052	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES 1 NO 2 DONT KNOW 8		

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1053	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	NOT IN UNION <input type="checkbox"/>	→ 1101
1054	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?	YES 1 NO 2 DEPENDS/NOT SURE 8	
1055	Could you ask your (husband/partner) to use a condom if you wanted him to?	YES 1 NO 2 DEPENDS/NOT SURE 8	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
1101	<p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 1104																								
1102	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 1104																								
1103	<p>The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																									
1104	<p>Do you currently smoke cigarettes every day, some days, or not at all?</p>	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p>	→ 1106																								
1105	<p>On average, how many cigarettes do you currently smoke each day?</p>	<p>NUMBER OF CIGARETTES <input type="text"/> <input type="text"/></p>																									
1106	<p>Do you currently smoke or use any other type of tobacco every day, some days, or not at all?</p>	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p>	→ 1108																								
1107	<p>What other type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED.</p>	<p>PIPES FULL OF TOBACCO A</p> <p>CIGARS, CHERROOTS, OR CIGARILLOS B</p> <p>WATER PIPE C</p> <p>SNUFF BY MOUTH D</p> <p>SNUFF BY NOSE E</p> <p>CHEWING TOBACCO F</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>																									
1108	<p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not a big problem:</p> <p>a) Getting permission to go to the doctor?</p> <p>b) Getting money needed for advice or treatment?</p> <p>c) The distance to the health facility?</p> <p>d) Not wanting to go alone?</p> <p>e) Concern that there may not be a female health provider?</p> <p>f) Concern that there may not be any health provider?</p> <p>g) Concern that there may be no drugs available?</p>	<table border="0"> <thead> <tr> <th></th> <th align="center">BIG PROBLEM</th> <th align="center">NOT A BIG PROBLEM</th> </tr> </thead> <tbody> <tr> <td>a) PERMISSION TO GO</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b) GETTING MONEY</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c) DISTANCE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>d) GO ALONE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>e) NO FEMALE PROVIDER ..</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>f) NO PROVIDER</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>g) NO DRUGS</td> <td align="center">1</td> <td align="center">2</td> </tr> </tbody> </table>		BIG PROBLEM	NOT A BIG PROBLEM	a) PERMISSION TO GO	1	2	b) GETTING MONEY	1	2	c) DISTANCE	1	2	d) GO ALONE	1	2	e) NO FEMALE PROVIDER ..	1	2	f) NO PROVIDER	1	2	g) NO DRUGS	1	2	
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SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1109	Are you covered by any health insurance?	YES 1 NO 2	→ 1111
1110	What type of health insurance are you covered by? RECORD ALL MENTIONED.	HEALTH INSURANCE THROUGH EMPLOYER A PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE B OTHER _____ X (SPECIFY)	
1111	Sometimes a woman can have a problem of constant leakage of urine or stool from her vagina during the day and night. This problem usually occurs after a difficult childbirth, but may also occur after a sexual assault or after pelvic surgery. Have you ever experienced a constant leakage of urine or stool from your vagina during the day and night?	YES 1 NO 2	→ 1114
1112	Have you ever heard of this problem?	YES 1 NO 2	
1113	Do you know any woman who currently has or who has ever experienced this problem?	YES 1 NO 2	→ 1123
1114	Did this problem start after you delivered a baby or had a stillbirth?	AFTER DELIVERED BABY 1 AFTER HAD STILLBIRTH 2 NEITHER 3	→ 1116
1115	Did this problem start after a normal labor and delivery, or after a very difficult labor and delivery, or after a very difficult labor and pelvic surgery ?	NORMAL LABOR/DELIVERY 1 VERY DIFFICULT LABOR/DELIVERY 2 PELVIC SURGERY 3	→ 1117
1116	What do you think caused this problem?	SEXUAL ASSAULT 1 PELVIC SURGERY 2 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	→ 1118
1117	How many days after (CAUSE OF PROBLEM FROM 1114 OR 1116) did the leakage start? ENTER '90' IF 90 DAYS OR MORE.	NUMBER OF DAYS AFTER DELIVERY/OTHER EVENT <input type="text"/> <input type="text"/>	
1118	Have you sought treatment for this condition?	YES 1 NO 2	→ 1120
1119	Why have you not sought treatment? PROBE AND RECORD ALL MENTIONED.	DO NOT KNOW CAN BE FIXED A DO NOT KNOW WHERE TO GO B TOO EXPENSIVE C TOO FAR D POOR QUALITY OF CARE E COULD NOT GET PERMISSION F EMBARRASSMENT/STIGMA G PROBLEM DISAPPEARED H OTHER _____ X (SPECIFY)	→ 1123

SECTION 12. MATERNAL MORTALITY MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1201	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"/>
1202	CHECK 1201: TWO OR MORE BIRTHS <input type="checkbox"/>	ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>						1300
1203	How many births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS						<input type="text"/>
1204	What was the name given to your (oldest/next oldest) brother or sister?	(1)	(2)	(3)	(4)	(5)	(6)	
1205	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	
1206	Is (NAME) still alive?	YES 1 NO 2 GO TO 1208 DK 8 GO TO (2)	YES 1 NO 2 GO TO 1208 DK 8 GO TO (3)	YES 1 NO 2 GO TO 1208 DK 8 GO TO (4)	YES 1 NO 2 GO TO 1208 DK 8 GO TO (5)	YES 1 NO 2 GO TO 1208 DK 8 GO TO (6)	YES 1 NO 2 GO TO 1208 DK 8 GO TO (7)	
1207	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)	
1208	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"/>	
1209	How old was (NAME) when (he/she) died? IF DON'T KNOW, PROBE AND ASK ADDITIONAL QUESTIONS TO GET AN ESTIMATE.	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1214	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1214	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1214	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1214	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1214	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1214	
1210	Was (NAME) pregnant when she died?	YES 1 GO TO 1214 NO 2	YES 1 GO TO 1214 NO 2	YES 1 GO TO 1214 NO 2	YES 1 GO TO 1214 NO 2	YES 1 GO TO 1214 NO 2	YES 1 GO TO 1214 NO 2	
1211	Did (NAME) die during childbirth?	YES 1 GO TO 1214 NO 2	YES 1 GO TO 1214 NO 2	YES 1 GO TO 1214 NO 2	YES 1 GO TO 1214 NO 2	YES 1 GO TO 1214 NO 2	YES 1 GO TO 1214 NO 2	
1212	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2 GO TO 1214	YES 1 NO 2 GO TO 1214	YES 1 NO 2 GO TO 1214	YES 1 NO 2 GO TO 1214	YES 1 NO 2 GO TO 1214	YES 1 NO 2 GO TO 1214	
1213	How many days after the end of the pregnancy did (NAME) die?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
1214	Was (NAME)'s death due to an act of violence?	YES 1 GO TO (2) NO 2	YES 1 GO TO (3) NO 2	YES 1 GO TO (4) NO 2	YES 1 GO TO (5) NO 2	YES 1 GO TO (6) NO 2	YES 1 GO TO (7) NO 2	
1215	Was (NAME)'s death due to an accident?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	
IF NO MORE BROTHERS OR SISTERS, GO TO 1300.								

SECTION MM. MATERNAL MORTALITY MODULE

1204	What was the name given to your (oldest/ next oldest) brother or sister?	(7)	(8)	(9)	(10)	(11)	(12)
1205	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
1206	Is (NAME) still alive?	YES 1 NO 2 GO TO 1208 DK 8 GO TO (8)	YES 1 NO 2 GO TO 1208 DK 8 GO TO (9)	YES 1 NO 2 GO TO 1208 DK 8 GO TO (10)	YES 1 NO 2 GO TO 1208 DK 8 GO TO (11)	YES 1 NO 2 GO TO 1208 DK 8 GO TO (12)	YES 1 NO 2 GO TO 1208 DK 8 GO TO (13)
1207	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)
1208	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"/>
1209	How old was (NAME) when (he/she) died? IF DON'T KNOW, PROBE AND ASK ADDITIONAL QUESTIONS TO GET AN ESTIMATE.	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1214	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1214	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1214	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1214	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1214	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO 1214
1210	Was (NAME) pregnant when she died?	YES 1 GO TO 1214 NO 2	YES 1 GO TO 1214 NO 2	YES 1 GO TO 1214 NO 2	YES 1 GO TO 1214 NO 2	YES 1 GO TO 1214 NO 2	YES 1 GO TO 1214 NO 2
1211	Did (NAME) die during childbirth?	YES 1 GO TO 1214 NO 2	YES 1 GO TO 1214 NO 2	YES 1 GO TO 1214 NO 2	YES 1 GO TO 1214 NO 2	YES 1 GO TO 1214 NO 2	YES 1 GO TO 1214 NO 2
1212	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2 GO TO 1214	YES 1 NO 2 GO TO 1214	YES 1 NO 2 GO TO 1214	YES 1 NO 2 GO TO 1214	YES 1 NO 2 GO TO 1214	YES 1 NO 2 GO TO 1214
1213	How many days after the end of the pregnancy did (NAME) die?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1214	Was (NAME)'s death due to an act of violence?	YES 1 GO TO (8) NO 2	YES 1 GO TO (9) NO 2	YES 1 GO TO (10) NO 2	YES 1 GO TO (11) NO 2	YES 1 GO TO (12) NO 2	YES 1 GO TO (13) NO 2
1215	Was (NAME)'s death due to an accident?	YES 1 NO 2 GO TO (8)	YES 1 NO 2 GO TO (9)	YES 1 NO 2 GO TO (10)	YES 1 NO 2 GO TO (11)	YES 1 NO 2 GO TO (12)	YES 1 NO 2 GO TO (13)
IF NO MORE BROTHERS OR SISTERS, GO TO 1300.							

SECTION 13. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
1300	<p>CHECK FRONT COVER</p> <p align="center">WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/></p>	<p align="center">WOMAN <input type="checkbox"/> NOT SELECTED</p>	1333																												
1301	<p>CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.</p> <p align="center">PRIVACY OBTAINED 1</p>	<p align="center">PRIVACY NOT POSSIBLE 2</p>	1332																												
1301A	<p>READ TO THE RESPONDENT: Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Malawi. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.</p>																														
1302	<p>CHECK 701 AND 702:</p> <p align="center">CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p align="center">FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/PARTNER') <input type="checkbox"/></p> <p align="center">NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/></p>		1316																												
1303	<p>First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) (husband/partner)?</p> <p>a) He (is/was) jealous or angry if you (talk/talked) to other men?</p> <p>b) He frequently (accuses/accused) you of being unfaithful?</p> <p>c) He (does/did) not permit you to meet your female friends?</p> <p>d) He (tries/tried) to limit your contact with your family?</p> <p>e) He (insists/insisted) on knowing where you (are/were) at all times?</p>	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>JEALOUS</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>ACCUSES</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>NOT MEET FRIENDS ..</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>NO FAMILY</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>WHERE YOU ARE</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	JEALOUS	1	2	8	ACCUSES	1	2	8	NOT MEET FRIENDS ..	1	2	8	NO FAMILY	1	2	8	WHERE YOU ARE	1	2	8					
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WHERE YOU ARE	1	2	8																												
1304	<p>Now I need to ask some more questions about your relationship with your (last) (husband/partner).</p> <p>A. Did your (last) (husband/partner) ever:</p> <p>a) say or do something to humiliate you in front of others?</p> <p>b) threaten to hurt or harm you or someone you care about?</p> <p>c) insult you or make you feel bad about yourself?</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th align="center">EVER</th> <th align="center">OFTEN</th> <th align="center">SOME-TIMES</th> <th align="center">NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>YES 1</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>NO 2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>NO 2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>NO 2</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	YES 1	1	2	3	NO 2				YES 1	1	2	3	NO 2				YES 1	1	2	3	NO 2				
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SECTION 13. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																		
1305	A. Did your (last) (husband/partner) ever do any of the following things to you:	B. How often did this happen during the last 12 months: often, only sometimes, or not at all?																																																																			
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1306	CHECK 1305A (a-j): AT LEAST ONE 'YES' <input type="checkbox"/>	NOT A SINGLE 'YES' <input type="checkbox"/> → 1309																																																																			
1307	How long after you first (got married/started living together) with your (last) (husband/partner) did (this/any of these things) first happen? IF LESS THAN ONE YEAR, RECORD '00'.	NUMBER OF YEARS <input type="text"/> <input type="text"/> BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95																																																																			
1308	Did the following ever happen as a result of what your (last) (husband/partner) did to you: a) You had cuts, bruises, or aches? b) You had eye injuries, sprains, dislocations, or burns? c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	<table border="1"> <tbody> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </tbody> </table>	YES	1	NO	2	YES	1	NO	2	YES	1	NO	2																																																							
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1309	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/partner) at times when he was not already beating or physically hurting you?	<table border="1"> <tbody> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </tbody> </table>	YES	1	NO	2	→ 1311																																																														
YES	1																																																																				
NO	2																																																																				
1310	In the last 12 months, how often have you done this to your (last) (husband/partner): often, only sometimes, or not at all?	<table border="1"> <tbody> <tr> <td>OFTEN</td> <td>1</td> </tr> <tr> <td>SOMETIMES</td> <td>2</td> </tr> <tr> <td>NOT AT ALL</td> <td>3</td> </tr> </tbody> </table>	OFTEN	1	SOMETIMES	2	NOT AT ALL	3																																																													
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SECTION 13. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1311	Does (did) your (last) (husband/partner) drink alcohol?	YES 1 NO 2	→ 1313
1312	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3	
1313	Are (Were) you afraid of your (last) (husband/partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3	
1314	CHECK 709: MARRIED MORE THAN ONCE <input type="checkbox"/> ↓ MARRIED ONLY ONCE <input type="checkbox"/>		→ 1316
1315	A. So far we have been talking about the behavior of your (current/last) (husband/partner). Now I want to ask you about the behavior of any previous (husband/partner). a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically? b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?	B. How long ago did this last happen? EVER 0 - 11 MONTHS AGO 12+ MONTHS AGO DON'T REMEMBER YES 1 → 1 2 3 NO 2 ↓ YES 1 → 1 2 3 NO 2 ↓	
1316	CHECK 701 AND 702: EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/> ↓ NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> ↓ a) From the time you were 15 years old has anyone other than (your/any) (husband/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically? b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1319
1317	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER A STEP-MOTHER B FATHER C STEP-FATHER D SISTER/BROTHER E DAUGHTER/SON F OTHER RELATIVE G CURRENT BOYFRIEND H FORMER BOYFRIEND I MOTHER-IN-LAW J FATHER-IN-LAW K OTHER IN-LAW L TEACHER M EMPLOYER/SOMEONE AT WORK N POLICE/SOLDIER O OTHER _____ X (SPECIFY)	
1318	In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	

SECTION 13. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1319	CHECK 201, 226, AND 230: EVER BEEN PREGNANT ('YES' ON 201 OR 226 OR 230) <input type="checkbox"/>	NEVER BEEN PREGNANT <input type="checkbox"/>	→ 1322
1320	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	→ 1322
1321	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER A MOTHER B STEP-MOTHER C FATHER D STEP-FATHER E SISTER/BROTHER F DAUGHTER/SON G OTHER RELATIVE H FORMER HUSBAND/PARTNER I CURRENT BOYFRIEND J FORMER BOYFRIEND K MOTHER-IN-LAW L FATHER-IN-LAW M OTHER IN-LAW N TEACHER O EMPLOYER/SOMEONE AT WORK P POLICE/SOLDIER Q OTHER _____ X (SPECIFY)	
1322	CHECK 701 AND 702: EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/>	NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/>	→ 1322B
1322A	Now I want to ask you about things that may have been done to you by someone other than (your/any) (husband/partner). At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1323 → 1324A
1322B	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1326
1323	Who was the person who was forcing you the very first time this happened?	CURRENT HUSBAND/PARTNER 01 FORMER HUSBAND/PARTNER 02 CURRENT/FORMER BOYFRIEND 03 FATHER 04 STEP-FATHER 05 BROTHER 06 STEP-BROTHER 07 OTHER RELATIVE 08 IN-LAW 09 OWN FRIEND/ACQUAINTANCE 10 FAMILY FRIEND 11 TEACHER 12 EMPLOYER/SOMEONE AT WORK 13 POLICE/SOLDIER 14 PRIEST/RELIGIOUS LEADER 15 STRANGER 16 OTHER _____ 96 (SPECIFY)	

SECTION 13. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1324	<p>CHECK 701 AND 702:</p> <p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>a) In the last 12 months, has anyone other than (your/any) (husband/partner) physically forced you to have sexual intercourse when you did not want to?</p> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>b) In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1325
1324A	<p>CHECK 1305A (h-j) and 1315A(b)</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p>	<p>NOT A SINGLE 'YES' <input type="checkbox"/></p>	→ 1326
1325	<p>CHECK 701 AND 702:</p> <p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) husband/partner?</p> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?</p>	<p>AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
1326	<p>CHECK 1305A (a-j), 1315A (a,b), 1316, 1320, 1322A, AND 1322B:</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p>	<p>NOT A SINGLE 'YES' <input type="checkbox"/></p>	→ 1330
1327	<p>Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1329
1328	<p>From whom have you sought help?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>OWN FAMILY A</p> <p>HUSBAND'S/PARTNER'S FAMILY B</p> <p>CURRENT/FORMER HUSBAND/PARTNER C</p> <p>CURRENT/FORMER BOYFRIEND D</p> <p>FRIEND E</p> <p>NEIGHBOR F</p> <p>RELIGIOUS LEADER G</p> <p>DOCTOR/MEDICAL PERSONNEL H</p> <p>POLICE I</p> <p>LAWYER J</p> <p>SOCIAL SERVICE ORGANIZATION K</p> <p>DISTRICT SOCIAL WELFARE OFFICER L</p> <p>TRADITIONAL AUTHORITY/CHIEF M</p> <p>EMPLOYER/SOMEONE AT WORK N</p> <p>OTHER _____ X (SPECIFY)</p>	→ 1330
1329	<p>Have you ever told any one about this?</p>	<p>YES 1</p> <p>NO 2</p>	
1330	<p>As far as you know, did your father ever beat your mother?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

SECTION 13. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
	THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE																		
1331	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="0"> <tr> <td></td> <td align="center">YES, ONCE</td> <td align="center">YES, MORE THAN ONCE</td> <td align="center">NO</td> </tr> <tr> <td>HUSBAND</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>OTHER MALE ADULT.....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>FEMALE ADULT</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> </table>		YES, ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT.....	1	2	3	FEMALE ADULT	1	2	3	
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OTHER MALE ADULT.....	1	2	3																
FEMALE ADULT	1	2	3																
1332	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE. _____ _____ _____																		
1333	RECORD THE TIME.	<table border="0"> <tr> <td>HOURS</td> <td align="center"> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> </td> </tr> <tr> <td>MINUTE</td> <td align="center"> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> </td> </tr> </table>	HOURS	<table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>					MINUTE	<table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
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INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS

INSTRUCTIONS:

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

CODES FOR EACH COLUMN:

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD

- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES

- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 EMERGENCY CONTRACEPTION
- J STANDARD DAYS METHOD
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD

- M WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
 - 1 BECAME PREGNANT WHILE USING
 - 2 WANTED TO BECOME PREGNANT
 - 3 HUSBAND/PARTNER DISAPPROVED
 - 4 WANTED MORE EFFECTIVE METHOD
 - 5 SIDE EFFECTS/HEALTH CONCERNS

 - 6 LACK OF ACCESS/TOO FAR
 - 7 COSTS TOO MUCH

 - 8 INCONVENIENT TO USE
 - F UP TO GOD/FATALISTIC
 - A DIFFICULT TO GET PREGNANT/MENOPAUSAL
 - D MARITAL DISSOLUTION/SEPARATION
 - X OTHER
- _____
(SPECIFY)
- Z DON'T KNOW

COL. 1 | COL. 2

		COL. 1	COL. 2		
2					2
0	04 APR 01				0
1	03 MAR 02				1
6	02 FEB 03				6
	01 JAN 04				
	12 DEC 05				
	11 NOV 06				
	10 OCT 07				
2	09 SEP 08				2
0	08 AUG 09				0
1	07 JUL 10				1
5	06 JUN 11				5
	05 MAY 12				
	04 APR 13				
	03 MAR 14				
	02 FEB 15				
	01 JAN 16				
	12 DEC 17				
	11 NOV 18				
	10 OCT 19				
2	09 SEP 20				2
0	08 AUG 21				0
1	07 JUL 22				1
4	06 JUN 23				4
	05 MAY 24				
	04 APR 25				
	03 MAR 26				
	02 FEB 27				
	01 JAN 28				
	12 DEC 29				
	11 NOV 30				
	10 OCT 31				
2	09 SEP 32				2
0	08 AUG 33				0
1	07 JUL 34				1
3	06 JUN 35				3
	05 MAY 36				
	04 APR 37				
	03 MAR 38				
	02 FEB 39				
	01 JAN 40				
	12 DEC 41				
	11 NOV 42				
	10 OCT 43				
2	09 SEP 44				2
0	08 AUG 45				0
1	07 JUL 46				1
2	06 JUN 47				2
	05 MAY 48				
	04 APR 49				
	03 MAR 50				
	02 FEB 51				
	01 JAN 52				
	12 DEC 53				
	11 NOV 54				
	10 OCT 55				
2	09 SEP 56				2
0	08 AUG 57				0
1	07 JUL 58				1
1	06 JUN 59				1
	05 MAY 60				
	04 APR 61				
	03 MAR 62				
	02 FEB 63				
	01 JAN 64				
	12 DEC 65				
	11 NOV 66				
	10 OCT 67				
2	09 SEP 68				2
0	08 AUG 69				0
1	07 JUL 70				1
0	06 JUN 71				0
	05 MAY 72				
	04 APR 73				
	03 MAR 74				
	02 FEB 75				
	01 JAN 76				