

**FEDERAL REPUBLIC OF NIGERIA NDHS03
NATIONAL POPULATION COMMISSION
1999 NIGERIA DEMOGRAPHIC AND HEALTH SURVEY
INDIVIDUAL QUESTIONNAIRE FOR WOMEN**








IDENTIFICATION	
STATE NAME	[] []
LOCAL GOVT. AREA	[] []
LOCALITY NAME	[] [] [] []
ENUMERATION AREA	[] [] [] []
*URBAN/RURAL	[] []
**LARGE TOWN/MEDIUM TOWN/SMALL TOWN/VILLAGE	[] []
BUILDING NUMBER	[] [] [] []
HOUSEHOLD NAME/NUMBER	[] [] [] []
NAME AND LINE NUMBER OF WOMAN IN HOUSEHOLD SCHEDULE	[] []

INTERVIEWER'S VISITS				
	1	2	3	FINAL VISIT
DATE				DAY MONTH YEAR
INTERVIEWER'S NAME				NAME
RESULT				RESULT
NEXT VISIT: DATE TIME				TOTAL NO. OF VISITS
RESULT CODES: 1 COMPLETED 5 PARTLY COMPLETED 2 NOT AT HOME 6 INCAPACITATED 3 POSTPONED 7 DWELLING DESTROYED 4 REFUSED 8 OTHER _____ <div style="text-align: center;">(SPECIFY)</div>				

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ [] []	NAME _____ [] []	[] []	[] []
DATE _____	DATE _____ [] []	[] []	[] []

* (Urban = 1, Rural = 2)
 ** (Large Town=1, Medium Town=2, Small Town=3, Village=4)








SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME. (START OF INTERVIEW)	HOUR  MINUTES 	
102	First I would like to ask some questions about you and your household. For most of the time until you were 10 years old, did you live in a large town, medium town, small town or in the village?	LARGE TOWN 1 MEDIUM TOWN 2 SMALL TOWN 3 VILLAGE 4	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS  ALWAYS 95 VISITOR 96	→ 105 → 105
104	Just before you moved here, did you live in a large town, medium town, small town, or in the village?	LARGE TOWN 1 MEDIUM TOWN 2 SMALL TOWN 3 VILLAGE 4	
105	In what month and year were you born?	MONTH  DON'T KNOW MONTH 98 YEAR  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 	
107	Have you ever attended school?	YES 1 NO 2	→ 114
108	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
109	What is the highest (grade/form/year) you completed at that level?	GRADE (YEAR) 	
110	CHECK 106: AGE 24 OR BELOW <input type="checkbox"/> AGE 25 OR ABOVE <input type="checkbox"/>		→ 113
111	Are you currently attending school?	YES 1 NO 2	→ 113
112	What was the main reason you stopped attending school?	GOT PREGNANT 01 GOT MARRIED 02 TO CARE FOR YOUNGER CHILDREN .. 03 FAMILY NEEDED HELP ON FARM OR IN BUSINESS 04 COULD NOT PAY SCHOOL FEES 05 NEEDED TO EARN MONEY 06 GRADUATED/HAD ENOUGH SCHOOLING 07 DID NOT PASS ENTRANCE EXAMS 08 DID NOT LIKE SCHOOL 09 SCHOOL NOT ACCESSIBLE/ TOO FAR 10 OTHER 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	CHECK 108: PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> OR HIGHER		→115
114	Can you read and understand a letter or newspaper easily, with difficulty, or not at all?	EASILY 1 WITH DIFFICULTY 2 NOT AT ALL 3	→116
115	Do you usually read a newspaper or magazine at least once a week?	YES 1 NO 2	
116	Do you usually listen to radio every day?	YES 1 NO 2	
117	Do you usually watch television at least once a week?	YES 1 NO 2	
118	What is your religion?	CATHOLIC 1 PROTESTANT 2 OTHER CHRISTIAN 3 ISLAM 4 TRADITIONALIST 5 OTHER 6 (SPECIFY)	
119	What is your ethnic group?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
120	CHECK Q.4 IN THE HOUSEHOLD QUESTIONNAIRE THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT <input type="checkbox"/> THE WOMAN INTERVIEWED IS A USUAL RESIDENT <input type="checkbox"/>		→201
121	Now I would like to ask about the place in which you usually live. What is the name of the place in which you usually live? _____ (NAME OF PLACE) Is that a large, medium, small town, or village?	LARGE TOWN 1 MEDIUM TOWN 2 SMALL TOWN 3 VILLAGE 4	
122	In which [STATE] is that located?	STATE <input type="checkbox"/> <input type="checkbox"/>	
123	Now I would like to ask about the household in which you usually live. What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT 11 →125 PUBLIC TAP 12 WELL WATER WELL IN RESIDENCE/YARD/PLOT . 21 →125 PUBLIC WELL 22 SURFACE WATER SPRING 31 RIVER/STREAM 32 POND/LAKE 33 DAM 34 RAINWATER 41 →125 WATER TANKER (TRUCK) 51 →125 WATER VENDOR 52 BOTTLED WATER 61 →125 BOREHOLE 71 OTHER 96 (SPECIFY)	
124	How long does it take to go there, get water, and come back?	MINUTES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ON PREMISES 996	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
125	What kind of toilet facility does your household have?	FLUSH TOILET OWN FLUSH TOILET 11 SHARED FLUSH TOILET 12 PIT TOILET/LATRINE TRADITIONAL PIT TOILET/BUCKET 21 VENTILATED IMPROVED PIT (VIP) LATRINE 22 NO FACILITY/BUSH/FIELD/RIVERSIDE . 31 OTHER _____ 96 (SPECIFY)																												
126	Does your household have: Electricity? A Radio? A Television? A Telephone? A Refrigerator? A Gas Cooker? An Electric Fan? An Electric Iron?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RADIO 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEPHONE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>REFRIGERATOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>GAS COOKER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ELECTRIC FAN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ELECTRIC IRON</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	RADIO 1	2	2	TELEVISION	1	2	TELEPHONE	1	2	REFRIGERATOR	1	2	GAS COOKER	1	2	ELECTRIC FAN	1	2	ELECTRIC IRON	1	2	
	YES	NO																												
ELECTRICITY	1	2																												
RADIO 1	2	2																												
TELEVISION	1	2																												
TELEPHONE	1	2																												
REFRIGERATOR	1	2																												
GAS COOKER	1	2																												
ELECTRIC FAN	1	2																												
ELECTRIC IRON	1	2																												
127	Could you describe the main material of the floor of your home?	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD ... 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)																												
128	Does any member of your household own: A bicycle? A motorcycle? A car? A Donkey/Horse/Camel? A Canoe/Boat/Ship?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DONKEY/HORSE/CAMEL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CANOE/BOAT/SHIP</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	BICYCLE	1	2	MOTORCYCLE	1	2	CAR	1	2	DONKEY/HORSE/CAMEL	1	2	CANOE/BOAT/SHIP	1	2										
	YES	NO																												
BICYCLE	1	2																												
MOTORCYCLE	1	2																												
CAR	1	2																												
DONKEY/HORSE/CAMEL	1	2																												
CANOE/BOAT/SHIP	1	2																												

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME  DAUGHTERS AT HOME 	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE  DAUGHTERS ELSEWHERE 	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES 1 NO 2	→208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD  GIRLS DEAD 	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL 	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> _____	→226A	

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.

RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH. IS THE DIFFERENCE 2 OR MORE?	Were there any other liv births between (NAME OF PREVIOUS BIRTH) and (NAME)?
01	SING . 1 MULT 2	BOY . 1 GIRL 2	MONTH ... <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 219	AGE IN YEARS <input type="text"/>	YES ... 1 NO 2 (NEXT BIRTH)	DAYS 1 MONTHS 2 YEARS 3		
02	SING . 1 MULT 2	BOY . 1 GIRL 2	MONTH ... <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 219	AGE IN YEARS <input type="text"/>	YES ... 1 NO 2 (GO TO 220)	DAYS 1 MONTHS 2 YEARS 3	YES 1 NO 2 (NEXT BIRTH)	YES NO
03	SING . 1 MULT 2	BOY . 1 GIRL 2	MONTH ... <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 219	AGE IN YEARS <input type="text"/>	YES ... 1 NO 2 (GO TO 220)	DAYS 1 MONTHS 2 YEARS 3	YES 1 NO 2 (NEXT BIRTH)	YES NO
04	SING . 1 MULT 2	BOY . 1 GIRL 2	MONTH ... <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 219	AGE IN YEARS <input type="text"/>	YES ... 1 NO 2 (GO TO 220)	DAYS 1 MONTHS 2 YEARS 3	YES 1 NO 2 (NEXT BIRTH)	YES NO
05	SING . 1 MULT 2	BOY . 1 GIRL 2	MONTH ... <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 219	AGE IN YEARS <input type="text"/>	YES ... 1 NO 2 (GO TO 220)	DAYS 1 MONTHS 2 YEARS 3	YES 1 NO 2 (NEXT BIRTH)	YES NO

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.

RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF DEAD:	220	221
What name was given to your (first/next) baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH. IS THE DIFFERENCE 2 OR MORE?	Were there any other liv births between (NAME OF PREVIOUS BIRTH) and (NAME)?
06	SING . 1 MULT 2	BOY . 1 GIRL 2	MONTH ... <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 219	AGE IN YEARS <input type="text"/>	YES ... 1 NO 2 (GO TO 220)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES 1 NO 2 (NEXT BIRTH)	YES NO
07	SING . 1 MULT 2	BOY . 1 GIRL 2	MONTH ... <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 219	AGE IN YEARS <input type="text"/>	YES ... 1 NO 2 (GO TO 220)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES 1 NO 2 (NEXT BIRTH)	YES NO
08	SING . 1 MULT 2	BOY . 1 GIRL 2	MONTH ... <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 219	AGE IN YEARS <input type="text"/>	YES ... 1 NO 2 (GO TO 220)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES 1 NO 2 (NEXT BIRTH)	YES NO
09	SING . 1 MULT 2	BOY . 1 GIRL 2	MONTH ... <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 219	AGE IN YEARS <input type="text"/>	YES ... 1 NO 2 (GO TO 220)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES 1 NO 2 (NEXT BIRTH)	YES NO
10	SING . 1 MULT 2	BOY . 1 GIRL 2	MONTH ... <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 219	AGE IN YEARS <input type="text"/>	YES ... 1 NO 2 (GO TO 220)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES 1 NO 2 (NEXT BIRTH)	YES NO

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.

RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF DEAD:	220	221
What name was given to your (first/next) baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH. IS THE DIFFERENCE 2 OR MORE?	Were there any other liv births between (NAME OF PREVIOUS BIRTH) and (NAME)?
11	SING . 1 MULT 2	BOY . 1 GIRL 2	MONTH ... <input type="checkbox"/> YEAR <input type="checkbox"/>	YES . 1 NO .. 2 ↓ 219	AGE IN YEARS <input type="checkbox"/>	YES ... 1 NO 2 (GO TO ← 220)	DAYS 1 <input type="checkbox"/> MONTHS 2 <input type="checkbox"/> YEARS 3 <input type="checkbox"/>	YES 1 NO 2 (NEXT (BIRTH) ↓)	YES 1 NO 2
12	SING . 1 MULT 2	BOY . 1 GIRL 2	MONTH ... <input type="checkbox"/> YEAR <input type="checkbox"/>	YES . 1 NO .. 2 ↓ 219	AGE IN YEARS <input type="checkbox"/>	YES ... 1 NO 2 (GO TO ← 220)	DAYS 1 <input type="checkbox"/> MONTHS 2 <input type="checkbox"/> YEARS 3 <input type="checkbox"/>	YES 1 NO 2 (NEXT (BIRTH) ↓)	YES 1 NO 2
13	SING . 1 MULT 2	BOY . 1 GIRL 2	MONTH ... <input type="checkbox"/> YEAR <input type="checkbox"/>	YES . 1 NO .. 2 ↓ 219	AGE IN YEARS <input type="checkbox"/>	YES ... 1 NO 2 (GO TO ← 220)	DAYS 1 <input type="checkbox"/> MONTHS 2 <input type="checkbox"/> YEARS 3 <input type="checkbox"/>	YES 1 NO 2 (NEXT (BIRTH) ↓)	YES 1 NO 2
14	SING . 1 MULT 2	BOY . 1 GIRL 2	MONTH ... <input type="checkbox"/> YEAR <input type="checkbox"/>	YES . 1 NO .. 2 ↓ 219	AGE IN YEARS <input type="checkbox"/>	YES ... 1 NO 2 (GO TO ← 220)	DAYS 1 <input type="checkbox"/> MONTHS 2 <input type="checkbox"/> YEARS 3 <input type="checkbox"/>	YES 1 NO 2 (NEXT (BIRTH) ↓)	YES 1 NO 2
15	SING . 1 MULT 2	BOY . 1 GIRL 2	MONTH ... <input type="checkbox"/> YEAR <input type="checkbox"/>	YES . 1 NO .. 2 ↓ 219	AGE IN YEARS <input type="checkbox"/>	YES ... 1 NO 2 (GO TO ← 220)	DAYS 1 <input type="checkbox"/> MONTHS 2 <input type="checkbox"/> YEARS 3 <input type="checkbox"/>	YES 1 NO 2 (NEXT (BIRTH) ↓)	YES 1 NO 2

222	FROM YEAR OF INTERVIEW SUBTRACT YEAR OF LAST BIRTH. IS THE DIFFERENCE 2 YEARS OR MORE?	YES 1 → 223 NO 2 → 224
223	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES 1 NO 2
224	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE) CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.	
225	CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1996. IF NONE, RECORD '0'.	
225A	CHECK 219 AND ENTER THE NUMBER OF DEATHS SINCE JANUARY 1996. IF NONE, RECORD '0'.	
226A	(In addition to pregnancies which ended in live births) have you had any (other) pregnancy which ended in a stillbirth, miscarriage or an abortion?	YES 1 NO 2 → 227
226B	How many pregnancies ended in stillbirths? IF NONE, ENTER "00"	STILLBIRTHS <input type="text"/>
226C	How many pregnancies ended in miscarriages or abortions? IF NONE, ENTER "00"	MISCARRIAGE OR ABORTIONS <input type="text"/>
227	Are you pregnant now?	YES 1 NO 2 UNSURE 8 → 236
228	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/>
229	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any more children at all?	THEN 1 LATER 2 NOT WANT MORE CHILDREN 3
236	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <input type="text"/> WEEKS AGO 2 <input type="text"/> MONTHS AGO 3 <input type="text"/> YEARS AGO 4 <input type="text"/> IN MENOPAUSE 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996
237	Between the first day of a woman's period and the first day of her <u>next</u> period, are there certain times when she has a greater chance of becoming pregnant than other times?	YES 1 NO 2 DON'T KNOW 8 → 301
238	During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?	DURING HER PERIOD 01 RIGHT AFTER HER PERIOD HAS ENDED . 02 IN THE MIDDLE OF THE CYCLE 03 JUST BEFORE HER PERIOD BEGINS 04 OTHER 96 (SPECIFY) DON'T KNOW 98

SECTION 3. CONTRACEPTION

<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 302, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 301 OR 302, ASK 303.</p>				
301	Which ways or methods have you heard about?	SPONTANEOUS YES	302 Have you ever heard of (METHOD)? PROBED YES NO	303 Have you ever used (METHOD)?
01	PILL Women can take a pill every day.	1	2 3	YES 1 NO 2
02	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	1	2 3	YES 1 NO 2
03	INJECTABLES Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	1	2 3	YES 1 NO 2
04	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years.	1	2 3	YES 1 NO 2
05	DIAPHRAGM, FOAM, JELLY Women can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.	1	2 3	YES 1 NO 2
06	CONDOM Men can put a rubber sheath on their penis for sexual intercourse.	1	2 3	YES 1 NO 2
07	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	1	2 3	Have you ever had an operation to avoid having any more children? YES 1 NO 2
08	MALE STERILIZATION Men can have an operation to avoid having any more children.	1	2 3	Have you ever had a partner who had an operation to avoid having children? YES 1 NO 2
09	RHYTHM, PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid having sexual intercourse on the days of the month she is most likely to get pregnant.	1	2 3	YES 1 NO 2
10	WITHDRAWAL Men can be careful and pull out before climax.	1	2 3	YES 1 NO 2
11	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	1	3	YES 1 NO 2 YES 1 NO 2
		(SPECIFY)		
		(SPECIFY)		

	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 302, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 301 OR 302, ASK 303.</p>	
304	<p>CHECK 303:</p> <p>NOT A SINGLE "YES" (NEVER USED) <input checked="" type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> → SKIP TO 309</p>	
305	<p>Have you ever used anything or tried in any way to delay or avoid getting pregnant?</p>	<p>YES 1 NO 2 → 331</p>
307	<p>What have you used or done?</p> <p>CORRECT 303 AND 304 (AND 302 IF NECESSARY).</p>	
309	<p>Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any?</p> <p>IF NONE, RECORD '00'.</p>	<p>NUMBER OF CHILDREN <input type="text"/></p>
310	<p>When you first used family planning, did you want to have another child but at a later time, or did you not want to have another child at all?</p>	<p>WANTED CHILD LATER 1 DID NOT WANT ANOTHER CHILD 2 OTHER 96 (SPECIFY)</p>
311	<p>CHECK 303:</p> <p>WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/> → 314A</p>	
312	<p>CHECK 227:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> → 332</p>	
313	<p>Are you currently doing something or using any method to delay or avoid getting pregnant?</p>	<p>YES 1 NO 2 → 331</p>
314	<p>Which method are you using?</p>	<p>PILL 01 IUD 02 INJECTABLES 03 IMPLANTS 04 → 326 DIAPHRAGM/FOAM/JELLY 05 CONDOM 06 FEMALE STERILIZATION 07 MALE STERILIZATION 08 → 318 PERIODIC ABSTINENCE 09 → 323 WITHDRAWAL 10 OTHER 96 → 326 (SPECIFY)</p>
314A	<p>CIRCLE '07' FOR FEMALE STERILIZATION.</p>	
315	<p>May I see the package of pills you are now using?</p> <p>RECORD NAME OF BRAND IF PACKAGE IS SEEN.</p>	<p>PACKAGE SEEN 1 BRAND NAME <input type="text"/> → 317 PACKAGE NOT SEEN 2</p>
316	<p>Do you know the brand name of the pills you are now using?</p> <p>RECORD NAME OF BRAND.</p>	<p>BRAND NAME <input type="text"/> <input type="text"/> DOES NOT KNOW 98</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
317	How much does one packet (cycle) of pills cost you?	COST (₦) <input type="text"/> FREE 9996 DOES NOT KNOW 9998	→326
318	Where did the sterilization take place? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER 12 FAMILY PLANNING CLINIC 13 MOBILE CLINIC 14 OTHER PUBLIC 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PRIVATE DOCTOR 23 MOBILE CLINIC 24 NON-GOVERNMENT ORGANISATION 25 OTHER PRIVATE MEDICAL 26 (SPECIFY) OTHER 96 (SPECIFY) DON'T KNOW 98	
319	Do you regret that (you/your husband) had the operation not to have any (more) children?	YES 1 NO 2	→321
320	Why do you regret the operation?	RESPONDENT WANTS ANOTHER CHILD 01 HUSBAND WANTS ANOTHER CHILD 02 SIDE EFFECTS 03 HEALTH REASONS ASSOCIATED WITH THE OPERATION 04 MARITAL STATUS HAS CHANGED 05 OPERATION FAILED 06 CHILD DIED 07 OTHER 96 (SPECIFY)	
321	In what month and year was the sterilization performed?	MONTH <input type="text"/> YEAR <input type="text"/>	→327
323	How do you determine which days of your monthly cycle not to have sexual relations?	BASED ON CALENDAR 01 BASED ON BODY TEMPERATURE 02 BASED ON CERVICAL MUCUS (BILLINGS METHOD) 03 BASED ON BODY TEMPERATURE AND CERVICAL MUCUS 04 NO SPECIFIC SYSTEM 05 OTHER 96 (SPECIFY)	
326	For how many months have you been using (METHOD) continuously? IF LESS THAN 1 MONTH, RECORD '00'	MONTH <input type="text"/> 8 YEARS OR LONGER 96	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
327	CHECK 314: CIRCLE METHOD CODE:	NOT ASKED 00 PILL 01 IUD 02 INJECTABLES 03 IMPLANTS 04 DIAPHRAGM/FOAM/JELLY 05 CONDOM/FEMIDOM 06 FEMALE STERILIZATION 07 MALE STERILIZATION 08 PERIODIC ABSTINENCE 09 WITHDRAWAL 10 OTHER METHOD 96	→331 →329A →332
328	Where did you obtain (METHOD) the last time? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER 12 FAMILY PLANNING CLINIC 13 MOBILE CLINIC 14 COMMUNITY HEALTH WORKER 15 OTHER PUBLIC 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PHARMACY/PATENT MEDICINE STORE .. 22 PRIVATE DOCTOR 23 MOBILE CLINIC 24 COMMUNITY HEALTH WORKER 25 OTHER PRIVATE MEDICAL 26 (SPECIFY) OTHER SOURCE SHOP 31 CHURCH 32 FRIEND/RELATIVE 33 NON-GOVERNMENT ORGANISATION 34 OTHER 36 (SPECIFY)	
329	Do you know another place where you could have obtained (METHOD) the last time?	YES 1 NO 2	→330 →334
329A	At the time of the sterilization operation, did you know another place where you could have received the operation?	YES 1 NO 2	→334

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	People select the place where they get family planning services for various reasons.	<p>ACCESS-RELATED REASONS</p> <p>CLOSER TO HOME 11</p> <p>CLOSER TO MARKET/WORK 12</p> <p>AVAILABILITY OF TRANSPORT 13</p> <p>SERVICE-RELATED REASONS</p> <p>STAFF MORE COMPETENT/ FRIENDLY ... 21</p> <p>CLEANER FACILITY 22</p> <p>OFFERS MORE PRIVACY 23</p> <p>SHORTER WAITING TIME 24</p> <p>LONGER HRS. OF SERVICE 25</p> <p>USE OTHER SERVICES AT THE FACILITY 26</p> <p>LOWER COST/CHEAPER 31</p> <p>WANTED ANONYMITY 41</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	→334
331	What is the main reason you are not using a method of contraception to avoid pregnancy?	<p>NOT MARRIED 11</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX 21</p> <p>INFREQUENT SEX 22</p> <p>MENOPAUSAL/HYSTERECTOMY 23</p> <p>SUBFECUND/INFECUND 24</p> <p>POSTPARTUM/BREASTFEEDING 25</p> <p>WANTS (MORE) CHILDREN 26</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED 31</p> <p>HUSBAND OPPOSED 32</p> <p>OTHERS OPPOSED 33</p> <p>RELIGIOUS PROHIBITION 34</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD 41</p> <p>KNOWS NO SOURCE 42</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS 51</p> <p>FEAR OF SIDE EFFECTS 52</p> <p>LACK OF ACCESS/TOO FAR 53</p> <p>COST TOO MUCH 54</p> <p>INCONVENIENT TO USE 55</p> <p>INTERFERES WITH BODY'S NATURAL PROCESSES 56</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	→334
332	Do you know of a place where you can obtain a method of family planning?	<p>YES 1</p> <p>NO 2</p>	→334

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
333	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>MOBILE CLINIC 14</p> <p>COMMUNITY HEALTH WORKER 15</p> <p>OTHER PUBLIC 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PHARMACY/PMS 22</p> <p>PRIVATE DOCTOR 23</p> <p>MOBILE CLINIC 24</p> <p>COMMUNITY HEALTH WORKER 25</p> <p>OTHER PRIVATE MEDICAL 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>CHURCH 32</p> <p>FRIENDS/RELATIVES 33</p> <p>NGO 34</p> <p>OTHER 36</p> <p>(SPECIFY)</p>	
334	Were you visited by a family planning service provider in the last 12 months?	<p>YES 1</p> <p>NO 2</p>	
335	Have you visited a health facility for any reason in the last 12 months?	<p>YES 1</p> <p>NO 2</p>	→337
336	Did any staff member at the health facility speak to you about family planning methods?	<p>YES 1</p> <p>NO 2</p>	
337	Do you think that breastfeeding can affect a woman's chance of becoming pregnant?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→401
338	Do you think a woman's chance of becoming pregnant is increased or decreased by breastfeeding?	<p>INCREASED 1</p> <p>DECREASED 2</p> <p>DEPENDS 3</p> <p>DON'T KNOW 8</p>	→401
339	<p>CHECK 210:</p> <p>ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTH <input type="checkbox"/></p>		→401
340	Have you ever relied on breastfeeding as a method of avoiding pregnancy?	<p>YES 1</p> <p>NO 2</p>	→401
341	<p>CHECK 227 AND 311:</p> <p>NOT PREGNANT OR UNSURE AND NOT STERILIZED <input type="checkbox"/> EITHER PREGNANT OR STERILIZED <input type="checkbox"/></p>		→401
342	Are you currently relying on breastfeeding to avoid getting pregnant?	<p>YES 1</p> <p>NO 2</p>	

SECTION 4A. PREGNANCY AND BREASTFEEDING

401	CHECK 225: ONE OR MORE BIRTHS SINCE JAN. 1996 <input type="checkbox"/>	NO BIRTH SINCE JAN. 1996 <input type="checkbox"/>	→ (SKIP TO 465)	
402	ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1996 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. Now I would like to ask you some questions about the health of all your children born in the last three years. (We will talk about one child at a time.)			
403	LINE NUMBER FROM Q212	LAST BIRTH LINE NUMBER <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/>	SECOND-FROM-LAST BIRTH LINE NUMBER <input type="text"/>
404	FROM Q212 AND Q216	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you want <u>no (more)</u> children at all?	THEN 1 (SKIP TO 407) ← _____ LATER 2 NO MORE 3 (SKIP TO 407) ← _____	THEN 1 (SKIP TO 407) ← _____ LATER 2 NO MORE 3 (SKIP TO 407) ← _____	THEN 1 (SKIP TO 407) ← _____ LATER 2 NO MORE 3 (SKIP TO 407) ← _____
406	How much longer would you like to have waited?	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW 998	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW 998	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW 998
407	When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 410) ← _____	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 410) ← _____	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 410) ← _____
408	How many months pregnant were you when you first received antenatal care?	MONTHS <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> DON'T KNOW 98
409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES <input type="text"/> DON'T KNOW 98	NO. OF TIMES <input type="text"/> DON'T KNOW 98	NO. OF TIMES <input type="text"/> DON'T KNOW 98
410	When you were pregnant with (NAME) were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 412) ← _____ DON'T KNOW 8	YES 1 NO 2 (SKIP TO 412) ← _____ DON'T KNOW 8	YES 1 NO 2 (SKIP TO 412) ← _____ DON'T KNOW 8

401	CHECK 225: ONE OR MORE BIRTHS SINCE JAN. 1996 <input type="checkbox"/>	NO BIRTH SINCE JAN. 1996 <input type="checkbox"/>	(SKIP TO 465)	
		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM -LAST BIRTH
		NAME _____	NAME _____	NAME _____
411	During this pregnancy, how many times did you get this injection?	TIMES <input type="checkbox"/> DON'T KNOW 8	TIMES <input type="checkbox"/> DON'T KNOW 8	TIMES <input type="checkbox"/> DON'T KNOW 8
412	Where did you give birth to (NAME)?	HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ... 22 GOVT. HEALTH POST 23 OTHER PUBLIC 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PRIVATE MEDICAL 36 (SPECIFY) OTHER 96 (SPECIFY)	HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ... 22 GOVT. HEALTH POST 23 OTHER PUBLIC 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PRIVATE MEDICAL 36 (SPECIFY) OTHER 96 (SPECIFY)	HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER ... 22 GOVT. HEALTH POST 23 OTHER PUBLIC 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PRIVATE MEDICAL 36 (SPECIFY) OTHER 96 (SPECIFY)
413	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER X (SPECIFY) NO ONE Y
414	Around the time of the birth of (NAME), did you have any of the following problems: Long labor, that is, did your regular contractions last more than 12 hours? Excessive bleeding that was so much that you feared it was life threatening? A high fever with bad smelling vaginal discharge? Convulsions not caused by a fever?	YES NO	YES NO	YES NO
	LABOR MORE THAN 12 HOURS 1 2	LABOR MORE THAN 12 HOURS 1 2	LABOR MORE THAN 12 HOURS 1 2	LABOR MORE THAN 12 HOURS 1 2
	EXCESSIVE BLEEDING 1 2	EXCESSIVE BLEEDING 1 2	EXCESSIVE BLEEDING 1 2	EXCESSIVE BLEEDING 1 2
	FEVER/BAD SMELLING VAG. DISCHARGE 1 2	FEVER/BAD SMELLING VAG. DISCHARGE 1 2	FEVER/BAD SMELLING VAG. DISCHARGE 1 2	FEVER/BAD SMELLING VAG. DISCHARGE 1 2
	CONVULSIONS 1 2	CONVULSIONS 1 2	CONVULSIONS 1 2	CONVULSIONS 1 2
415	Was (NAME) delivered by caesarian section?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
416	When (NAME) was born, was he/she: very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8

401	CHECK 225: ONE OR MORE BIRTHS SINCE JAN. 1996 <input type="checkbox"/> NO BIRTH SINCE JAN. 1996 <input type="checkbox"/> (SKIP TO 465)			
		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
417	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 419) ←	YES 1 NO 2 (SKIP TO 420) ←	YES 1 NO 2 (SKIP TO 420) ←
418	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD 1 <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> DON'T KNOW 99998	GRAMS FROM CARD 1 <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> DON'T KNOW 99998	GRAMS FROM CARD 1 <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> DON'T KNOW 99998
419	Has your period returned since the birth of (NAME)?	YES 1 (SKIP TO 421) ← NO 2 (SKIP TO 422) ←		
420	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 424) ←	YES 1 NO 2 (SKIP TO 424) ←
421	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> DON'T KNOW 98
422	CHECK 227: RESPONDENT PREGNANT?	NOT PREG- NANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 424) ←		
423	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 425) ←		
424	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> DON'T KNOW 98
425	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 427) ←	YES 1 NO 2 (SKIP TO 427) ←	YES 1 NO 2 (SKIP TO 427) ←
425A	Did you feed (NAME) colostrum from the breast or wait until colostrum had passed?	FED COLOSTRUM 1 (SKIP TO 426) ← WAITED 2 DON'T KNOW 8 (SKIP TO 426) ←		
425B	While you waited for colostrum to pass, what did you feed (NAME)?	PLAIN WATER 1 SUGAR/GLUCOSE WATER 2 BABY FORMULA 3 FRESH MILK 4 SOYA MILK 5 OTHER 6 (SPECIFY)		
426	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <input type="text"/> DAYS 2 <input type="text"/>	IMMEDIATELY 000 HOURS 1 <input type="text"/> DAYS 2 <input type="text"/>	IMMEDIATELY 000 HOURS 1 <input type="text"/> DAYS 2 <input type="text"/>

401	CHECK 225: ONE OR MORE BIRTHS SINCE JAN. 1996 <input type="checkbox"/>	NO BIRTH SINCE JAN. 1996 <input type="checkbox"/>	→ (SKIP TO 465)		
427	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> (SKIP TO 429)←	DEAD <input type="checkbox"/> (SKIP TO 429)←	ALIVE <input type="checkbox"/> (SKIP TO 429)←	DEAD <input type="checkbox"/> (SKIP TO 429)←
		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM -LAST BIRTH NAME _____	
428	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 431B)←	NO 2	YES 1 (SKIP TO 431B)←	NO 2
429	For how many months did you breastfeed (NAME)?	MONTHS <input type="text"/> UNTIL DIED 95 (SKIP TO 431B)←	DON'T KNOW 98	MONTHS <input type="text"/> UNTIL DIED 95 (SKIP TO 431B)←	DON'T KNOW 98
430	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK 01 CHILD ILL/WEAK 02 CHILD DIED 03 NIPPLE/BREAST PROBLEM 04 NOT ENOUGH MILK 05 MOTHER WORKING 06 CHILD REFUSED 07 WEANING AGE/AGE TO STOP 08 BECAME PREGNANT 09 STARTED USING CONTRACEPTION 10 OTHER 96 (SPECIFY)	MOTHER ILL/WEAK 01 CHILD ILL/WEAK 02 CHILD DIED 03 NIPPLE/BREAST PROBLEM 04 NOT ENOUGH MILK 05 MOTHER WORKING 06 CHILD REFUSED 07 WEANING AGE/AGE TO STOP 08 BECAME PREGNANT 09 STARTED USING CONTRACEPTION 10 OTHER 96 (SPECIFY)	MOTHER ILL/WEAK 01 CHILD ILL/WEAK 02 CHILD DIED 03 NIPPLE/BREAST PROBLEM 04 NOT ENOUGH MILK 05 MOTHER WORKING 06 CHILD REFUSED 07 WEANING AGE/AGE TO STOP 08 BECAME PREGNANT 09 STARTED USING CONTRACEPTION 10 OTHER 96 (SPECIFY)	
431	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> (SKIP TO 431B)	DEAD <input type="checkbox"/> (SKIP TO 431B)	ALIVE <input type="checkbox"/> (SKIP TO 431B)	DEAD <input type="checkbox"/> (SKIP TO 431B)
431A	Was (Name) ever given any water, or something-else to drink or eat (other than breastmilk)?	YES 1 NO 2 (SKIP TO 431C)←	YES 1 NO 2 (SKIP TO 431C)←	YES 1 NO 2 (SKIP TO 431C)←	YES 1 NO 2 (SKIP TO 431C)←
431B	How many months old was (Name) when you started giving the following on a regular basis?	Formula or milk other than breastmilk, such as soya milk? AGE IN MONTHS <input type="text"/> NOT GIVEN 96	Water or other liquids? AGE IN MONTHS <input type="text"/> NOT GIVEN 96	Any solid or mashy food, such as mashed banana or mashed grain? AGE IN MONTHS <input type="text"/> NOT GIVEN 96	AGE IN MONTHS <input type="text"/> NOT GIVEN 96
431C	Have you ever heard about exclusive breastfeeding?	YES 1 NO 2 (SKIP TO 432)←			

401	CHECK 225: ONE OR MORE BIRTHS SINCE JAN. 1996 <input type="checkbox"/>	NO BIRTH SINCE JAN. 1996 <input type="checkbox"/>	→ (SKIP TO 465)																																																									
		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM -LAST BIRTH																																																								
		NAME _____	NAME _____	NAME _____																																																								
431D	From which source of information have you ever heard about exclusive breastfeeding?	RADIO A TELEVISION B NEWSPAPERS/MAGAZINES C PAMPHLETS/POSTERS D HEALTH WORKERS E MOSQUES/CHURCHES F SCHOOLS/TEACHERS G COMMUNITY MEETINGS H FRIENDS/RELATIVES I WORK PLACE J OTHER _____ X (SPECIFY)																																																										
431E	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (STILL BREASTFEEDING, ELSE GO TO 440) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 440)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (STILL BREASTFEEDING, ELSE GO TO 440) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 440)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (STILL BREASTFEEDING, ELSE GO TO 440) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 440)																																																								
432	How many times did you breastfeed (NAME) last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC PROBE FOR APPROXIMATE NUMBER	NUMBER OF NIGHTTIME FEEDINGS <input type="text"/>																																																										
433	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS <input type="text"/>																																																										
434	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8																																																										
435	At any time yesterday or last night, was (NAME) given any of the following: Plain water? Sugar water? Juice? Herbal tea? Baby formula? Tinned or powdered milk? Fresh milk? Any other liquid? Any food made from [WHEAT, MAIZE, RICE, SORGHUM or LOCAL GRAIN] such as [PORRIDGE, BREAD, or NOODLES]? Any food made from [CASSAVA, PLANTAIN, YAMS, or LOCAL TUBER]? Eggs, fish or poultry? Meat? Any other solid or semi-solid foods?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">DK</td> </tr> <tr> <td>PLAIN WATER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>SUGAR WATER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>JUICE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>HERBAL TEA</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>BABY FORMULA</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>TINNED/ POWDERED MILK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>FRESH MILK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>OTHER LIQUIDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>FOOD MADE FROM [GRAIN]</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>FOOD MADE FROM [TUBER]</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>EGGS/FISH/POULTRY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>MEAT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>OTHER SOLID/SEMI-SOLID FOODS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>		YES	NO	DK	PLAIN WATER	1	2	8	SUGAR WATER	1	2	8	JUICE	1	2	8	HERBAL TEA	1	2	8	BABY FORMULA	1	2	8	TINNED/ POWDERED MILK	1	2	8	FRESH MILK	1	2	8	OTHER LIQUIDS	1	2	8	FOOD MADE FROM [GRAIN]	1	2	8	FOOD MADE FROM [TUBER]	1	2	8	EGGS/FISH/POULTRY	1	2	8	MEAT	1	2	8	OTHER SOLID/SEMI-SOLID FOODS	1	2	8		
	YES	NO	DK																																																									
PLAIN WATER	1	2	8																																																									
SUGAR WATER	1	2	8																																																									
JUICE	1	2	8																																																									
HERBAL TEA	1	2	8																																																									
BABY FORMULA	1	2	8																																																									
TINNED/ POWDERED MILK	1	2	8																																																									
FRESH MILK	1	2	8																																																									
OTHER LIQUIDS	1	2	8																																																									
FOOD MADE FROM [GRAIN]	1	2	8																																																									
FOOD MADE FROM [TUBER]	1	2	8																																																									
EGGS/FISH/POULTRY	1	2	8																																																									
MEAT	1	2	8																																																									
OTHER SOLID/SEMI-SOLID FOODS	1	2	8																																																									

401	CHECK 225: ONE OR MORE BIRTHS SINCE JAN. 1996 <input type="checkbox"/>	NO BIRTH SINCE JAN. 1996 <input type="checkbox"/>	→ (SKIP TO 465)		
		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM -LAST BIRTH NAME _____	
436	CHECK 435: FOOD OR LIQUID GIVEN YESTERDAY?	"YES" TO ONE OR MORE <input type="checkbox"/> "NO/DK" TO ALL <input type="checkbox"/> (SKIP TO 438)	"YES" TO ONE OR MORE <input type="checkbox"/> "NO/DK" TO ALL <input type="checkbox"/> (SKIP TO 438)	"YES" TO ONE OR MORE <input type="checkbox"/> "NO/DK" TO ALL <input type="checkbox"/> (SKIP TO 438)	
437	(Aside from breastfeeding,) how many times did (NAME) eat yesterday, including both meals and snacks? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="checkbox"/> DON'T KNOW 8			
438	On how many days during the last seven days was (NAME) given any of the following: Plain water? Any kind of milk (other than breast milk)? Liquids other than plain water or milk? Food made from [WHEAT, MAIZE, RICE, SORGHUM, or LOCAL GRAIN]? Food made from [CASSAVA, PLANTAIN, YAMS, or LOCAL TUBER]? Eggs, fish, or poultry? Meat? Any other solid or semi-solid foods? IF DON'T KNOW, RECORD '8'.	RECORD THE NUMBER OF DAYS. PLAIN WATER <input type="checkbox"/> MILK <input type="checkbox"/> OTHER LIQUIDS <input type="checkbox"/> FOOD MADE FROM [GRAIN] <input type="checkbox"/> FOOD MADE FROM [TUBER] <input type="checkbox"/> EGGS/FISH/POULTRY <input type="checkbox"/> MEAT <input type="checkbox"/> OTHER SOLID/SEMI-SOLID FOODS <input type="checkbox"/>			
439		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 440.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 440.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 440.	

SECTION 4B. IMMUNIZATION AND HEALTH

440	ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1996 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH.						
441		LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND -FROM-LAST BIRTH	
	LINE NUMBER FROM Q212	LINE NUMBER	<input type="text"/>	LINE NUMBER	<input type="text"/>	LINE NUMBER	<input type="text"/>
442	FROM Q212 AND Q216	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>		NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>		NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	
443	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 445) ←	YES, SEEN 1 (SKIP TO 445) ←	YES, SEEN 1 (SKIP TO 445) ←	YES, SEEN 1 (SKIP TO 445) ←	YES, NOT SEEN 2 (SKIP TO 447) ←	YES, NOT SEEN 2 (SKIP TO 447) ←
		NO CARD 3	NO CARD 3	NO CARD 3	NO CARD 3	NO CARD 3	NO CARD 3
444	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 447) ←	YES 1 (SKIP TO 447) ←	YES 1 (SKIP TO 447) ←	YES 1 (SKIP TO 447) ←	NO 2	NO 2
445	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '66' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.	DAY MONTH YEAR		DAY MONTH YEAR		DAY MONTH YEAR	
	BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Polio 0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Polio 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Polio 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Polio 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DPT 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DPT 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DPT 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Measles	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
446	Has (NAME) received any vaccinations that are not recorded on this card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 1-3, DPT 1-3, AND/OR MEASLES VACCINE(S).	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 445) ←	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 445) ←	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 445) ←	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 445) ←	NO 2 (SKIP TO 449) ←	NO 2 (SKIP TO 449) ←
		DON'T KNOW 8	DON'T KNOW 8	DON'T KNOW 8	DON'T KNOW 8	DON'T KNOW 8	DON'T KNOW 8

440 ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1996 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH.				
		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
447	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES 1 NO 2 (SKIP TO 449) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 449) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 449) ← DON'T KNOW 8
448	Please tell me if (NAME) received any of the following vaccinations:			
448A	A BCG vaccination against tuberculosis, that is, an injection in the left arm or shoulder that caused a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
448B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 448E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 448E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 448E) ← DON'T KNOW 8
448C	How many times?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
448D	When was the first polio vaccine given, just after birth or later?	JUST AFTER BIRTH 1 LATER 2	JUST AFTER BIRTH 1 LATER 2	JUST AFTER BIRTH 1 LATER 2
448E	DPT vaccination, that is, an injection usually given at the same time as polio drops?	YES 1 NO 2 (SKIP TO 448G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 448G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 448G) ← DON'T KNOW 8
448F	How many times?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
448G	An injection to prevent measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
448H	CHECK 216: CHILD ALIVE	ALIVE <input type="checkbox"/> ↓ DEAD GO BACK TO Q.443 FOR NEXT BIRTH, OR IF NO BIRTHS (SKIP TO 465) <input type="checkbox"/>	ALIVE <input type="checkbox"/> ↓ DEAD GO BACK TO Q.443 FOR NEXT BIRTH, OR IF NO BIRTHS (SKIP TO 465) <input type="checkbox"/>	ALIVE <input type="checkbox"/> ↓ DEAD GO BACK TO Q.443 FOR NEXT BIRTH, OR IF NO BIRTHS (SKIP TO 465) <input type="checkbox"/>
449	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
449A	Did you seek for medical advice or treatment for the fever?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
450	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 454) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 454) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 454) ← DON'T KNOW 8
451	When (NAME) was ill with a cough, did he/she breathe more rapidly than usual with short, fast breaths?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
452	Did you seek advice or treatment for the cough?	YES 1 NO 2 (SKIP TO 454) ←	YES 1 NO 2 (SKIP TO 454) ←	YES 1 NO 2 (SKIP TO 454) ←

440 ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1996 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH				
		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
453	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B GOVT. HEALTH POST C MOBILE CLINIC D COMM. HEALTH WORKER E OTHER PUBLIC F _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY/PMS H PRIVATE DOCTOR I MOBILE CLINIC J COMM. HEALTH WORKER K OTHER PRIVATE MEDICAL L _____ L (SPECIFY) OTHER SOURCE SHOP M TRAD. PRACTITIONER N SPIRITUAL HEALER P OTHER X _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B GOVT. HEALTH POST C MOBILE CLINIC D COMM. HEALTH WORKER E OTHER PUBLIC F _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY/PMS H PRIVATE DOCTOR I MOBILE CLINIC J COMM. HEALTH WORKER K OTHER PRIVATE MEDICAL L _____ L (SPECIFY) OTHER SOURCE SHOP M TRAD. PRACTITIONER N SPIRITUAL HEALERS P OTHER X _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B GOVT. HEALTH POST C MOBILE CLINIC D COMM. HEALTH WORKER E OTHER PUBLIC F _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY/PMS H PRIVATE DOCTOR I MOBILE CLINIC J COMM. HEALTH WORKER K OTHER PRIVATE MEDICAL L _____ L (SPECIFY) OTHER SOURCE SHOP M TRAD. PRACTITIONER N SPIRITUAL HEALERS P OTHER X _____ X (SPECIFY)
454	Has (NAME) had diarrhoea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 464) ← 3 DON'T KNOW 8	YES 1 NO 2 (SKIP TO 464) ← 3 DON'T KNOW 8	YES 1 NO 2 (SKIP TO 464) ← 3 DON'T KNOW 8
455	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
456	On the worst day of the diarrhoea, how many bowel movements did (NAME) have?	NUMBER OF BOWEL MOVEMENTS(STOOLING) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 98	NUMBER OF BOWEL MOVEMENTS(STOOLING) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 98	NUMBER OF BOWEL MOVEMENTS(STOOLING) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 98
457	Was he/she given the same amount of fluid to drink as before the diarrhoea, or more, or less?	SAME 1 MORE 2 LESS 3 DON'T KNOW 8	SAME 1 MORE 2 LESS 3 DON'T KNOW 8	SAME 1 MORE 2 LESS 3 DON'T KNOW 8
458	Was he/she given the same amount of food to eat as before the diarrhoea, or more, or less?	SAME 1 MORE 2 LESS 3 DON'T KNOW 8	SAME 1 MORE 2 LESS 3 DON'T KNOW 8	SAME 1 MORE 2 LESS 3 DON'T KNOW 8
459	When (NAME) had diarrhoea, was he/she given any of the following to drink:	YES NO DK	YES NO DK	YES NO DK
	A fluid, made from a special packet called "ORT"?	FLUID FROM ORS PKT 1 2 8	FLUID FROM ORS PKT 1 2 8	FLUID FROM ORS PKT ... 1 2 8
	Thin watery gruel made from [RICE OR OTHER LOCAL GRAIN, TUBER, PLANTAIN]?	THIN WATERY GRUEL 1 2 8	THIN WATERY GRUEL 1 2 8	THIN WATERY GRUEL .. 1 2 8
	Soup?	SOUP 1 2 8	SOUP 1 2 8	SOUP 1 2 8
	Home-made sugar-salt-water solution?	SUG.-SALT-WAT. SOL 1 2 8	SUG.-SALT-WAT. SOL 1 2 8	SUG.-SALT-WAT. SOL... 1 2 8
	Milk or infant formula?	MILK/INFANT FORM. 1 2 8	MILK/INFANT FORM. 1 2 8	MILK/INFANT FORM. 1 2 8
	Yoghurt-based drink?	YOGHURT-BASED DR. 1 2 8	YOGHURT-BASED DR. 1 2 8	YOGHURT-BASED DR. ... 1 2 8
	Water?	WATER 1 2 8	WATER 1 2 8	WATER 1 2 8
	Any other liquid?	OTHER LIQUID 1 2 8	OTHER LIQUID 1 2 8	OTHER LIQUID 1 2 8

440 ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1996 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH.				
		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
460	Was anything (else) given to treat the diarrhoea?	YES 1 NO 2 (SKIP TO 462) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 462) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 462) ← DON'T KNOW 8
461	What was given to treat the diarrhoea? Anything else? RECORD ALL MENTIONED.	RECOMMENDED HOME FLUID A TABLET OR SYRUP B INJECTION C (I.V.) INTRAVENOUS D HOME REMEDIES/ HERBAL MEDICINES E OTHER _____ X (SPECIFY)	RECOMMENDED HOME FLUID ... A TABLET OR SYRUP B INJECTION C (I.V.) INTRAVENOUS D HOME REMEDIES/ HERBAL MEDICINES E OTHER _____ X (SPECIFY)	RECOMMENDED HOME FLUID . A TABLET OR SYRUP B INJECTION C (I.V.) INTRAVENOUS D HOME REMEDIES/ HERBAL MEDICINES E OTHER _____ X (SPECIFY)
462	Did you seek advice or treatment for the diarrhoea?	YES 1 NO 2 (SKIP TO 464) ←	YES 1 NO 2 (SKIP TO 464) ←	YES 1 NO 2 (SKIP TO 464) ←
463	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B GOVT. HEALTH POST C MOBILE CLINIC D COMM. HEALTH WORKER E OTHER PUBLIC F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY/PMS H PRIVATE DOCTOR I MOBILE CLINIC J COMM. HEALTH WORKER K OTHER PRIVATE MEDICAL L (SPECIFY) OTHER SOURCE SHOP M TRAD. PRACTITIONER N SPIRITUAL HEALER P OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B GOVT. HEALTH POST C MOBILE CLINIC D COMM. HEALTH WORKER E OTHER PUBLIC F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY/PMS H PRIVATE DOCTOR I MOBILE CLINIC J COMM. HEALTH WORKER K OTHER PRIVATE MEDICAL L (SPECIFY) OTHER SOURCE SHOP M TRAD. PRACTITIONER N SPIRITUAL HEALER P OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B GOVT. HEALTH POST C MOBILE CLINIC D COMM. HEALTH WORKER ... E OTHER PUBLIC F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY/PMS H PRIVATE DOCTOR I MOBILE CLINIC J COMM. HEALTH WORKER ... K OTHER PRIVATE MEDICAL L (SPECIFY) OTHER SOURCE SHOP M TRAD. PRACTITIONER N SPIRITUAL HEALER P OTHER _____ X (SPECIFY)
464		GO BACK TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.	GO BACK TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.	GO BACK TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
465	When a child has diarrhoea, should he/she be given less to drink than usual, about the same amount, or more than usual?	LESS TO DRINK 1 ABOUT SAME AMOUNT TO DRINK 2 MORE TO DRINK 3 DON'T KNOW 8	
466	When a child has diarrhoea, should he/she be given less to eat than usual, about the same amount, or more than usual?	LESS TO EAT 1 ABOUT SAME AMOUNT TO EAT 2 MORE TO EAT 3 DON'T KNOW 8	
467	When a child is sick with diarrhoea, what signs of illness would tell you that he or she should be taken to a health facility or health worker? RECORD ALL MENTIONED.	REPEATED WATERY STOOLS A ANY WATERY STOOLS B REPEATED VOMITING C ANY VOMITING D BLOOD IN STOOLS E FEVER F MARKED THIRST G NOT EATING/NOT DRINKING WELL H GETTING SICKER/VERY SICK I NOT GETTING BETTER J OTHER _____ X (SPECIFY) DON'T KNOW Z	
468	When a child is sick with a cough, what signs of illness would tell you that he or she should be taken to a health facility or health worker? RECORD ALL MENTIONED.	FAST BREATHING A DIFFICULT BREATHING B NOISY BREATHING C FEVER D UNABLE TO DRINK E NOT EATING/NOT DRINKING WELL F GETTING SICKER/VERY SICK G NOT GETTING BETTER H OTHER _____ X (SPECIFY) DON'T KNOW Z	
469	CHECK 459, ALL COLUMNS: NO CHILD RECEIVED ORS <input type="checkbox"/> ANY CHILD RECEIVED ORS <input type="checkbox"/>		501
470	Have you ever heard of a special product called "ORT" you can get for the treatment of diarrhoea?	YES 1 NO 2	

SECTION 4C CAUSE OF DEATH OF CHILDREN BORN AND DYING IN THE PAST 3 YEARS

473	ENTER LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH SINCE JANUARY 1996 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS WHO HAVE DIED. IF 2 OR MORE, BEGIN WITH THE LAST.			
	LINE NUMBER FROM Q. 212	LAST BIRTH LINE NUMBER <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/>	SECOND -FROM-LAST BIRTH LINE NUMBER <input type="text"/>
	FROM Q. 212 AND Q 216	NAME _____ DEAD <input type="checkbox"/> ALIVE <input type="checkbox"/> (GO TO NEXT COLUMN; IF NO MORE BIRTHS, GO TO 501.)	NAME _____ DEAD <input type="checkbox"/> ALIVE <input type="checkbox"/> (GO TO NEXT COLUMN; IF NO MORE BIRTHS, GO TO 501.)	NAME _____ DEAD <input type="checkbox"/> ALIVE <input type="checkbox"/> (GO TO NEXT COLUMN; IF NO MORE BIRTHS, GO TO 501.)
474	I know it may be difficult to talk about the child(ren) you had who died, but this information is very important in helping to plan health programs to prevent other children from dying. I would like to ask you some questions about the events and symptoms your child(ren) had during the time before he/she/they died. (We will talk about one child at a time).			
475	What do you think was the cause of (NAME'S) death?	LAST DECEASED CHILD <input type="text"/>	NEXT-TO-LAST DECEASED CHILD <input type="text"/>	SECOND -FROM-LAST DECEASED CHILD <input type="text"/>
476	During the illness that led to (NAME'S) death, did you seek advice or treatment anywhere or from anyone? IF YES: Whom did you see? Where did you go? RECORD ALL MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B GOVT. HEALTH POST C MOBILE CLINIC D COMM. HEALTH WORKER E OTHER PUBLIC F (SPECIFY) _____ PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY/PMS H PRIVATE DOCTOR I MOBILE CLINIC J COMM. HEALTH WORKER K OTHER PRIVATE MEDICAL L (SPECIFY) _____ OTHER SHOP M TRAD. PRACTITIONER N SPIRITUAL HEALER P OTHER X (SPECIFY) _____ NONE Z	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B GOVT. HEALTH POST C MOBILE CLINIC D COMM. HEALTH WORKER E OTHER PUBLIC F (SPECIFY) _____ PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY/PMS H PRIVATE DOCTOR I MOBILE CLINIC J COMM. HEALTH WORKER K OTHER PRIVATE MEDICAL L (SPECIFY) _____ OTHER SHOP M TRAD. PRACTITIONER N SPIRITUAL HEALER P OTHER X (SPECIFY) _____ NONE Z	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B GOVT. HEALTH POST C MOBILE CLINIC D COMM. HEALTH WORKER E OTHER PUBLIC F (SPECIFY) _____ PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY/PMS H PRIVATE DOCTOR I MOBILE CLINIC J COMM. HEALTH WORKER K OTHER PRIVATE MEDICAL L (SPECIFY) _____ OTHER SHOP M TRAD. PRACTITIONER N SPIRITUAL HEALER P OTHER X (SPECIFY) _____ NONE Z
477	Where did (NAME) die?	AT HOME 1 IN A HEALTH FACILITY 2 ON THE WAY TO FACILITY 3 OTHER 4 (SPECIFY) _____	AT HOME 1 IN A HEALTH FACILITY 2 ON THE WAY TO FACILITY 3 OTHER 4 (SPECIFY) _____	AT HOME 1 IN A HEALTH FACILITY 2 ON THE WAY TO FACILITY 3 OTHER 4 (SPECIFY) _____

	FROM Q. 212	LAST DECEASED CHILD		NEXT-TO-LAST-DECEASED CHILD		SECOND-FROM-LAST DECEASED CHILD	
		NAME _____		NAME _____		NAME _____	
478	CHECK Q. 219: AGE AT DEATH	LESS THAN 1 MONTH <input type="checkbox"/> ↓	1 MONTH OR OLDER <input type="checkbox"/> → SKIP TO 489	LESS THAN 1 MONTH <input type="checkbox"/> ↓	1 MONTH OR OLDER <input type="checkbox"/> → SKIP TO 489	LESS THAN 1 MONTH <input type="checkbox"/> ↓	1 MONTH OR OLDER <input type="checkbox"/> → SKIP TO 489
479	Was (NAME) born after a difficult labor/delivery?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8
480	Was (NAME) malformed in any way? IF YES, SPECIFY	YES 1 (SPECIFY) NO 2 DOES NOT KNOW 8	YES 1 (SPECIFY) NO 2 DOES NOT KNOW 8	YES 1 (SPECIFY) NO 2 DOES NOT KNOW 8	YES 1 (SPECIFY) NO 2 DOES NOT KNOW 8	YES 1 (SPECIFY) NO 2 DOES NOT KNOW 8	YES 1 (SPECIFY) NO 2 DOES NOT KNOW 8
481	Did (NAME) suckle or drink normally during the first two days of life?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8
482	Did (NAME) have a decrease in suckling or difficulty suckling during the days before death?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8
483	Did (NAME) have convulsions or spasms during the illness that led to death?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8
484	During the illness that led to death, did (NAME) have a cough?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 488) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 488) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 488) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 488) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 488) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 488) ←
485	For how many days did the cough last? IF LESS THAN 1 DAY, WRITE "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"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
486	When (NAME) had the illness with the cough, did he/she have difficulty or rapid breathing?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 488) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 488) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 488) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 488) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 488) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 488) ←
487	For how many days did the difficult/rapid breathing last? IF LESS THAN 1 DAY, WRITE "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"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
488	GO BACK TO 475 FOR NEXT DECEASED CHILD; IF NO MORE DEATHS, GO TO 501						
489	During the illness that led to death, did (NAME) have loose or liquid stools, that is, diarrhoea?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 493) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 493) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 493) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 493) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 493) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 493) ←
490	Was the episode of diarrhoea mild or severe?	MILD 1 SEVERE 2 DOES NOT KNOW 8	MILD 1 SEVERE 2 DOES NOT KNOW 8	MILD 1 SEVERE 2 DOES NOT KNOW 8	MILD 1 SEVERE 2 DOES NOT KNOW 8	MILD 1 SEVERE 2 DOES NOT KNOW 8	MILD 1 SEVERE 2 DOES NOT KNOW 8

	FROM Q. 212	LAST DECEASED CHILD	NEXT-TO-LAST DECEASED CHILD	SECOND-FROM-LAST DECEASED CHILD
		NAME _____	NAME _____	NAME _____
491	For how long did the diarrhoea last? IF LESS THAN 1 DAY, WRITE "00"	DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> DOES NOT KNOW 998	DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> DOES NOT KNOW 998	DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> DOES NOT KNOW 99
492	Was there any blood in the stool?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES NO DOES NOT KNOW
493	During the illness that led to death, did (NAME) have a cough?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 497) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 497) ←	YES NO DON'T KNOW (SKIP TO 497) ←
494	For how long did the cough last? IF LESS THAN 1 DAY, WRITE "00"	DAYS 1 <input type="text"/> <input type="text"/> WEEK 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> DOES NOT KNOW 998	DAYS 1 <input type="text"/> <input type="text"/> WEEK 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> DOES NOT KNOW 998	DAYS 1 <input type="text"/> <input type="text"/> WEEK 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> DOES NOT KNOW 99
495	When (NAME) had the illness with the cough, did he/she have difficult or rapid breathing?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 497) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 497) ←	YES NO DON'T KNOW (SKIP TO 497) ←
496	For how long did the difficult/rapid breathing last? IF LESS THAN 1 DAY, WRITE "00"	DAYS 1 <input type="text"/> <input type="text"/> WEEK 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> DOES NOT KNOW 998	DAYS 1 <input type="text"/> <input type="text"/> WEEK 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> DOES NOT KNOW 998	DAYS 1 <input type="text"/> <input type="text"/> WEEK 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> DOES NOT KNOW 99
497	During the illness that led to death, did (NAME) have a fever?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 498) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 498) ←	YES NO DON'T KNOW (SKIP TO 498) ←
497A	Was the fever of (NAME) mild or severe?	MILD 1 SEVERE 2 DOES NOT KNOW 8	MILD 1 SEVERE 2 DOES NOT KNOW 8	MILD SEVERE DOES NOT KNOW
497B	How long did the fever last?? IF LESS THAN 1 DAY, WRITE "00"	DAYS 1 <input type="text"/> <input type="text"/> WEEK 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> DOES NOT KNOW 998	DAYS 1 <input type="text"/> <input type="text"/> WEEK 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> DOES NOT KNOW 998	DAYS 1 <input type="text"/> <input type="text"/> WEEK 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> DOES NOT KNOW 99
498	During the illness that led to death, was (NAME) unconscious?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES NO DOES NOT KNOW

	FROM Q. 212	LAST DECEASED CHILD	NEXT-TO-LAST DECEASED CHILD	SECOND-FROM-LAST DECEASED CHILD
		NAME _____	NAME _____	NAME _____
498A	During the illness that led to death, did (NAME) have convulsions?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES NO DOES NOT KNOW
498B	During the illness that led to death, did (NAME) have a skin rash all over his/her body and face?	YES 1 NO 2 (SKIP TO 498E) ← DOES NOT KNOW 8	YES 1 NO 2 (SKIP TO 498E) ← DOES NOT KNOW 8	YES NO (SKIP TO 498E) ← DOES NOT KNOW
498C	How long did the rash last?? IF LESS THAN 1 DAY, WRITE "00"	DAYS 1 <input type="text"/> <input type="text"/> WEEK 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> DOES NOT KNOW 998	DAYS 1 <input type="text"/> <input type="text"/> WEEK 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> DOES NOT KNOW 998	DAYS 1 <input type="text"/> <input type="text"/> WEEK 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> DOES NOT KNOW 99
498D	During the illness that led to death, was there any discharge from the eyes?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8	YES NO DOES NOT KNOW
498E	During the illness that led to death, was (NAME) very thin?	YES 1 NO 2 (SKIP TO 498G) ← DOES NOT KNOW 8	YES 1 NO 2 (SKIP TO 498G) ← DOES NOT KNOW 8	YES NO (SKIP TO 498G) ← DOES NOT KNOW
498F	How long was (NAME) very thin?	DAYS 1 <input type="text"/> <input type="text"/> WEEK 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> DOES NOT KNOW 998	DAYS 1 <input type="text"/> <input type="text"/> WEEK 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> DOES NOT KNOW 998	DAYS 1 <input type="text"/> <input type="text"/> WEEK 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> DOES NOT KNOW 99
498G	During the illness that led to death, did (NAME) have swelling of the feet or legs?	YES 1 NO 2 (SKIP TO 499) ← DOES NOT KNOW 8	YES 1 NO 2 (SKIP TO 499) ← DOES NOT KNOW 8	YES NO (SKIP TO 499) ← DOES NOT KNOW
498H	How long was the swelling present? IF LESS THAN 1 DAY, WRITE "00"	DAYS 1 <input type="text"/> <input type="text"/> WEEK 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> DOES NOT KNOW 998	DAYS 1 <input type="text"/> <input type="text"/> WEEK 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> DOES NOT KNOW 998	DAYS 1 <input type="text"/> <input type="text"/> WEEK 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> DOES NOT KNOW 99
499	GO BACK TO 475 FOR NEXT DECEASED CHILD; IF NO MORE DEATHS, GO TO 501			

SECTION 5A. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
501	PRESENCE OF OTHERS AT THIS POINT.	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>CHILDREN UNDER 10</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>HUSBAND/PARTNER</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>OTHER MALES</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>OTHER FEMALES</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	CHILDREN UNDER 10	1	2	HUSBAND/PARTNER	1	2	OTHER MALES	1	2	OTHER FEMALES	1	2	
	YES	NO																
CHILDREN UNDER 10	1	2																
HUSBAND/PARTNER	1	2																
OTHER MALES	1	2																
OTHER FEMALES	1	2																
502	Are you currently married or living with a man?	<table border="0"> <tr> <td>YES, CURRENTLY MARRIED</td> <td align="right">1</td> </tr> <tr> <td>YES, LIVING WITH A MAN</td> <td align="right">2</td> </tr> <tr> <td>NO, NOT IN UNION</td> <td align="right">3</td> </tr> </table>	YES, CURRENTLY MARRIED	1	YES, LIVING WITH A MAN	2	NO, NOT IN UNION	3	→ 507									
YES, CURRENTLY MARRIED	1																	
YES, LIVING WITH A MAN	2																	
NO, NOT IN UNION	3																	
503	Do you currently have a regular sexual partner, an occasional sexual partner, multiple sexual partner, or no sexual partner at all?	<table border="0"> <tr> <td>REGULAR SEXUAL PARTNER</td> <td align="right">1</td> </tr> <tr> <td>OCCASIONAL SEXUAL PARTNER</td> <td align="right">2</td> </tr> <tr> <td>NO SEXUAL PARTNER</td> <td align="right">3</td> </tr> <tr> <td>MULTIPLE SEXUAL PARTNER</td> <td align="right">4</td> </tr> </table>	REGULAR SEXUAL PARTNER	1	OCCASIONAL SEXUAL PARTNER	2	NO SEXUAL PARTNER	3	MULTIPLE SEXUAL PARTNER	4								
REGULAR SEXUAL PARTNER	1																	
OCCASIONAL SEXUAL PARTNER	2																	
NO SEXUAL PARTNER	3																	
MULTIPLE SEXUAL PARTNER	4																	
504	Have you ever been married or lived with a man?	<table border="0"> <tr> <td>YES, FORMERLY MARRIED</td> <td align="right">1</td> </tr> <tr> <td>YES, LIVED WITH A MAN</td> <td align="right">2</td> </tr> <tr> <td>NO</td> <td align="right">3</td> </tr> </table>	YES, FORMERLY MARRIED	1	YES, LIVED WITH A MAN	2	NO	3	→ 511 → 515									
YES, FORMERLY MARRIED	1																	
YES, LIVED WITH A MAN	2																	
NO	3																	
506	What is your marital status now: are you widowed, divorced, or separated?	<table border="0"> <tr> <td>WIDOWED</td> <td align="right">1</td> </tr> <tr> <td>DIVORCED</td> <td align="right">2</td> </tr> <tr> <td>SEPARATED</td> <td align="right">3</td> </tr> </table>	WIDOWED	1	DIVORCED	2	SEPARATED	3	→ 511									
WIDOWED	1																	
DIVORCED	2																	
SEPARATED	3																	
507	Is your husband/partner living with you now or is he staying elsewhere?	<table border="0"> <tr> <td>LIVING WITH HER</td> <td align="right">1</td> </tr> <tr> <td>STAYING ELSEWHERE</td> <td align="right">2</td> </tr> </table>	LIVING WITH HER	1	STAYING ELSEWHERE	2												
LIVING WITH HER	1																	
STAYING ELSEWHERE	2																	
508	Does your husband/partner have any other wives/partners besides yourself?	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> </table>	YES	1	NO	2	→ 511											
YES	1																	
NO	2																	
509	How many other wives/partners does he have?	<table border="0"> <tr> <td>NUMBER</td> <td align="right"><input type="text"/></td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">98</td> </tr> </table>	NUMBER	<input type="text"/>	DON'T KNOW	98	→ 511											
NUMBER	<input type="text"/>																	
DON'T KNOW	98																	
510	Are you the first, second,.... wife?	<table border="0"> <tr> <td>RANK</td> <td align="right"><input type="text"/></td> </tr> </table>	RANK	<input type="text"/>														
RANK	<input type="text"/>																	
511	Have you been married or lived with a man only once, or more than once?	<table border="0"> <tr> <td>ONCE</td> <td align="right">1</td> </tr> <tr> <td>MORE THAN ONCE</td> <td align="right">2</td> </tr> </table>	ONCE	1	MORE THAN ONCE	2												
ONCE	1																	
MORE THAN ONCE	2																	
512	<p>CHECK 511:</p> <table border="0"> <tr> <td>MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></td> <td>MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></td> </tr> <tr> <td>In what month and year did you start living with your husband/partner?</td> <td>Now we will talk about your first husband/partner. In what month and year did you start living with him?</td> </tr> </table>	MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/>	MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/>	In what month and year did you start living with your husband/partner?	Now we will talk about your first husband/partner. In what month and year did you start living with him?	<table border="0"> <tr> <td>MONTH</td> <td align="right"><input type="text"/></td> </tr> <tr> <td>DON'T KNOW MONTH</td> <td align="right">98</td> </tr> <tr> <td>YEAR</td> <td align="right"><input type="text"/></td> </tr> <tr> <td>DON'T KNOW YEAR</td> <td align="right">9998</td> </tr> </table>	MONTH	<input type="text"/>	DON'T KNOW MONTH	98	YEAR	<input type="text"/>	DON'T KNOW YEAR	9998				
MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/>	MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/>																	
In what month and year did you start living with your husband/partner?	Now we will talk about your first husband/partner. In what month and year did you start living with him?																	
MONTH	<input type="text"/>																	
DON'T KNOW MONTH	98																	
YEAR	<input type="text"/>																	
DON'T KNOW YEAR	9998																	
513	How old were you when you started living with him?	<table border="0"> <tr> <td>AGE</td> <td align="right"><input type="text"/></td> </tr> </table>	AGE	<input type="text"/>														
AGE	<input type="text"/>																	
514A	Before you got married, was your (first) husband related to you in any way?	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> </table>	YES	1	NO	2	→ 515											
YES	1																	
NO	2																	
514B	What type of relationship was it?	<table border="0"> <tr> <td>FIRST COUSIN ON FATHER'S SIDE</td> <td align="right">1</td> </tr> <tr> <td>FIRST COUSIN ON MOTHER'S SIDE</td> <td align="right">2</td> </tr> <tr> <td>SECOND COUSIN</td> <td align="right">3</td> </tr> <tr> <td>UNCLE</td> <td align="right">4</td> </tr> <tr> <td>OTHER BLOOD RELATIVE</td> <td align="right">5</td> </tr> <tr> <td>BROTHER-IN-LAW</td> <td align="right">6</td> </tr> <tr> <td>OTHER NON-BLOOD RELATIVE</td> <td align="right">7</td> </tr> </table>	FIRST COUSIN ON FATHER'S SIDE	1	FIRST COUSIN ON MOTHER'S SIDE	2	SECOND COUSIN	3	UNCLE	4	OTHER BLOOD RELATIVE	5	BROTHER-IN-LAW	6	OTHER NON-BLOOD RELATIVE	7		
FIRST COUSIN ON FATHER'S SIDE	1																	
FIRST COUSIN ON MOTHER'S SIDE	2																	
SECOND COUSIN	3																	
UNCLE	4																	
OTHER BLOOD RELATIVE	5																	
BROTHER-IN-LAW	6																	
OTHER NON-BLOOD RELATIVE	7																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
515	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues.</p> <p>When was the last time you had sexual intercourse (if ever)?</p>	<p>NEVER 000</p> <p>DAYS AGO 1</p> <p>WEEKS AGO 2</p> <p>MONTHS AGO 3</p> <p>YEARS AGO 4</p> <p>BEFORE LAST BIRTH 996</p>	→520
516	<p>CHECK 301 AND 302:</p> <p>KNOWS CONDOM <input type="checkbox"/></p> <p>DOES NOT KNOW CONDOM <input type="checkbox"/></p> <p>The last time you had sex, was a condom used? Some men use a condom, which means that they put a rubber sheath on their penis for sexual intercourse. The last time you had sex, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
517	<p>Do you know of a place where you can get condoms?</p>	<p>YES 1</p> <p>NO 2</p>	→519
518	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER .. 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>MOBILE CLINIC 14</p> <p>COMMUNITY HEALTH WORKER .. 15</p> <p>OTHER PUBLIC 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PHARMACY/PMS 22</p> <p>PRIVATE DOCTOR 23</p> <p>MOBILE CLINIC 24</p> <p>COMMUNITY HEALTH WORKER .. 25</p> <p>OTHER PRIVATE</p> <p>MEDICAL 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>CHURCH 32</p> <p>FRIENDS/RELATIVES 33</p> <p>NGO 34</p> <p>OTHER 36</p> <p>(SPECIFY)</p>	
519	<p>How old were you when you first had sexual intercourse?</p>	<p>AGE <input type="text"/></p> <p>FIRST TIME WHEN MARRIED 96</p>	

SECTION 5B. CIRCUMCISION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
520	Are you circumcised?	YES 1 NO 2	→524
521	What type of circumcision did you have? Did you have clitoridectomy, excision, or infibulation?	CLITORIDECTOMY 01 EXCISION 02 INFIBULATION 03 OTHER _____ 96 (SPECIFY)	
522	How old were you when you were circumcised?	AGE IN COMPLETED YEARS <input type="text"/> DOES NOT KNOW 98	
523	Who performed the circumcision?	DOCTOR 01 TRAINED NURSE/MIDWIFE 02 TRADITIONAL BIRTH ATTENDANT ... 03 CIRCUMCISION PRACTITIONER 04 OTHER _____ 96 (SPECIFY) DOES NOT KNOW 98	
524	CHECK 214, AND 217: HAS AT LEAST ONE LIVING DAUGHTER <input type="checkbox"/> HAS NO LIVING DAUGHTER <input type="checkbox"/>		→530
525	Has (NAME OF ELDEST DAUGHTER) been circumcised?	YES 1 NO 2	→527
526	Do you plan to have (NAME OF ELDEST DAUGHTER) circumcised?	YES 1 NO 2	→530
527	How old was she when she was circumcised?	AGE IN COMPLETED YEARS <input type="text"/> DOES NOT KNOW 98	
528	Who performed the circumcision?	DOCTOR 01 TRAINED NURSE/MIDWIFE 02 TRADITIONAL BIRTH ATTENDANT ... 03 CIRCUMCISION PRACTITIONER 04 OTHER _____ 96 (SPECIFY) DOES NOT KNOW 98	
529	Did anyone object to your eldest daughter being circumcised? Anyone else? RECORD ALL PERSONS MENTIONED.	NO ONE OBJECTED A RESPONDENT B RESPONDENT'S HUSBAND C RESPONDENT'S MOTHER D RESPONDENT'S MOTHER-IN-LAW E OTHER RELATIVE OF RESPONDENT ... F OTHER RELATIVE OF HUSBAND G RESPONDENT'S FATHER-IN-LAW H OTHER _____ X (SPECIFY) DOES NOT KNOW Y	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
530	Do you think female circumcision should be continued, or should it be discontinued?	CONTINUED 1 DISCONTINUED 2 DOES NOT KNOW 8	→ 533 → 534
531	What type of female circumcision do you think should be continued: clitoridectomy, excision, or infibulation?	CLITORIDECTOMY 01 EXCISION 02 INFIBULATION 03 OTHER _____ 96 (SPECIFY)	
532	Why do you think female circumcision should be continued? Any other reasons? RECORD ALL REASONS MENTIONED	GOOD TRADITION A CUSTOM AND TRADITION B RELIGIOUS DEMAND C CLEANLINESS D BETTER MARRIAGE PROSPECTS E GREATER PLEASURE OF HUSBAND F PRESERVATION OF VIRGINITY/ PREVENTION OF IMMORALITY G OTHER _____ X (SPECIFY) DOES NOT KNOW Y	→ 534
533	Why do you think female circumcision should be discontinued? Any other reasons? RECORD ALL PERSONS MENTIONED.	BAD TRADITION A AGAINST RELIGION B MEDICAL COMPLICATIONS C PAINFUL PERSONAL EXPERIENCE D AGAINST DIGNITY OF WOMEN E PREVENTS SEXUAL SATISFACTION F OTHER _____ X (SPECIFY) DOES NOT KNOW Y	
534	CHECK 502: IN UNION <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 536
535	Does your husband/partner think female circumcision should be continued or discontinued?	CONTINUED 1 DISCONTINUED 2 DOES NOT KNOW 8	
536	Has there been any activities against female circumcision in this community?	YES 1 NO 2 DOES NOT KNOW 8	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 314: NEITHER <input type="checkbox"/> HE OR SHE <input type="checkbox"/> STERILIZED STERILIZED		→ 612
602	CHECK 227: NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/> OR UNSURE Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8	→ 606 → 604
603	CHECK 227: NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/> OR UNSURE How long would you like to wait from now before the birth of (a/another) child? After the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 YEARS 2 SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 (SPECIFY) DON'T KNOW 998	→ 606
604	CHECK 227: NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/> OR UNSURE		→ 607
605	If you become pregnant in the next few weeks, would you be <u>happy</u> , <u>unhappy</u> , or would it <u>not matter</u> very much?	HAPPY 1 UNHAPPY 2 WOULD NOT MATTER 3	
606	CHECK 313: USING A METHOD? NOT <input type="checkbox"/> NOT <input type="checkbox"/> CURRENTLY <input type="checkbox"/> CURRENTLY <input type="checkbox"/> ASKED CURRENTLY USING USING		→ 612
607	Do you think you will use a method to delay or avoid pregnancy within the next 12 months?	YES 1 NO 2 DON'T KNOW 8	→ 609
608	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	YES 1 NO 2 DON'T KNOW 8	→ 610

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
613	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?	<p style="text-align: right;">BOYS</p> NUMBER <input type="checkbox"/> <input type="checkbox"/> OTHER _____ 96 (SPECIFY) _____ <p style="text-align: right;">GIRLS</p> NUMBER <input type="checkbox"/> <input type="checkbox"/> OTHER _____ 96 (SPECIFY) _____ <p style="text-align: right;">EITHER</p> NUMBER <input type="checkbox"/> <input type="checkbox"/> OTHER _____ 96 (SPECIFY) _____																									
614	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 NO OPINION 3																									
615	Is it acceptable or not acceptable to you for information on family planning to be provided: On the radio? On the television?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">ACCEP-</td> <td style="text-align: center;">NOT</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">TABLE</td> <td style="text-align: center;">ACCEPT-</td> <td style="text-align: center;">DK</td> </tr> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>		ACCEP-	NOT			TABLE	ACCEPT-	DK	RADIO	1	2	8	TELEVISION	1	2	8									
	ACCEP-	NOT																									
	TABLE	ACCEPT-	DK																								
RADIO	1	2	8																								
TELEVISION	1	2	8																								
616	In the last few months, have you heard about family planning: On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures? From town crier Any Other _____ (SPECIFY)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>POSTER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>LEAFLETS OR BROCHURES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TOWN CRIER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER _____</td> <td></td> <td style="text-align: center;">X</td> </tr> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER OR MAGAZINE	1	2	POSTER	1	2	LEAFLETS OR BROCHURES	1	2	TOWN CRIER	1	2	OTHER _____		X	
	YES	NO																									
RADIO	1	2																									
TELEVISION	1	2																									
NEWSPAPER OR MAGAZINE	1	2																									
POSTER	1	2																									
LEAFLETS OR BROCHURES	1	2																									
TOWN CRIER	1	2																									
OTHER _____		X																									
617	In the last few months, have you heard about any message on Radio/T.V. on condom use?	YES 1 NO 2																									
617B	If Yes, (Specify) _____																										
618	In the last few months have you discussed the practice of family planning with your friends, neighbors, or relatives/Spouse?	YES 1 NO 2	→ 620																								
619	With whom? Anyone else? RECORD ALL MENTIONED.	HUSBAND/PARTNER A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER F MOTHER-IN-LAW G FRIENDS/NEIGHBORS H OTHER _____ X (SPECIFY) _____																									
620	CHECK 502: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→ 701																								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
621	<p>Spouses/partners do not always agree on everything. Now I want to ask you about your husband's/partner's views on family planning.</p> <p>Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?</p>	<p>APPROVES 1 DISAPPROVES 2 DON'T KNOW 8</p>	
622	<p>How often have you talked to your husband/partner about family planning in the past year?</p>	<p>NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3</p>	
623	<p>Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?</p>	<p>SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8</p>	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 502 AND 504: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> NEVER MARRIED AND NEVER IN UNION <input type="checkbox"/>		→703 →709
702	How old was your husband/partner on his last birthday?	AGE <input type="text"/>	
703	Did your (last) husband/partner ever attend school?	YES 1 NO 2	→706
704	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3 DON'T KNOW 8	→706
705	What was the highest (grade/form/year) he completed at that level?	GRADE <input type="text"/> DON'T KNOW 98	
706	What (is/was) your (last) husband/partner's occupation? That is, what kind of work (does/did) he mainly do?	<input type="text"/> <input type="text"/> <input type="text"/>	
707	CHECK 706: WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/> DOES (DID) NOT WORK IN AGRICULTURE <input type="checkbox"/>		→709
708	(Does/did) your husband/partner work mainly on his own land or on family land, or (does/did) he rent land, or (does/did) he work on someone else's land?	HIS LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
709	Aside from your own housework, are you currently working?	YES 1 NO 2	→712
710	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES 1 NO 2	→712
711	Have you done any work in the last 12 months?	YES 1 NO 2	→801A
712	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> <input type="text"/>	
713	CHECK 712: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→715

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
714	Do you work mainly on your own land or on family land, or do you rent land or work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
715	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	
716	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	→718 →719
717	During the last 12 months, how many months did you work?	NUMBER OF MONTHS <input type="text"/>	
718	During the last 12 months, how many days a week did you usually work (in the months that you worked)?	NUMBER OF DAYS <input type="text"/>	→720
719	During the last 12 months, approximately how many days did you work?	NUMBER OF DAYS <input type="text"/>	
720	Do you earn cash for your work? PROBE: Do you make money for working?	YES 1 NO 2	→723
721	How much do you usually earn for this work? PROBE: Is this by the day, by the week, or by the month?	PER HOUR 1 <input type="text"/> PER DAY 2 <input type="text"/> PER WEEK 3 <input type="text"/> PER MONTH 4 <input type="text"/> PER YEAR 5 <input type="text"/> OTHER _____ 999996 (SPECIFY)	
722	CHECK 502: YES, CURRENTLY MARRIED, LIVING WITH A MAN <input type="checkbox"/> Who mainly decides how the money you earn will be used: you, your husband/partner, you and your husband/partner jointly, or someone else? NO, NOT IN UNION <input type="checkbox"/> Who mainly decides how the money you earn will be used: you, someone else, or you and someone else jointly?	RESPONDENT DECIDES 1 HUSBAND/PARTNER DECIDES 2 JOINTLY WITH HUSBAND/PARTNER ... 3 SOMEONE ELSE DECIDES 4 JOINTLY WITH SOMEONE ELSE 5	
723	Do you usually work at home or away from home?	HOME 1 AWAY 2	
724	CHECK 217 AND 218: IS A CHILD LIVING AT HOME WHO IS AGE 5 OR LESS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→801A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
725	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	RESPONDENT 01 HUSBAND/PARTNER 02 OLDER FEMALE CHILD 03 OLDER MALE CHILD 04 OTHER RELATIVES 05 NEIGHBOURS 06 FRIENDS 07 SERVANTS/HIRED HELP 08 CHILD IS IN SCHOOL 09 INSTITUTIONAL CHILD CARE 10 HAS NOT WORKED SINCE LAST BIRTH 95 OTHER _____ 96 (SPECIFY)	

SECTION 8. AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801A	Have you heard about diseases that can be transmitted through sexual intercourse?	YES 1 NO 2	→ 801M
801B	Which diseases do you know? RECORD ALL RESPONSES	SYPHILIS A GONORRHEA B AIDS C GENITAL WARTS/CONDYLOMATA D OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DOES NOT KNOW Z	
801C	CHECK 515: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 801M
801D	During the last twelve months, did you have any of these diseases?	YES 1 NO 2 DOES NOT KNOW 8	→ 801M → 801M
801E	Which of the diseases did you have? RECORD ALL RESPONSES	SYPHILIS A GONORRHEA B AIDS C GENITAL WARTS/CONDYLOMATA D OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DOES NOT KNOW Z	
801F	The last time you had (DISEASE(S) FROM 801E) did you seek advice or treatment?	YES 1 NO 2	→ 801J
801G	In the last 12 months, did you have a discharge from your vagina?	YES 1 NO 2 DON'T KNOW 8	
801H	In the last 12 months, did you have sore or ulcer in your private part?	YES 1 NO 2 DON'T KNOW 8	
801I	Where did you seek advice or treatment? ANY OTHER PLACE OR PERSON RECORD ALL MENTIONED	PUBLIC SECTOR GOVT. HOSPITAL A HEALTH CENTER B FP CLINIC C MOBILE CLINIC D DISPENSARY E OTHER PUBLIC SECTOR F MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL/CLINIC G PHARMACY/PMS H PRIVATE DOCTOR I MOBILE CLINIC J OTHER MED. PRIVATE SECTOR K OTHER SHOP L RELATIVES/FRIENDS M TRADITIONAL HEALER N OTHER _____ X (SPECIFY) DOES NOT KNOW Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801J	When you had (DISEASE(S) from 801E) did you inform your partner(s)?	YES 1 NO 2	
801K	When you had (DISEASE(S) from 801E) did you do something not to infect your partner(s)?	YES 1 NO 2 PARTNER ALREADY INFECTED 3	→ 801M
801L	What did you do? RECORD ALL MENTIONED	NO SEXUAL INTERCOURSE A USED CONDOMS B TOOK MEDICINES C REFERRED PARTNER TO HEALTH WORKER D OTHER _____ X (SPECIFY)	
801M	CHECK 801B: DID NOT MENTION "AIDS" <input type="checkbox"/> MENTIONED "AIDS" <input type="checkbox"/>		→ 802
801N	Have you ever heard of a disease called 'AIDS'?	YES 1 NO 2	→ 811C
802	From which sources of information have you learned most about AIDS?? ANY OTHER SOURCES? RECORD ALL MENTIONED.	RADIO A T.V B NEWSPAPER/MAGAZINE C PAMPHLETS/POSTERS D HEALTH WORKERS E MOSQUES/CHURCHES F SCHOOLS/TEACHERS G COMMUNITY MEETINGS H FRIENDS/RELATIVES I WORKPLACE J OTHER _____ X (SPECIFY)	
802B	How can a person get AIDS? ANY OTHER WAYS? RECORD ALL MENTIONED.	SEXUAL INTERCOURSE A SEXUAL INTERCOURSE WITH MULTIPLE PARTNERS B SEX WITH PROSTITUTES C NOT USING CONDOM D HOMOSEXUAL CONTACT E BLOOD TRANSFUSION F INJECTIONS G KISSING H MOSQUITO BITES I CIRCUMCISION J OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
803	Is there anything a person can do to avoid getting HIV or the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8	→ 807































NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
804	What can a person do? ANY OTHER WAYS? RECORD ALL MENTIONED.	SAFE SEX A ABSTAIN FROM SEX B USE CONDOMS C AVOID MULTIPLE SEX PARTNERS D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH HOMOSEXUALS F ENSURE SAFE BLOOD TRANSFUSIONS G ENSURE INJECTIONS WITH STERILIZED NEEDLES H ENSURE CIRCUMCISION WITH CLEAN BLADES/KNIVES I AVOID KISSING J AVOID MOSQUITO BITES K SEEK PROTECTION FROM TRADITIONAL HEALER L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DOES NOT KNOW Z	
805	CHECK 804: MENTION "SAFE SEX" <input type="checkbox"/> DID NOT MENTION "SAFE SEX" <input type="checkbox"/>	— 807	
806	What does "safe sex" mean to you? RECORD ALL MENTIONED	ABSTAIN FROM SEX B USE CONDOMS C HAVE ONLY ONE SEX PARTNER D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH HOMOSEXUALS F OTHER _____ X (SPECIFY) DOES NOT KNOW Z	
807	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DOES NOT KNOW 8	
808	Do you think that persons with AIDS almost never die from the disease, sometimes die, or almost always die from the disease?	ALMOST NEVER 1 SOMETIMES 2 ALMOST ALWAYS 3 DOES NOT KNOW 8	
808A	Can AIDS be cured?	YES 1 NO 2 DOES NOT KNOW 8	
808B	Can AIDS be transmitted from mother to child?	YES 1 NO 2 DOES NOT KNOW 8	→ 808D
808C	What can an infected pregnant mother do to avoid infecting her child with HIV?	TAKE MEDICATION LIKE AZT 1 DO NOT BREASTFEED 2 OTHER _____ 8 (SPECIFY)	
808D	Do you personally know someone who has AIDS or has died of AIDS?	YES 1 NO 2 DOES NOT KNOW 8	


























NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
809	Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?	SMALL 1 MODERATE 2 GREAT 3 NO RISK AT ALL 4 HAS AIDS 5	→809C →811A
809B	Why do you think that you have (NO RISK/A SMALL CHANCE) of getting AIDS? ANY OTHER REASONS? RECORD ALL MENTIONED.	ABSTAIN FROM SEX B USE CONDOMS C AVOID MULTIPLE SEX PARTNERS D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH HOMOSEXUALS F ENSURE SAFE BLOOD TRANSFUSION G ENSURE INJECTION WITH STERILIZED NEEDLE H AVOID KISSING I AVOID MOSQUITO BITES J SEEK PROTECTION FROM TRADITIONAL HEALER K OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DOES NOT KNOW Z	
809C	Why do you think that you have a (MODERATE/GREAT CHANCE) of getting AIDS? ANY OTHER REASONS? RECORD ALL MENTIONED.	DO NOT USE CONDOMS C MORE THAN ONE SEXUAL PARTNER D SEX WITH PROSTITUTES E SPOUSE HAS OTHER (PARTNER(S)) F HOMOSEXUAL CONTACT G HAD BLOOD TRANSFUSION H HAD INJECTIONS WITH UNSTERILISED NEEDLES I SEEK PROTECTION FROM TRADITIONAL HEALER K OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY)	
811A	Since you heard of AIDS, have you changed your behaviour to prevent getting AIDS? IF YES, WHAT DID YOU DO? RECORD ALL MENTIONED	DIDN'T START SEX A STOPPED ALL SEX B STARTED USING CONDOMS C RESTRICTED SEX TO ONE PARTNER D REDUCED NUMBER OF PARTNERS E ADVISE SPOUSE/PARTNER TO BE FAITHFUL F NO MORE HOMOSEXUAL CONTACTS G ENSURE INJECTION WITH STERILIZED NEEDLES H OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO BEHAVIOUR CHANGE Y	→811C

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
811B	Has your knowledge of AIDS influenced or changed your decisions about having sex or your sexual behaviour? IF YES, IN WHAT WAY? RECORD ALL MENTIONED	DIDN'T START SEX A STOPPED ALL SEX B STARTED USING CONDOMS C RESTRICTED SEX TO ONE PARTNER D REDUCED NUMBER OF PARTNERS E NO MORE HOMOSEXUAL CONTACTS F ADVISED PARTNER TO BE FAITHFUL G OTHER _____ W (SPECIFY) OTHER _____ Y (SPECIFY) NO BEHAVIOUR CHANGE Z	
811C	Some people use a condom for sexual intercourse to avoid getting AIDS or other sexually transmitted diseases? Have you ever heard of this?	YES 1 NO 2	→ 811F
811D	CHECK 515: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 901
811E	We may already have talked about this. Have you ever used a condom for sex to avoid getting or transmitted diseases, such as AIDS?	YES 1 NO 2	
811F	Have you given or received money, gifts or favours in return for sex at any time in the last 12 months?	YES 1 NO 2	
811G	If yes, was a condom used?	YES 1 NO 2	

SECTION 9. MATERNAL MORTALITY



NO.	QUESTIONS AND FILTERS		CODING CATEGORIES		SKIP	
901	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?		NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/>			
902	CHECK 901: TWO OR MORE BIRTHS <input type="checkbox"/>	ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>			-916	
903	How many of these births did your mother have before you were born?		NUMBER OF PRECEDING BIRTHS <input type="text"/>			
904	What was the name given to your oldest (next oldest) brother or sister?	(1)	(2)	(3)	(4)	(5)
905	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
906	Is (NAME) still alive?	YES 1 NO 2 GO TO 908 ← 2 DON'T KNOW 8 GO TO [2] ← 8	YES 1 NO 2 GO TO 908 ← 2 DON'T KNOW 8 GO TO [3] ← 8	YES 1 NO 2 GO TO 908 ← 2 DON'T KNOW 8 GO TO [4] ← 8	YES 1 NO 2 GO TO 908 ← 2 DON'T KNOW 8 GO TO [5] ← 8	YES 1 NO 2 GO TO 908 ← 2 DON'T KNOW 8 GO TO [6] ← 8
907	How old is (NAME)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		GO TO [2]	GO TO [3]	GO TO [4]	GO TO [5]	GO TO [6]
908	In what year did (NAME) die?	19 <input type="text"/> GO TO 910 ← 19 DON'T KNOW 98	19 <input type="text"/> GO TO 910 ← 19 DON'T KNOW 98	19 <input type="text"/> GO TO 910 ← 19 DON'T KNOW 98	19 <input type="text"/> GO TO 910 ← 19 DON'T KNOW 98	19 <input type="text"/> GO TO 910 ← 19 DON'T KNOW 98
909	How many years ago did (NAME) die	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
910	How old was (NAME) when he/she died?	<input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [2]	<input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [3]	<input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [4]	<input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [5]	<input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [6]
911	Was (NAME) pregnant when she died?	YES 1 GO TO 914 ← 1 NO 2	YES 1 GO TO 914 ← 1 NO 2	YES 1 GO TO 914 ← 1 NO 2	YES 1 GO TO 914 ← 1 NO 2	YES 1 GO TO 914 ← 1 NO 2
912	Did (NAME) die during childbirth?	YES 1 GO TO 915 ← 1 NO 2	YES 1 GO TO 915 ← 1 NO 2	YES 1 GO TO 915 ← 1 NO 2	YES 1 GO TO 915 ← 1 NO 2	YES 1 GO TO 915 ← 1 NO 2
913	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2 GO TO 915 ← 2	YES 1 NO 2 GO TO 915 ← 2	YES 1 NO 2 GO TO 915 ← 2	YES 1 NO 2 GO TO 915 ← 2	YES 1 NO 2 GO TO 915 ← 2

914 Was her death due to complications of pregnancy or childbirth?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
915 How many children did (NAME) give birth to during her lifetime?	 GO TO [2]	 GO TO [3]	 GO TO [4]	 GO TO [5]	 GO TO [6]
904 What was the name given to your oldest (next oldest) brother or sister?	(6)	(7)	(8)	(9)	(10)
905 Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
906 Is (NAME) still alive?	YES 1 NO 2 GO TO 908<..... DON'T KNOW 8 GO TO [7]<.....	YES 1 NO 2 GO TO 908<..... DON'T KNOW 8 GO TO [8]<.....	YES 1 NO 2 GO TO 908<..... DON'T KNOW 8 GO TO [9]<.....	YES 1 NO 2 GO TO 908<..... DON'T KNOW 8 GO TO [10]<.....	YES 1 NO 2 GO TO 908<..... DON'T KNOW 8 GO TO [11]<.....
907 How old is (NAME)?	 GO TO [7]	 GO TO [8]	 GO TO [9]	 GO TO [10]	 GO TO [11]
908 In what year did (NAME) die?	19  GO TO 910<..... DON'T KNOW 98	19  GO TO 910<..... DON'T KNOW 98	19  GO TO 910<..... DON'T KNOW 98	19  GO TO 910<..... DON'T KNOW 98	19  GO TO 910<..... DON'T KNOW 98
909 How many years ago did (NAME) die?	 GO TO [7]	 GO TO [8]	 GO TO [9]	 GO TO [10]	 GO TO [11]
910 How old was (NAME) when he/she died?	 IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [7]	 IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [8]	 IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [9]	 IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [10]	 IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [11]
911 Was (NAME) pregnant when she died?	YES 1 GO TO 914<..... NO 2	YES 1 GO TO 914<..... NO 2	YES 1 GO TO 914<..... NO 2	YES 1 GO TO 914<..... NO 2	YES 1 GO TO 914<..... NO 2
912 Did (NAME) die during childbirth?	YES 1 GO TO 915<..... NO 2	YES 1 GO TO 915<..... NO 2	YES 1 GO TO 915<..... NO 2	YES 1 GO TO 915<..... NO 2	YES 1 GO TO 915<..... NO 2
913 Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2 GO TO 915<.....	YES 1 NO 2 GO TO 915<.....	YES 1 NO 2 GO TO 915<.....	YES 1 NO 2 GO TO 915<.....	YES 1 NO 2 GO TO 915<.....
914 Was her death due to complications of pregnancy or childbirth?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
915 How many children did (NAME) give birth to during her lifetime?	 GO TO [7]	 GO TO [8]	 GO TO [9]	 GO TO [10]	 GO TO [11]

	(11)	(12)	(13)	(14)	(15)
904 What was the name given to your oldest (next oldest) brother or sister?
905 Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
906 Is (NAME) still alive?	YES 1 NO 2 GO TO 908<.....	YES 1 NO 2 GO TO 908<.....	YES 1 NO 2 GO TO 908<.....	YES 1 NO 2 GO TO 908<.....	YES 1 NO 2 GO TO 908<.....
907 How old is (NAME)	 GO TO [12]	 GO TO [13]	 GO TO [14]	 GO TO [15]	
908 In what year did (NAME) die?	19  GO TO 910<..... DON'T KNOW 98	19  GO TO 910<..... DON'T KNOW 98	19  GO TO 910<..... DON'T KNOW 98	19  GO TO 910<..... DON'T KNOW 98	19  GO TO 910<..... DON'T KNOW 98
909 How many years ago did (NAME) die					
910 How old was (NAME) when he/she died?	 IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [12]	 IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [13]	 IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [14]	 IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [15]	 IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [16]
911 Was (NAME) pregnant when she died?	YES 1 GO TO 914<..... NO 2	YES 1 GO TO 914<..... NO 2	YES 1 GO TO 914<..... NO 2	YES 1 GO TO 914<..... NO 2	YES 1 GO TO 914<..... NO 2
912 Did (NAME) die during childbirth?	YES 1 GO TO 915<..... NO 2	YES 1 GO TO 915<..... NO 2	YES 1 GO TO 915<..... NO 2	YES 1 GO TO 915<..... NO 2	YES 1 GO TO 915<..... NO 2
913 Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2 GO TO 915<.....	YES 1 NO 2 GO TO 915<.....	YES 1 NO 2 GO TO 915<.....	YES 1 NO 2 GO TO 915<.....	YES 1 NO 2 GO TO 915<.....
914 Was her death due to complications of pregnancy or childbirth?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
915 How many children did (NAME) give birth to during her lifetime?	 GO TO [12]	 GO TO [13]	 GO TO [14]	 GO TO [15]	

IF NO MORE BROTHERS OR SISTERS, GO TO 916

916 RECORD THE TIME (END OF INTERVIEW)

HOUR 
MINUTES 

SECTION 10. HEIGHT AND WEIGHT

1001	CHECK 215: ONE OR MORE BIRTHS SINCE JAN. 1996	<input type="checkbox"/>	NO BIRTHS SINCE JAN. 1996	<input type="checkbox"/>	→ END
------	--	--------------------------	---------------------------------	--------------------------	-------

IN 1002 (COLUMNS 2 AND 3) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1996 AND STILL ALIVE. IN 1003 AND 1004 RECORD THE NAME AND BIRTH DATE FOR THE RESPONDENT AND FOR ALL LIVING CHILDREN BORN SINCE JANUARY 1996. IN 1006 AND 1008 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT AND THE LIVING CHILDREN. (NOTE: ALL RESPONDENTS WITH ONE OR MORE BIRTHS SINCE JANUARY 1996 SHOULD BE WEIGHED AND MEASURED EVEN IF ALL OF THE CHILDREN HAVE DIED. IF THERE ARE MORE THAN 2 LIVING CHILDREN BORN SINCE JANUARY 1996, GO TO NEXT PAGE).

		1) RESPONDENT	2) YOUNGEST LIVING CHILD	3) NEXT-TO-YOUNGEST LIVING CHILD
1002	LINE NO. FROM Q212		<input type="checkbox"/>	<input type="checkbox"/>
1003	NAME FROM Q212 FOR CHILDREN	(NAME)	(NAME)	(NAME)
1004	DATE OF BIRTH FROM Q215, AND ASK FOR DAY OF BIRTH		DAY <input type="checkbox"/> <input type="checkbox"/> MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DAY <input type="checkbox"/> <input type="checkbox"/> MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1005	BCG SCAR ON TOP OF LEFT SHOULDER		SCAR SEEN 1 NO SCAR 2	SCAR SEEN 1 NO SCAR 2
1006	HEIGHT (In centimeters)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1007	WAS LENGTH/HEIGHT OF CHILD MEASURED LYING DOWN OR STANDING UP?		LYING 1 STANDING 2	LYING 1 STANDING 2
1008	WEIGHT (In kilograms)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1009	DATE WEIGHED AND MEASURED	DAY <input type="checkbox"/> <input type="checkbox"/> MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DAY <input type="checkbox"/> <input type="checkbox"/> MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DAY <input type="checkbox"/> <input type="checkbox"/> MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1010	RESULT	MEASURED 1 NOT PRESENT 3 REFUSED 4 OTHER 6 (SPECIFY)	MEASURED 1 CHILD SICK 2 CHILD NOT PRESENT 3 CHILD REFUSED 4 MOTHER REFUSED 5 OTHER 6 (SPECIFY)	MEASURED 1 CHILD SICK 2 CHILD NOT PRESENT 3 CHILD REFUSED 4 MOTHER REFUSED 5 OTHER 6 (SPECIFY)
1011	NAME OF MEASURER:	<input type="checkbox"/> <input type="checkbox"/>	NAME OF ASSISTANT:	<input type="checkbox"/> <input type="checkbox"/>
1002	LINE NO. FROM Q212			<input type="checkbox"/>
1002	LINE NO. FROM Q212			<input type="checkbox"/>

1003	NAME FROM Q212 FOR CHILDREN			(NAME)
1004	DATE OF BIRTH FROM Q215, AND ASK FOR DAY OF BIRTH			DAY MONTH YEAR
1005	BCG SCAR ON TOP OF LEFT SHOULDER			SCAR SEEN 1 NO SCAR 2
1006	HEIGHT (In centimeters)			
1007	WAS LENGTH/HEIGHT OF CHILD MEASURED LYING DOWN OR STANDING UP?			LYING 1 STANDING 2
1008	WEIGHT (In kilograms)			
1009	DATE WEIGHED AND MEASURED			DAY MONTH YEAR
1010	RESULT			MEASURED 1 CHILD SICK 2 CHILD NOT PRESENT 3 CHILD REFUSED 4 MOTHER REFUSED 5 OTHER 6 (SPECIFY)
1011	NAME OF MEASURER:		NAME OF ASSISTANT:	

INTERVIEWER'S OBSERVATIONS

To be filled in after completing interview

Comments
about Respondent:

Comments on
Specific Questions:

Any other Comments:

SUPERVISOR'S OBSERVATIONS

Name of Supervisor: _____

Date: _____

EDITOR'S OBSERVATIONS

Name of Editor: _____

Date: _____