

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the National Bureau of Statistics. We are conducting a national survey about the health of women and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The survey usually does not take too much time. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

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

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|-------|
| 101 | RECORD THE TIME. | HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/> | |
| 102 | First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a D'Salaam/Mwanza, Other urban area or in rural area? | DSM/MWANZA 1 OTHER URBAN AREA 2 RURAL AREA/VILLAGE 3 | |
| 103 | How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS. | YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96 | → 105 |
| 104 | Just before you moved here, did you live in D'Salaam/Mwanza, Other urban area or in rural area? | DSM/MWANZA 1 OTHER URBAN AREA 2 RURAL AREA/VILLAGE 3 | |
| 105 | In what month and year were you born? | MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998 | |
| 106 | How old are you in complete years? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT. | AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> | |
| 107 | Have you ever attended school? | YES 1 NO 2 | → 111 |
| 108 | What is the highest level of school you attended: primary, secondary, or higher? | PREPRIMARY 0 PRIMARY 1 POST-PRIMARY TRAINING 2 SECONDARY 3 POST-SECONDARY TRAINING 4 UNIVERSITY 5 | |
| 109 | What is the highest (standard/form/year) you completed at that level? | GRADE <input type="text"/> <input type="text"/> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|-------|
| 110 | CHECK 108: PRIMARY OR LESS <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/> | | → 114 |
| 111 | Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. (2) IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me? | CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5 | |
| 112 | Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)? | YES 1 NO 2 | |
| 113 | CHECK 111: CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/> | | → 115 |
| 114 | Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all? | ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4 | |
| 115 | Do you listen to the radio almost every day, at least once a week, less than once a week or not at all? | ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4 | |
| 116 | Do you watch television almost every day, at least once a week, less than once a week or not at all? | ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4 | |
| 117 | In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away? | NUMBER OF TRIPS <input type="text"/> <input type="text"/> NONE 00 | → 119 |
| 118 | In the last 12 months, have you been away from your home community for more than one month at a time? | YES 1 NO 2 | |
| 119 | What is your religion? | MOSLEM 1 CATHOLIC 2 PROTESTANT 3 NONE 4 OTHER 6 (SPECIFY) | |

¹ Wording of this paragraph should be modified in countries where participation is legally required.

² Each card should have four simple sentences appropriate to the country:

PARENTS LOVE THEIR CHILDREN.
 FARMING IS HARD WORK.
 THE CHILD IS READING A BOOK.
 CHILDREN WORK HARD AT SCHOOL.

Cards should be prepared for every language in which respondents are likely to be literate.

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 <table border="1" data-bbox="1230 348 1328 457" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" data-bbox="1230 415 1328 525" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | | | | | | |
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| | | | | | | | | | | | |
| 204 | Do you have any sons or daughters to whom you have given birth who are alive but do not live with you? | YES 1 NO 2 | → 206 | | | | | | | | |
| 205 | How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'. | SONS ELSEWHERE <table border="1" data-bbox="1230 615 1328 724" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE <table border="1" data-bbox="1230 686 1328 795" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | | | | | | |
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| 206 | Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive? | YES 1 NO 2 | → 208 | | | | | | | | |
| 207 | How many boys have died? And how many girls have died? IF NONE, RECORD '00'. | BOYS DEAD <table border="1" data-bbox="1230 963 1328 1073" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" data-bbox="1230 1035 1328 1144" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | | | | | | |
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| | | | | | | | | | | | |
| 208 | SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'. | TOTAL <table border="1" data-bbox="1230 1152 1328 1262" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> | | | | | | | | | |
| | | | | | | | | | | | |
| 209 | CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY. | | | | | | | | | | |
| 210 | CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> → 226 | | | | | | | | | | |

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
 RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

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

| 212 | 213 | 214 | 215 | 216 | 217 IF ALIVE: | 218 IF ALIVE: | 219 IF ALIVE: | 220 IF DEAD: | 221 |
|--|---------------------------------|----------------------------|---|---------------------------------------|--|-----------------------------|---|--|---|
| What name was given to your next baby? (NAME) | Were any of these births twins? | Is (NAME) a boy or a girl? | In what month and year was (NAME) born? PROBE: What is his/her birthday? | Is (NAME) still alive? | How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. | Is (NAME) living with you? | RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD). | How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. | Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)? |
| 08 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES . . . 1 NO . . . 2 ↓ 220 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES . . . 1 NO 2 | LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221) | DAYS . . . 1 MONTHS 2 YEARS . . 3 | YES 1 NO 2 |
| 09 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES . . . 1 NO . . . 2 ↓ 220 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES . . . 1 NO 2 | LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221) | DAYS . . . 1 MONTHS 2 YEARS . . 3 | YES 1 NO 2 |
| 10 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES . . . 1 NO . . . 2 ↓ 220 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES . . . 1 NO 2 | LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221) | DAYS . . . 1 MONTHS 2 YEARS . . 3 | YES 1 NO 2 |
| 11 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES . . . 1 NO . . . 2 ↓ 220 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES . . . 1 NO 2 | LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221) | DAYS . . . 1 MONTHS 2 YEARS . . 3 | YES 1 NO 2 |
| 12 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES . . . 1 NO . . . 2 ↓ 220 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES . . . 1 NO 2 | LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221) | DAYS . . . 1 MONTHS 2 YEARS . . 3 | YES 1 NO 2 |

IF MORE THAN 12 LIVE BIRTHS, GO TO CONTINUATION QUESTIONNAIRE.

| | | |
|-----|--|--|
| 222 | Have you had any live births since the birth of (NAME OF LAST BIRTH)? | YES 1 NO 2 |
| 223 | 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 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 224 | CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 1999 OR LATER. IF NONE, RECORD '0'. | <input type="text"/> |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|-------|
| 225 | FOR EACH BIRTH SINCE JANUARY 1999, ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. | | |
| 226 | Are you pregnant now? | YES 1 NO 2 UNSURE 8 | → 229 |
| 227 | How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS. | MONTHS <input type="text"/> <input type="text"/> | |
| 228 | At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all? | THEN 1 LATER 2 NOT AT ALL 3 | |
| 229 | Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth? | YES 1 NO 2 | → 237 |
| 230 | When did the last such pregnancy end? | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| 231 | CHECK 230: LAST PREGNANCY ENDED IN <input type="checkbox"/> JAN. 1999 OR LATER LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JAN. 1999 | | → 237 |
| 232 | How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS. | MONTHS <input type="text"/> <input type="text"/> | |
| 233 | Have you ever had any other pregnancies that did not result in a live birth? | YES 1 NO 2 | → 237 |
| 234 | ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 1999. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS. | | |
| 235 | Did you have any pregnancies that terminated before 1999 that did not result in a live birth? | YES 1 NO 2 | → 237 |
| 236 | When did the last such pregnancy that terminated before 1999 end? | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | |
|-----|---|---|-------|--|--|--|--|--|--|--|--|
| 237 | When did your last menstrual period start? _____ (DATE, IF GIVEN) | DAYS AGO 1 <table border="1" data-bbox="1230 149 1328 205"><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1" data-bbox="1230 205 1328 262"><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1" data-bbox="1230 262 1328 319"><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1" data-bbox="1230 319 1328 375"><tr><td></td><td></td></tr></table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996 | | | | | | | | | |
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| | | | | | | | | | | | |
| 238 | From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations? | YES 1 NO 2 DON'T KNOW 8 | ↘ 301 | | | | | | | | |
| 239 | Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods? | JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER 6 (SPECIFY) DON'T KNOW 8 | | | | | | | | | |

SECTION 3. CONTRACEPTION

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

| 301 | Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)? | | 302 | Have you ever used (METHOD)? |
|-----|---|---|--|---------------------------------|
| 01 | FEMALE STERILIZATION Women can have an operation to avoid having any more children. | YES 1 NO 2 | Have you ever had an operation to avoid having any more children? YES 1 NO 2 | |
| 02 | MALE STERILIZATION Men can have an operation to avoid having any more children. | YES 1 NO 2 | Have you ever had a partner who had an operation to avoid having any more children? YES 1 NO 2 | |
| 03 | PILL Women can take a pill every day to avoid becoming pregnant. | YES 1 NO 2 | YES 1 NO 2 | |
| 04 | IUD Women can have a loop or coil placed inside them by a doctor or a nurse. | YES 1 NO 2 | YES 1 NO 2 | |
| 05 | INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for three or more months. | YES 1 NO 2 | YES 1 NO 2 | |
| 06 | IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years. | YES 1 NO 2 | YES 1 NO 2 | |
| 07 | CONDOM Men can put a rubber sheath on their penis before sexual intercourse. | YES 1 NO 2 | YES 1 NO 2 | |
| 08 | FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse. | YES 1 NO 2 | YES 1 NO 2 | |
| 09 | DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse. | YES 1 NO 2 | YES 1 NO 2 | |
| 10 | FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before sexual intercourse. | YES 1 NO 2 | YES 1 NO 2 | |
| 11 | LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned. | YES 1 NO 2 | YES 1 NO 2 | |
| 12 | RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant. | YES 1 NO 2 | YES 1 NO 2 | |
| 13 | WITHDRAWAL Men can be careful and pull out before climax. | YES 1 NO 2 | YES 1 NO 2 | |
| 14 | EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant and must take the pills every day for 5 days. | YES 1 NO 2 | YES 1 NO 2 | |
| 15 | Have you heard of any other ways or methods that women or men can use to avoid pregnancy? | YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2 | YES 1 NO 2 YES 1 NO 2 | |
| 303 | CHECK 302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> | | | → 307 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|---|--------|
| 304 | Have you ever used anything or tried in any way to delay or avoid getting pregnant? | YES 1 NO 2 | → 306 |
| 305 | ENTER '0' IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH. | | → 329 |
| 306 | What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY). | | |
| 307 | Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'. | NUMBER OF CHILDREN <input type="text"/> <input type="text"/> | |
| 308 | CHECK 302 (01): WOMAN NOT STERILIZED <input type="checkbox"/> ↓ WOMAN STERILIZED <input type="checkbox"/> | | → 311A |
| 309 | CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> ↓ PREGNANT <input type="checkbox"/> | | → 318 |
| 310 | Are you currently doing something or using any method to delay or avoid getting pregnant? | YES 1 NO 2 | → 318 |
| 311 | Which method are you using? IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST. | FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTABLES E IMPLANTS F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMEN. METHOD K PERIODIC ABSTINENCE L WITHDRAWAL M OTHER _____ X (SPECIFY) | → 316A |
| 311A | CIRCLE 'A' FOR FEMALE STERILIZATION. | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | |
|------|---|--|------|--|--|--|--|--|--|
| 313 | <p>In what facility did the sterilization take place?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTRE, 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>IF BOTH CODE 'A' AND CODE 'B' ARE CIRCLED IN 311, ASK 313-317 ABOUT FEMALE STERILIZATION ONLY.</p> | <p>GOVERNMENT/PARASTATAL</p> <p>REFERAL/SPEC. HOSPITAL 11</p> <p>REGIONAL HOSPITAL 12</p> <p>DISTRICT HOSPITAL 13</p> <p>HEALTH CENTRE 14</p> <p>DISPENSARY 15</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL/SPEC. HOSPITAL 21</p> <p>DISTRICT HOSPITAL 22</p> <p>GOVT. HEALTH CENTRE 23</p> <p>DISPENSARY 24</p> <p>PRIVATE</p> <p>DISTRICT HOSPITAL 31</p> <p>HEALTH CENTRE 32</p> <p>DISPENSARY 33</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p> | | | | | | | |
| 314 | <p>CHECK 311:</p> <p>CODE 'A' CIRCLED <input type="checkbox"/></p> <p>CODE 'A' NOT CIRCLED <input type="checkbox"/></p> <p>Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?</p> <p>Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | | | | | | | |
| 316 | <p>In what month and year was the sterilization performed?</p> | <p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 316A | <p>In what month and year did you start using (CURRENT METHOD) continuously?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p> | | | | | | | | |
| 316B | <p>CHECK 316/316A, 215 AND 230:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 316/316A</p> <p>GO BACK TO 316/316A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p> | <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> | | | | | | | |
| 317 | <p>CHECK 316/316A:</p> <p>YEAR IS 1999 OR LATER <input type="checkbox"/></p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN MONTH STARTED USING.</p> <p>THEN CONTINUE WITH 318</p> | <p>YEAR IS 1998 OR EARLIER <input type="checkbox"/></p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 1999.</p> <p>THEN SKIP TO → 327</p> | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------|---|--|-----------------------|----|----------------------------|----|--------------------------|----|------------|----|-----------|----|-------------------|----|----------------|----|--------------|----|---------------------|----|-----------------|----|------------------|----|-----------------------------|----|---------------------------|----|------------------|----|--------------------|----|---|
| 318 | <p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 1999. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 1: * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then?</p> <p>IN COLUMN 2, ENTER METHOD SOURCE CODE IN FIRST MONTH OF EACH USE.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 2: * Where did you obtain the method when you started using it? * Where did you get advice on how to use the method [for LAM, rhythm, or withdrawal]</p> <p>IN COLUMN 3, ENTER CODES FOR DISCONTINUATION IN LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 3: * Why did you stop using the (METHOD)? * Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?</p> <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:</p> <p style="padding-left: 40px;">* How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 321 | <p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p> | <table border="0"> <tr><td>NO CODE CIRCLED</td><td>00</td></tr> <tr><td>FEMALE STERILIZATION</td><td>01</td></tr> <tr><td>MALE STERILIZATION</td><td>02</td></tr> <tr><td>PILL</td><td>03</td></tr> <tr><td>IUD</td><td>04</td></tr> <tr><td>INJECTABLES</td><td>05</td></tr> <tr><td>IMPLANTS</td><td>06</td></tr> <tr><td>CONDOM</td><td>07</td></tr> <tr><td>FEMALE CONDOM</td><td>08</td></tr> <tr><td>DIAPHRAGM</td><td>09</td></tr> <tr><td>FOAM/JELLY</td><td>10</td></tr> <tr><td>LACTATIONAL AMEN. METHOD ..</td><td>11</td></tr> <tr><td>PERIODIC ABSTINENCE</td><td>12</td></tr> <tr><td>WITHDRAWAL</td><td>13</td></tr> <tr><td>OTHER METHOD</td><td>96</td></tr> </table> | NO CODE CIRCLED | 00 | FEMALE STERILIZATION | 01 | MALE STERILIZATION | 02 | PILL | 03 | IUD | 04 | INJECTABLES | 05 | IMPLANTS | 06 | CONDOM | 07 | FEMALE CONDOM | 08 | DIAPHRAGM | 09 | FOAM/JELLY | 10 | LACTATIONAL AMEN. METHOD .. | 11 | PERIODIC ABSTINENCE | 12 | WITHDRAWAL | 13 | OTHER METHOD | 96 | <p>→ 329</p> <p>→ 331</p> <p>→ 328</p> <p>→ 325</p> <p>→ 325</p> <p>→ 325</p> <p>→ 325</p> <p>→ 331</p> <p>→ 331</p> <p>→ 331</p> |
| NO CODE CIRCLED | 00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEMALE STERILIZATION | 01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MALE STERILIZATION | 02 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PILL | 03 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IUD | 04 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INJECTABLES | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IMPLANTS | 06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONDOM | 07 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEMALE CONDOM | 08 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DIAPHRAGM | 09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOAM/JELLY | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LACTATIONAL AMEN. METHOD .. | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERIODIC ABSTINENCE | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WITHDRAWAL | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER METHOD | 96 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 322 | <p>You obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE). At that time, were you told about side effects or problems you might have with the method?</p> | <table border="0"> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2</td></tr> </table> | YES | 1 | NO | 2 | <p>→ 324</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 323 | <p>Were you ever told by a health or family planning worker about side effects or problems you might have with the method?</p> | <table border="0"> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2</td></tr> </table> | YES | 1 | NO | 2 | <p>→ 325</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 324 | <p>Were you told what to do if you experienced side effects or problems?</p> | <table border="0"> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2</td></tr> </table> | YES | 1 | NO | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|---|
| 325 | <p>CHECK 322:</p> <p>CODE '1' CIRCLED <input type="checkbox"/></p> <p>CODE '1' NOT CIRCLED <input type="checkbox"/></p> <p>When you obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE), were you told about other methods of family planning that you could use?</p> <p>At that time, were you told about other methods of family planning that you could use?</p> | <p>YES 1</p> <p>NO 2</p> | → 327 |
| 326 | Were you ever told by a health or family planning worker about other methods of family planning that you could use? | <p>YES 1</p> <p>NO 2</p> | |
| 327 | <p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> | <p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>PERIODIC ABSTINENCE 12</p> <p>WITHDRAWAL 13</p> <p>OTHER METHOD 96</p> | <p>→ 331</p> <p>→ 331</p> <p>→ 331</p> <p>→ 331</p> <p>→ 331</p> <p>→ 331</p> <p>→ 331</p> <p>→ 331</p> <p>→ 331</p> <p>→ 331</p> |
| 328 | <p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTRE, 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>GOVERNMENT/PARASTATAL</p> <p>REFERAL/SPEC. HOSPITAL 11</p> <p>REGIONAL HOSPITAL 12</p> <p>DISTRICT HOSPITAL 13</p> <p>HEALTH CENTRE 14</p> <p>DISPENSARY 15</p> <p>VILLAGE HEALTH POST (W. 16</p> <p>CBD WORKER 17</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL/SPEC. HOSPITAL 21</p> <p>DISTRICT HOSPITAL 22</p> <p>GOVT. HEALTH CENTRE 23</p> <p>DISPENSARY 24</p> <p>PRIVATE</p> <p>DISTRICT HOSPITAL 31</p> <p>HEALTH CENTRE 32</p> <p>DISPENSARY 33</p> <p>OTHER</p> <p>PHARMACY 41</p> <p>NGO 42</p> <p>VCT CENTRE 43</p> <p>SHOP/KIOSK 44</p> <p>BAR 45</p> <p>GUEST HOUSE/HOTEL 46</p> <p>FRIEND/RELATIVE/NEIGHBOUR . . . 47</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> | → 331 |
| 329 | Do you know of a place where a person can obtain a method of family planning? | <p>YES 1</p> <p>NO 2</p> | → 331 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|-------|
| 330 | <p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p> | <p>GOVERNMENT/PARASTATAL</p> <p>REFERAL/SPEC. HOSPITAL B</p> <p>REGIONAL HOSPITAL C</p> <p>DISTRICT HOSPITAL D</p> <p>HEALTH CENTRE E</p> <p>DISPENSARY F</p> <p>VILLAGE HEALTH POST (W. G</p> <p>CBD WORKER H</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL/SPEC. HOSPITAL I</p> <p>DISTRICT HOSPITAL J</p> <p>GOVT. HEALTH CENTRE K</p> <p>DISPENSARY L</p> <p>PRIVATE</p> <p>DISTRICT HOSPITAL M</p> <p>HEALTH CENTRE N</p> <p>DISPENSARY O</p> <p>OTHER</p> <p>PHARMACY P</p> <p>NGO Q</p> <p>VCT CENTRE R</p> <p>SHOP/KIOSK S</p> <p>BAR T</p> <p>GUEST HOUSE/HOTEL U</p> <p>FRIEND/RELATIVE/NEIGHBOUR . V</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> | |
| 331 | In the last 12 months, were you visited by a fieldworker who talked to you about family planning? | <p>YES 1</p> <p>NO 2</p> | |
| 332 | In the last 12 months, have you visited a health facility for care for yourself (or your children)? | <p>YES 1</p> <p>NO 2</p> | → 334 |
| 333 | Did any staff member at the health facility speak to you about family planning methods? | <p>YES 1</p> <p>NO 2</p> | |
| 334 | In the past 6 months, have you seen or heard a message about Mama Ushauri? | <p>YES 1</p> <p>NO 2</p> | → 401 |
| 335 | <p>Where did you see or hear the message about Mama Ushauri?</p> <p>RECORD ALL MENTIONED</p> | <p>RADIO A</p> <p>TELEVISION B</p> <p>NEWSPAPER C</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p> | |

¹ In countries without a social marketing program for pills, pill users skip to 316A.

² Pill users skip to 316A after last question on social marketing.

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

| | | | | |
|-----|--|--|---|---|
| 401 | CHECK 224: ONE OR MORE BIRTHS IN 1999 OR LATER <input type="checkbox"/> NO BIRTHS IN 1999 OR LATER <input type="checkbox"/> | → 487 | | |
| 402 | ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1999 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.) | | | |
| 403 | LINE NUMBER FROM 212 | LAST BIRTH LINE NUMBER ... <input type="text"/> <input type="text"/> | NEXT-TO-LAST BIRTH LINE NUMBER ... <input type="text"/> <input type="text"/> | SECOND-FROM-LAST BIRTH LINE NUMBER ... <input type="text"/> <input type="text"/> |
| 404 | FROM 212 AND 216 | NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> | NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> | NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> |
| 405 | At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all? | THEN 1 (SKIP TO 407) ← LATER 2 NOT AT ALL 3 (SKIP TO 407) ← | THEN 1 (SKIP TO 423) ← LATER 2 NOT AT ALL 3 (SKIP TO 423) ← | THEN 1 (SKIP TO 423) ← LATER 2 NOT AT ALL 3 (SKIP TO 423) ← |
| 406 | How much longer would you like to have waited? | MONTHS . 1 <input type="text"/> <input type="text"/> YEARS . 2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998 | MONTHS . 1 <input type="text"/> <input type="text"/> YEARS . 2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998 | MONTHS . 1 <input type="text"/> <input type="text"/> YEARS . 2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998 |
| 407 | Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN. | HEALTH PROFESSIONAL DOCTOR/AMO CLINICAL OFFICER B ASST. CLINICAL OFFICER C NURSE/MIDWIFE . D MCH AIDE E OTHER PERSON VILLAGE HEALTH WORKER F TRAINED BIRTH ATTENDANT . G TRADITIONAL BIRTH ATTEND. H RELATIVE/FRIEND I OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 415) ← | | |
| | | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |

| | | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|------|--|---|----------------------------------|--------------------------------------|
| 407A | Where did you receive antenatal care for this pregnancy? Anywhere else? | HOME A GOV. PARASTATAL REFERAL/SPEC. HOSPITAL ... B REGIONAL HOSP. C DISTRICT HOSP. D HEALTH CENT. E DISPENSARY ... F VILLAGE HEALTH POST G CBD WORKER . H RELIGIOUS/VOLUNTARY REFERAL/SPEC. HOSPITAL ... I DISTRICT HOSP. J HEALTH CENT. K DISPENSARY ... L PRIVATE SPECIALISED HOSPITAL ... M HEALTH CENT. . N DISPENSARY O OTHER _____ X (SPECIFY) | | |
| 408 | How many months pregnant were you when you first received antenatal care for this pregnancy? | MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98 | | |
| 409 | How many times did you receive antenatal care during this pregnancy? | NUMBER OF TIMES . <input type="text"/> <input type="text"/> DON'T KNOW 98 | | |
| 410 | CHECK 409: NUMBER OF TIMES RECEIVED ANTENATAL CARE | MORE THAN ONCE OR DK ONCE <input type="checkbox"/> ONCE OR DK <input type="checkbox"/> (SKIP TO 412) <input type="checkbox"/> ↓ ↓ | | |
| 411 | How many months pregnant were you the last time you received antenatal care? | MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98 | | |

| | | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|---|--|----------------------------------|--------------------------------------|
| 412 | During this pregnancy, were any of the following done at least once? | <p style="text-align: right;">YES NO</p> WERE YOU WEIGHED? WEIGHT ... 1 2 WAS YOUR HEIGHT MEASURED? HEIGHT ... 1 2 WAS YOUR BLOOD PRESSURE MEASURED? BP 1 2 DID YOU GIVE A URINE SAMPLE? URINE 1 2 DID YOU GIVE A BLOOD SAMPLE? BLOOD ... 1 2 | | |
| 413 | Were you told about the signs of pregnancy complications? | YES 1 NO 2 (SKIP TO 415) ← DON'T KNOW 8 | | |
| 414 | Were you told where to go if you had these complications? | YES 1 NO 2 DON'T KNOW 8 | | |
| 415 | During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth? | YES 1 NO 2 (SKIP TO 417) ← DON'T KNOW 8 | | |
| 416 | During this pregnancy, how many times did you get this injection? | TIMES <input type="text"/> DON'T KNOW ... 8 | | |
| 417 | During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP. | YES 1 NO 2 (SKIP TO 419) ← DON'T KNOW 8 | | |
| 418 | During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS. | NUMBER OF DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ... 998 | | |
| 419 | During this pregnancy, did you have difficulty with your vision during the daylight? | YES 1 NO 2 DON'T KNOW 8 | | |
| 420 | During this pregnancy, did you suffer from night blindness [USE LOCAL TERM]? | YES 1 NO 2 DON'T KNOW 8 | | |
| 421 | During this pregnancy, did you take any drugs to prevent you from getting malaria? | YES 1 NO 2 (SKIP TO 423) ← DON'T KNOW 8 | | |

| | | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ | | |
|------|--|---|----------------------------------|--------------------------------------|---|---|
| 422 | What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT. | SP A CHLOROQUINE . . . B DON'T KNOW Z OTHER _____ X (SPECIFY) | | | | |
| 422A | CHECK 422: DRUGS TAKEN FOR MALARIA PREVENTION | CODE 'A' CODE 'A' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/> (SKIP TO 423) | | | | |
| 422B | How many times did you take SP during this pregnancy? | TIMES <input type="text"/> | | | | |
| 422C | CHECK 407: ANTENATAL CARE RECEIVED DURING THIS PREGNANCY? | CODE 'A', 'B', C', 'D', OR 'E' CIRCLED OTHER <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 423) | | | | |
| 422D | Did you get the SP during an antenatal visit, during another visit to a health facility or from some other source? RECORD ALL MENTIONED. | ANTENATAL VISIT . . . A ANOTHER FACILITY VISIT B OTHER SOURCE _____ X (SPECIFY) | | | | |
| 423 | When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small? | VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8 | | | VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8 | VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8 |
| 424 | Was (NAME) weighed at birth? | YES 1 NO 2 (SKIP TO 426) ← DON'T KNOW 8 | | | YES 1 NO 2 (SKIP TO 426) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 426) ← DON'T KNOW 8 |
| 425 | How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE. | GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998 | | | GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998 | GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998 |

| | | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|--|--|--|--|
| 426 | <p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY</p> | <p>HEALTH PROFESSIONAL DOCTOR/AMO A CLINICAL OFFICER B ASST. CLINICAL OFFICER C NURSE/MIDWIFE . D MCH AIDE E OTHER PERSON VILLAGE HEALTH WORKER F TRAINED BIRTH ATTENDANT . G TRADITIONAL BIRTH ATTEND. H RELATIVE/FRIEND I</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE Y</p> | <p>HEALTH PROFESSIONAL DOCTOR/AMO A CLINICAL OFFICER B ASST. CLINICAL OFFICER C NURSE/MIDWIFE . D MCH AIDE E OTHER PERSON VILLAGE HEALTH WORKER F TRAINED BIRTH ATTENDANT . G TRADITIONAL BIRTH ATTEND. H RELATIVE/FRIEND I</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE Y</p> | <p>HEALTH PROFESSIONAL DOCTOR/AMO A CLINICAL OFFICER B ASST. CLINICAL OFFICER C NURSE/MIDWIFE . D MCH AIDE E OTHER PERSON VILLAGE HEALTH WORKER F TRAINED BIRTH ATTENDANT . G TRADITIONAL BIRTH ATTEND. H RELATIVE/FRIEND I</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE Y</p> |
| 427 | <p>Where did you give birth to (NAME)?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE FACILITY PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____ (NAME OF PLACE)</p> | <p>HOME YOUR HOME ... 01 (SKIP TO 429) ← OTHER HOME ... 02</p> <p>GOV. PARASTATAL REFERAL/SPEC. HOSPITAL ... 11 REGIONAL HOSP. 12 DISTRICT HOSP. 13 HEALTH CENT. 14 DISPENSARY ... 15 VILLAGE HEALTH POST 16 CBD WORKER . 17</p> <p>RELIGIOUS/VOLUNTARY REFERAL/SPEC. HOSPITAL ... 21 DISTRICT HOSP. 22 HEALTH CENT. 23 DISPENSARY ... 24</p> <p>PRIVATE SPECIALISED HOSPITAL ... 31 HEALTH CENT. . 32 DISPENSARY ... 33</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 429) ←</p> | <p>HOME YOUR HOME ... 01 (SKIP TO 429) ← OTHER HOME ... 02</p> <p>GOV. PARASTATAL REFERAL/SPEC. HOSPITAL ... 11 REGIONAL HOSP. 12 DISTRICT HOSP. 13 HEALTH CENT. 14 DISPENSARY ... 15 VILLAGE HEALTH POST 16 CBD WORKER . 17</p> <p>RELIGIOUS/VOLUNTARY REFERAL/SPEC. HOSPITAL ... 21 DISTRICT HOSP. 22 HEALTH CENT. 23 DISPENSARY ... 24</p> <p>PRIVATE SPECIALISED HOSPITAL ... 31 HEALTH CENT. . 32 DISPENSARY ... 33</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 429) ←</p> | <p>HOME YOUR HOME ... 01 (SKIP TO 429) ← OTHER HOME ... 02</p> <p>GOV. PARASTATAL REFERAL/SPEC. HOSPITAL ... 11 REGIONAL HOSP. 12 DISTRICT HOSP. 13 HEALTH CENT. 14 DISPENSARY ... 15 VILLAGE HEALTH POST 16 CBD WORKER . 17</p> <p>RELIGIOUS/VOLUNTARY REFERAL/SPEC. HOSPITAL ... 21 DISTRICT HOSP. 22 HEALTH CENT. 23 DISPENSARY ... 24</p> <p>PRIVATE SPECIALISED HOSPITAL ... 31 HEALTH CENT. . 32 DISPENSARY ... 33</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 429) ←</p> |
| 428 | <p>Was (NAME) delivered by caesarean section?</p> | <p>YES 1 NO 2</p> | <p>YES 1 NO 2</p> | <p>YES 1 NO 2</p> |

| | | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|------|--|---|---|---|
| 428A | After you delivered, did the health facility give you a birth notification form for the baby? | YES 1 (SKIP TO 432B) ← NO 2 DON'T KNOW 3 | YES 1 (SKIP TO 432B) ← NO 2 DON'T KNOW 3 | YES 1 (SKIP TO 432B) ← NO 2 DON'T KNOW 3 |
| 428B | Did you get a birth notification form from any other place? | YES 1 NO 2 → 432B DON'T KNOW . 3 | YES 1 NO 2 → 432B DON'T KNOW . 3 | YES 1 NO 2 → 432B DON'T KNOW . 3 |
| 429 | After (NAME) was born, did a health professional or a traditional birth attendant check on your health? | YES 1 NO 2 (SKIP TO 432A) ← | YES 1 NO 2 | YES 1 NO 2 |
| 430 | How many days or weeks after delivery did the first check take place? RECORD '00' DAYS IF SAME DAY. | DAYS AFTER DEL 1 <input type="text"/> <input type="text"/> WEEKS AFTER DEL 2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998 | | |
| 431 | Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON. | HEALTH PROFESSIONAL DOCTOR/AMO 11 CLINICAL OFFICER 12 ASST. CLINICAL OFFICER 13 NURSE/MIDWIFE 14 MCH AIDE 15 OTHER PERSON VILLAGE HEALTH WORKER ... 21 TRAINED BIRTH ATTENDANT 22 TRADITIONAL BIRTH ATTEND. 23 RELATIVE/FRIEND 24 OTHER _____ 96 (SPECIFY) | | |

| | | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|------|---|--|---|---|
| 432 | Where did this first check take place? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) | HOME YOUR HOME ... 01 OTHER HOME ... 02 GOV. PARASTATAL REFERAL/SPEC. HOSPITAL ... 11 REGIONAL HOSP. 12 DISTRICT HOSP. 13 HEALTH CENT. 14 DISPENSARY ... 15 VILLAGE HEALTH POST 16 CBD WORKER . 17 RELIGIOUS/VOLUNTARY REFERAL/SPEC. HOSPITAL ... 21 DISTRICT HOSP. 22 HEALTH CENT. 23 DISPENSARY ... 24 PRIVATE SPECIALISED HOSPITAL ... 31 HEALTH CENT. . 32 DISPENSARY ... 33 OTHER _____ 96 (SPECIFY) | | |
| 432A | After (NAME) was born, did you get a birth notification form? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 432B | Do you have a birth certificate for (NAME)? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 433 | In the first two months after delivery, did you receive a vitamin A dose like this? SHOW AMPULE/CAPSULE/ SYRUP. | YES 1 NO 2 | | |
| 434 | Has your period returned since the birth of (NAME)? | YES 1 (SKIP TO 436) ← NO 2 (SKIP TO 437) ← | | |
| 435 | Did your period return between the birth of (NAME) and your next pregnancy? | | YES 1 NO 2 (SKIP TO 439) ← | YES 1 NO 2 (SKIP TO 439) ← |

| | | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|--|---|---|---|
| 436 | For how many months after the birth of (NAME) did you <u>not</u> have a period? | MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98 | MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98 | MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98 |
| 437 | CHECK 226: IS RESPONDENT PREGNANT? | NOT PREG- <input type="checkbox"/> PREGNANT NANT OR <input type="checkbox"/> UNSURE <input type="checkbox"/> (SKIP TO 439) ← | | |
| 438 | Have you resumed sexual relations since the birth of (NAME)? | YES 1 NO 2 (SKIP TO 440) ← | | |
| 439 | For how many months after the birth of (NAME) did you <u>not</u> have sexual relations? | MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98 | MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98 | MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98 |
| 440 | Did you ever breastfeed (NAME)? | YES 1 NO 2 (SKIP TO 447) ← | YES 1 NO 2 (SKIP TO 447) ← | YES 1 NO 2 (SKIP TO 447) ← |
| 441 | How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS. | IMMEDIATELY ... 000 HOURS . 1 <input type="text"/> <input type="text"/> DAYS ... 2 <input type="text"/> <input type="text"/> | IMMEDIATELY ... 000 HOURS . 1 <input type="text"/> <input type="text"/> DAYS ... 2 <input type="text"/> <input type="text"/> | IMMEDIATELY ... 000 HOURS . 1 <input type="text"/> <input type="text"/> DAYS ... 2 <input type="text"/> <input type="text"/> |
| 442 | In the first three days after delivery, before your milk began flowing regularly, was (NAME) given anything to drink other than breast milk? | YES 1 NO 2 (SKIP TO 444) ← | YES 1 NO 2 (SKIP TO 444) ← | YES 1 NO 2 (SKIP TO 444) ← |
| 443 | What was (NAME) given to drink before your milk began flowing regularly? Anything else? RECORD ALL LIQUIDS MENTIONED. | MILK (OTHER THAN BREAST MILK) . A PLAIN WATER ... B SUGAR OR GLUCOSE WATER ... C GRUPE WATER ... D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA . G TEA/INFUSIONS ... H HONEY I OTHER _____ X (SPECIFY) | MILK (OTHER THAN BREAST MILK) . A PLAIN WATER ... B SUGAR OR GLUCOSE WATER . C GRUPE WATER ... D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA . G TEA/INFUSIONS ... H HONEY I OTHER _____ X (SPECIFY) | MILK (OTHER THAN BREAST MILK) . A PLAIN WATER ... B SUGAR OR GLUCOSE WATER . C GRUPE WATER ... D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA . G TEA/INFUSIONS ... H HONEY I OTHER _____ X (SPECIFY) |
| 444 | CHECK 404: IS CHILD LIVING? | LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 446) ← | LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 446) ← | LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 446) ← |
| 445 | Are you still breastfeeding (NAME)? | YES 1 (SKIP TO 448) ← NO 2 | YES 1 (SKIP TO 448) ← NO 2 | YES 1 (SKIP TO 448) ← NO 2 |

| | | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|---|---|---|--|
| 446 | For how many months did you breastfeed (NAME)? | MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98 | MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98 | MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98 |
| 447 | CHECK 404: IS CHILD LIVING? | LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO (SKIP TO 450) TO 454) | LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO (SKIP TO 450) TO 454) | LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 454) |
| 448 | How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER. | NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/> | NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/> | NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/> |
| 449 | How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER. | NUMBER OF DAYLIGHT FEEDINGS . <input type="text"/> <input type="text"/> | NUMBER OF DAYLIGHT FEEDINGS . <input type="text"/> <input type="text"/> | NUMBER OF DAYLIGHT FEEDINGS . <input type="text"/> <input type="text"/> |
| 450 | Did (NAME) drink anything from a bottle with a nipple yesterday or last night? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 452 | How many times did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'. | NUMBER OF TIMES <input type="text"/> DON'T KNOW 8 | NUMBER OF TIMES <input type="text"/> DON'T KNOW 8 | NUMBER OF TIMES <input type="text"/> DON'T KNOW 8 |
| 453 | | GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454. | GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454. | GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 454. |

SECTION 4B. IMMUNIZATION, HEALTH AND NUTRITION

| | | | | | | | | | | | | | | | | | | | | | |
|-----|---|--|--|---|--|--|--|-------|--|--|--|--|--|--|-------|--|--|--|--|--|--|
| 454 | ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1999 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). | | | | | | | | | | | | | | | | | | | | |
| 455 | LINE NUMBER FROM 212 | LAST BIRTH LINE NUMBER | NEXT-TO-LAST BIRTH LINE NUMBER | SECOND-FROM-LAST BIRTH LINE NUMBER | | | | | | | | | | | | | | | | | |
| 456 | FROM 212 AND 216 | NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 456 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 484) | NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 456 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 484) | NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 456 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE BIRTHS, GO TO 484) | | | | | | | | | | | | | | | | | |
| 457 | Did (NAME) receive a vitamin A dose like this during the last 6 months? SHOW AMPULE | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | |
| 458 | Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please? | YES, SEEN 1 (SKIP TO 460) ← YES, NOT SEEN 2 (SKIP TO 462) ← NO CARD 3 | YES, SEEN 1 (SKIP TO 460) ← YES, NOT SEEN 2 (SKIP TO 462) ← NO CARD 3 | YES, SEEN 1 (SKIP TO 460) ← YES, NOT SEEN 2 (SKIP TO 462) ← NO CARD 3 | | | | | | | | | | | | | | | | | |
| 459 | Did you ever have a vaccination card for (NAME)? | YES 1 (SKIP TO 462) ← NO 2 | YES 1 (SKIP TO 462) ← NO 2 | YES 1 (SKIP TO 462) ← NO 2 | | | | | | | | | | | | | | | | | |
| 460 | (1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. | | | | | | | | | | | | | | | | | | | | |
| | | LAST BIRTH DAY MONTH YEAR | NEXT-TO-LAST BIRTH DAY MONTH YEAR | SECOND-FROM-LAST BIRTH DAY MONTH YEAR | | | | | | | | | | | | | | | | | |
| | BCG | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | BCG | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | BCG | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | |
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| | POLIO 0 (POLIO GIVEN AT BIRTH) | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | P0 | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | P0 | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | |
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| | MEASLES | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | MEA | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | MEA | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | |
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| | VITAMIN A (MOST RECENT) | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | VIT A | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | VIT A | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | |
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| | | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|------|---|---|---|---|
| 461 | Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINE(S). (2) | YES 1 (PROBE FOR _____) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) (SKIP TO 464) ← | YES 1 (PROBE FOR _____) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) (SKIP TO 464) ← | YES 1 (PROBE FOR _____) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) (SKIP TO 464) ← |
| | | NO 2 (SKIP TO 464) ← | NO 2 (SKIP TO 464) ← | NO 2 (SKIP TO 464) ← |
| | | DON'T KNOW 8 | DON'T KNOW 8 | DON'T KNOW 8 |
| 462 | Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign? | YES 1 | YES 1 | YES 1 |
| | | NO 2 (SKIP TO 466) ← | NO 2 (SKIP TO 466) ← | NO 2 (SKIP TO 466) ← |
| | | DON'T KNOW 8 | DON'T KNOW 8 | DON'T KNOW 8 |
| 463 | Please tell me if (NAME) received any of the following vaccinations: (3) | | | |
| 463A | A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar? (4) | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 463B | Polio vaccine, that is, drops in the mouth? | YES 1 NO 2 (SKIP TO 463E) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 463E) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 463E) ← DON'T KNOW 8 |
| 463C | When was the first polio vaccine received, just after birth or later? | JUST AFTER BIRTH 1 LATER 2 | JUST AFTER BIRTH 1 LATER 2 | JUST AFTER BIRTH 1 LATER 2 |
| 463D | How many times was the polio vaccine received? | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> |
| 463E | A DPT-HP vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops? (4) | YES 1 NO 2 (SKIP TO 463G) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 463G) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 463G) ← DON'T KNOW 8 |
| 463F | How many times? | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> |
| 463G | An injection to prevent measles? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 464 | Were any of the vaccinations (NAME) received during the last two years given as part of a national immunization day campaign? | YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW 8 | YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW 8 | YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW 8 |

| | | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|------|--|---|---|---|
| 472A | Does (NAME) have a fever now? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 472B | Has (NAME) been ill with convulsions at any time during 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 |
| 472C | CHECK 466 AND 472B HAD FEVER OR CONVULSIONS? | "YES" IN 466 OR 472B <input type="checkbox"/> ↓ OTHER <input type="checkbox"/> (SKIP TO 475) | "YES" IN 466 OR 472B <input type="checkbox"/> ↓ OTHER <input type="checkbox"/> (SKIP TO 475) | "YES" IN 466 OR 472B <input type="checkbox"/> ↓ OTHER <input type="checkbox"/> (SKIP TO 475) |
| 473 | Was (NAME) given any drugs for the (fever/convulsions)? | YES 1 NO 2 (SKIP 474R) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP 474R) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP 474R) ← DON'T KNOW 8 |
| 474 | What drugs did (NAME) take? RECORD ALL MENTIONED. ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN. IF TYPE OF DRUG IS STILL NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT. | ANTI-MALARIAL SP A CHLOROQUINE..... B AMODIAQUINE..... C QUININE..... D ARTESUNATE..... E OTHER DRUGS ASPIRIN F IBUPROFEN/ ACETAMINOPHEN/ PANADOL/ PARACETAMOL ... G OTHER_____ X (SPECIFY) DON'T KNOW..... Z | ANTI-MALARIAL SP A CHLOROQUINE..... B AMODIAQUINE..... C QUININE..... D ARTESUNATE..... E OTHER DRUGS ASPIRIN F IBUPROFEN/ ACETAMINOPHEN/ PANADOL/ PARACETAMOL ... G OTHER_____ X (SPECIFY) DON'T KNOW..... Z | ANTI-MALARIAL SP A CHLOROQUINE..... B AMODIAQUINE..... C QUININE..... D ARTESUNATE..... E OTHER DRUGS ASPIRIN F IBUPROFEN/ ACETAMINOPHEN/ PANADOL/ PARACETAMOL ... G OTHER_____ X (SPECIFY) DON'T KNOW..... Z |
| 474A | Did (NAME) get any injection or suppository for the (fever/convulsions)? | INJECTION A SUPPOSITORY ... B NONE Y DON'T KNOW Z | INJECTION A SUPPOSITORY ... B NONE Y DON'T KNOW Z | INJECTION A SUPPOSITORY ... B NONE Y DON'T KNOW Z |
| 474B | CHECK 474: WHICH MEDICINES? | CODE 'A' CIRCLED <input type="checkbox"/> ↓ CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 474F) ← | CODE 'A' CIRCLED <input type="checkbox"/> ↓ CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 474F) ← | CODE 'A' CIRCLED <input type="checkbox"/> ↓ CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 474F) ← |
| 474C | How long after the (fever/convulsions) started did (NAME) first take SP? | SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8 | SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8 | SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8 |
| 474D | For how many days did (NAME) take the SP? IF 7 OR MORE DAYS, RECORD '7'. | DAYS <input type="text"/> DON'T KNOW 8 | DAYS <input type="text"/> DON'T KNOW 8 | DAYS <input type="text"/> DON'T KNOW 8 |

| | | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|------|--|--|--|--|
| 474E | Did you have the SP at home or did you get it from somewhere else? IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the SP first? | AT HOME 1 OTHER SOURCE .. 2 DON'T KNOW 8 | AT HOME 1 OTHER SOURCE .. 2 DON'T KNOW 8 | AT HOME 1 OTHER SOURCE .. 2 DON'T KNOW 8 |
| 474F | CHECK 474: WHICH MEDICINES? | CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO <input type="checkbox"/> 474J) ← | CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO <input type="checkbox"/> 474J) ← | CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO <input type="checkbox"/> 474J) ← |
| 474G | How long after the (fever/ convulsions) started did (NAME) first take chloroquine? | SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8 | SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8 | SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8 |
| 474H | For how many days did (NAME) take chloroquine? IF 7 OR MORE DAYS, RECORD '7'. | DAYS <input type="checkbox"/> DON'T KNOW 8 | DAYS <input type="checkbox"/> DON'T KNOW 8 | DAYS <input type="checkbox"/> DON'T KNOW 8 |
| 474I | Did you have the chloroquine at home or did you get it from somewhere else? IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the chloroquine first? | AT HOME 1 OTHER SOURCE .. 2 DON'T KNOW 8 | AT HOME 1 OTHER SOURCE .. 2 DON'T KNOW 8 | AT HOME 1 OTHER SOURCE .. 2 DON'T KNOW 8 |
| 474J | CHECK 474: WHICH MEDICINES? | CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO <input type="checkbox"/> 474N) ← | CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO <input type="checkbox"/> 474N) ← | CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO <input type="checkbox"/> 474N) ← |
| 474K | How long after the (fever/ convulsions) started did (NAME) first take Amodiaquine? | SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8 | SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8 | SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8 |
| 474L | For how many days did (NAME) take Amodiaquine? IF 7 OR MORE DAYS, RECORD '7'. | DAYS <input type="checkbox"/> DON'T KNOW 8 | DAYS <input type="checkbox"/> DON'T KNOW 8 | DAYS <input type="checkbox"/> DON'T KNOW 8 |
| 474M | Did you have the Amodiaquine at home or did you get it from somewhere else? IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the Amodiaquine first? | AT HOME 1 OTHER SOURCE .. 2 DON'T KNOW 8 | AT HOME 1 OTHER SOURCE .. 2 DON'T KNOW 8 | AT HOME 1 OTHER SOURCE .. 2 DON'T KNOW 8 |

| | | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|--|--|--|--|
| 478 | Was he/she given any of the following to drink: (6) | YES NO DK | YES NO DK | YES NO DK |
| a | A fluid made from a special packet called [LOCAL NAME FOR ORS PACKET]? | FLUID FROM ORS PKT 1 2 8 | FLUID FROM ORS PKT 1 2 8 | FLUID FROM ORS PKT 1 2 8 |
| b | A government-recommended homemade fluid? | HOMEMADE FLUID 1 2 8 | HOMEMADE FLUID 1 2 8 | HOMEMADE FLUID 1 2 8 |
| 479 | Was anything (else) given to treat the diarrhea? | YES 1 NO 2 (SKIP TO 481) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 481) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 481) ← DON'T KNOW 8 |
| 480 | What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN. | PILL OR SYRUP ... A INJECTION B (IV) INTRAVENOUS . C HOME REMEDIES/ HERBAL MEDICINES D OTHER _____ X (SPECIFY) | PILL OR SYRUP ... A INJECTION B (IV) INTRAVENOUS . C HOME REMEDIES/ HERBAL MEDICINES D OTHER _____ X (SPECIFY) | PILL OR SYRUP ... A INJECTION B (IV) INTRAVENOUS . C HOME REMEDIES/ HERBAL MEDICINES D OTHER _____ X (SPECIFY) |
| 481 | Did you seek advice or treatment for the diarrhea? | YES 1 NO 2 (SKIP TO 483) ← | YES 1 NO 2 (SKIP TO 483) ← | YES 1 NO 2 (SKIP TO 483) ← |
| 482 | Where did you seek advice or treatment? IF SOURCE IS A HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Anywhere else? RECORD ALL PLACES MENTIONED. | GOV. PARASTATAL REFERAL/SPEC. HOSPITAL ... B REGIONAL HOSP. C DISTRICT HOSP. D HEALTH CENT. E DISPENSARY ... F VILLAGE HEALTH POST G CBD WORKER . H RELIGIOUS/VOLUNTARY REFERAL/SPEC. HOSPITAL ... I DISTRICT HOSP. J HEALTH CENT. K DISPENSARY ... L PRIVATE SPECIALISED HOSPITAL ... M HEALTH CENT. . N DISPENSARY O OTHER PHARMACY ... P NGO Q OTHER _____ X (SPECIFY) | GOV. PARASTATAL REFERAL/SPEC. HOSPITAL ... B REGIONAL HOSP. C DISTRICT HOSP. D HEALTH CENT. E DISPENSARY ... F VILLAGE HEALTH POST G CBD WORKER . H RELIGIOUS/VOLUNTARY REFERAL/SPEC. HOSPITAL ... I DISTRICT HOSP. J HEALTH CENT. K DISPENSARY ... L PRIVATE SPECIALISED HOSPITAL ... M HEALTH CENT. . N DISPENSARY O OTHER PHARMACY ... P NGO Q OTHER _____ X (SPECIFY) | GOV. PARASTATAL REFERAL/SPEC. HOSPITAL ... B REGIONAL HOSP. C DISTRICT HOSP. D HEALTH CENT. E DISPENSARY ... F VILLAGE HEALTH POST G CBD WORKER . H RELIGIOUS/VOLUNTARY REFERAL/SPEC. HOSPITAL ... I DISTRICT HOSP. J HEALTH CENT. K DISPENSARY ... L PRIVATE SPECIALISED HOSPITAL ... M HEALTH CENT. . N DISPENSARY O OTHER PHARMACY ... P NGO Q OTHER _____ X (SPECIFY) |
| 483 | | GO BACK TO 456 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484. | GO BACK TO 456 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484. | GO BACK TO 456 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 484. |

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



| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|------|
| 491 | <p>CHECK 215 AND 218:</p> <p>HAS AT LEAST ONE CHILD BORN IN 2001 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE TO 492)</p> <p>_____</p> <p>(NAME)</p> | <p>DOES NOT HAVE ANY CHILDREN BORN IN 2001 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> | 496 |
| 492 | <p>Now I would like to ask you about liquids (NAME FROM Q. 491) drank yesterday.</p> <p>In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) drink (ITEM)?</p> | <p>NUMBER OF TIMES</p> | |
| 493 | <p>Now I would like to ask you about the types of foods (NAME FROM Q. 491) ate yesterday.</p> <p>In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) eat (ITEM)?</p> | <p>NUMBER OF TIMES</p> | |

- | | | | |
|---|--|---|----------------------|
| a | Plain water? | a | <input type="text"/> |
| b | Commercially produced infant formula? | b | <input type="text"/> |
| c | Any other milk such as tinned, powdered, or fresh animal milk? | c | <input type="text"/> |
| d | Fruit juice? | d | <input type="text"/> |
| e | Any other liquids? | e | <input type="text"/> |

IF 7 OR MORE TIMES, RECORD '7'.
IF DON'T KNOW, RECORD '8'.

- | | | | |
|---|--|---|----------------------|
| a | Bread, maize meal (ugali), porridges, millet, rice, sorghum, or any other food made from grains? | a | <input type="text"/> |
| b | Pumpkin, carrots, or yellow/orange sweet potatoes? | b | <input type="text"/> |
| c | Any other food made from roots or tubers, for example cocoyams, irish potatoes, white sweet potatoes, white yams, cassava, or other local roots or tubers? | c | <input type="text"/> |
| d | Any dark green leafy vegetables such as amaranth, cassava, pumpkin, or sweet potato leaves, greens, spinach or other dark green leafy vegetables? | d | <input type="text"/> |
| e | Mango or papaya? | e | <input type="text"/> |
| f | Any other fruits and vegetables [for example, cabbage, bananas, apples, green beans, cucumber, avocados, watermelon, tomatoes]? | f | <input type="text"/> |
| g | Red meat(beef, goat), poultry(chicken), fish, or eggs? | g | <input type="text"/> |
| h | Any food made from legumes [for example, beans, groundnuts, sunflower, pigeon peas, or cowpeas]? | h | <input type="text"/> |
| i | Cheese, milk or yoghurt? | i | <input type="text"/> |
| j | Any food made with oil, fat, vegetable oil, margarine, ghee or butter? | j | <input type="text"/> |
| k | Any other foods? | k | <input type="text"/> |

IF 7 OR MORE TIMES, RECORD '7'.
IF DON'T KNOW, RECORD '8'.

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|--|--------|
| 496 | Do you currently smoke cigarettes or tobacco? IF YES: What type of tobacco do you smoke? RECORD ALL TYPES MENTIONED. | YES, CIGARETTES A YES, PIPE B YES, OTHER TOBACCO C NO Y | |
| 497 | CHECK 496: CODE 'A' CIRCLED <input type="checkbox"/>  CODE 'A' NOT CIRCLED <input type="checkbox"/>  | | 499B |
| 498 | In the last 24 hours, how many cigarettes did you smoke? | CIGARETTES <input type="text"/> <input type="text"/> | |
| 499B | Have you had an injection for any reason in the last six months? IF YES: How many injections did you have? IF NUMBER OF INJECTIONS IS GREATER THAN 94, OR DAILY FOR 3 MONTHS OR MORE, RECORD '95'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. | NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00 | → 499F |
| 499C | Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health workers? IF NUMBER OF INJECTIONS IS GREATER THAN 94, OR DAILY FOR 3 MONTHS OR MORE, RECORD '95'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. | NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00 | → 499F |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|---|--------|
| 499D | The last time you had an injection from a health professional, where did you go for the injection to be given? | <p>GOVERNMENT/PARASTATAL</p> <p>REFERAL/SPEC. HOSPITAL 11</p> <p>REGIONAL HOSPITAL 12</p> <p>DISTRICT HOSPITAL 13</p> <p>HEALTH CENTRE 14</p> <p>DISPENSARY 15</p> <p>VILLAGE HEALTH POST (W. 16</p> <p>CBD WORKER 17</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL/SPEC. HOSPITAL 21</p> <p>DISTRICT HOSPITAL 22</p> <p>GOVT. HEALTH CENTRE 23</p> <p>DISPENSARY 24</p> <p>PRIVATE</p> <p>DISTRICT HOSPITAL 31</p> <p>HEALTH CENTRE 32</p> <p>DISPENSARY 33</p> <p>OTHER</p> <p>PHARMACY 41</p> <p>NGO 42</p> <p>VCT CENTRE 43</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> | |
| 499E | The last time you had an injection, did the person who gave you the injection take the syringe and needle from a new, unopened package? | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | |
| 499F | Have you ever heard of female circumcision? | <p>YES 1</p> <p>NO 2</p> | → 499H |
| 499G | In a number of countries, there is a practice in which a girl may have part of her genitals cut. Have you heard about this practice? | <p>YES 1</p> <p>NO 2</p> | → 501 |
| 499H | Have you been circumcised? | <p>YES 1</p> <p>NO 2</p> | → 499N |
| 499I | Now I would like to ask you what was done to you at this time. Was any flesh removed from the genital area? | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | → 499K |
| 499J | Was the genital area just nicked without removing any flesh? | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | |
| 499K | Was your genital area sewn? | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|---|---------------|
| 499L | <p>How old were you when this occurred?</p> <p>IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.</p> | <p>AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/></p> <p>DURING INFANCY 95</p> <p>DON'T KNOW 98</p> | |
| 499M | <p>Who cut (or nicked) the genitals?</p> | <p>TRADITIONAL</p> <p>TRAD. "CIRCUMCISER" 11</p> <p>TRAD. BIRTH ATTENDANT 12</p> <p>OTHER</p> <p>TRAD. _____ 16</p> <p>(SPECIFY)</p> <p>HEALTH PROFESSIONAL</p> <p>DOCTOR 21</p> <p>TRAINED NURSE/MIDWIFE 22</p> <p>OTHER</p> <p>PROF. _____ 26</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p> | |
| 499N | <p>CHECK 214 AND 216:</p> <p>HAS AT LEAST ONE LIVING DAUGHTER <input type="checkbox"/></p> <p>HAS NO LIVING DAUGHTER <input type="checkbox"/></p> | | <p>→ 499W</p> |
| 499O | <p>Has one of your daughters been circumcised?</p> <p>IF YES: How many?</p> | <p>NUMBER CIRCUMCISED ... <input type="text"/> <input type="text"/></p> <p>NO DAUGHTER CIRCUMCISED 95</p> | <p>→ 499V</p> |
| 499P | <p>To which of your daughters did this happen most recently?</p> <p>_____</p> <p>(DAUGHTER'S NAME)</p> <p>INTERVIEWER: CHECK 212 AND RECORD THE LINE NUMBER FOR THE DAUGHTER.</p> | <p>DAUGHTER'S LINE NUMBER FROM Q212 <input type="text"/> <input type="text"/></p> | |
| 499Q | <p>Now I would like to ask you what was done to (NAME OF THE DAUGHTER FROM Q499P) at this time.</p> <p>Was any flesh removed from her genital area?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | <p>→ 499S</p> |
| 499R | <p>Was her genital area just nicked without removing any flesh?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | |
| 499S | <p>Was her genital area sewn?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | |
| 499T | <p>How old was (NAME OF DAUGHTER FROM Q499P) when this occurred?</p> <p>IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN ESTIMATE.</p> | <p>AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/></p> <p>DURING INFANCY 95</p> <p>DON'T KNOW 98</p> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|--|---|
| 499U | Who cut (or nicked) the genitals? | TRADITIONAL TRAD. "CIRCUMCISER" 11 TRAD. BIRTH ATTENDANT 12 OTHER TRAD. _____ 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 TRAINED NURSE/MIDWIFE 22 OTHER PROF. _____ 26 (SPECIFY) DON'T KNOW 98 | → 499W |
| 499V | Do you intend to have any of your daughters circumcised in the future? | YES 1 NO 2 DON'T KNOW 8 | |
| 499W | Do you think that this practice should be continued, or should it be discontinued? | CONTINUED 1 DISCONTINUED 2 DEPENDS 3 DON'T KNOW 8 | |

SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|--|--|
| 501 | Are you currently married or living together with a man as if married? | YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3 | <input type="checkbox"/> → 504 |
| 502 | Have you ever been married or lived together with a man? | YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3 | <input type="checkbox"/> → 503 <input type="checkbox"/> → 510 |
| 502A | ENTER '0' IN COLUMN 4 OF CALENDAR IN THE MONTH OF INTERVIEW, AND IN EACH MONTH BACK TO JANUARY 1999 _____ | | → 518 |
| 503 | What is your marital status now: are you widowed, divorced, or separated? | WIDOWED 1 DIVORCED 2 SEPARATED 3 | <input type="checkbox"/> → 510 |
| 504 | Is your husband/partner living with you now or is he staying elsewhere? | LIVING TOGETHER 1 STAYING ELSEWHERE 2 | |
| 505 | RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'. | NAME _____ LINE NO. <input type="text"/> <input type="text"/> | |
| 507 | Besides yourself, does your husband/partner have other wives or does he live with other women as if married? | YES 1 NO 2 DK 8 | <input type="checkbox"/> → 510 |
| 508 | Including yourself, how many wives or other partners does your husband live with now? | NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/> DK 98 | |
| 509 | Are you the first, second, ... wife? | RANK <input type="text"/> <input type="text"/> | |
| 510 | Have you been married or lived with a man only once or more than once? | ONLY ONCE 1 MORE THAN ONCE 2 | |
| 511 | CHECK 510: MARRIED/ LIVED WITH A MAN <input type="checkbox"/> ONLY ONCE ↓ In what month and year did you start living with your husband/partner? MARRIED/ LIVED WITH A MAN <input type="checkbox"/> MORE THAN ONCE ↓ Now I would like to ask about when you married or began living with a man as if married for the very first time. In what month and year did you first marry or start living with a man as if married? | MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998 | → 512A |
| 512 | How old were you when you started living with him? | AGE <input type="text"/> <input type="text"/> | |
| 512A | DETERMINE MONTHS MARRIED OR LIVING WITH A MAN SINCE JANUARY 1999. ENTER 'X' IN COLUMN 4 OF CALENDAR FOR EACH MONTH MARRIED OR LIVING WITH A MAN, AND ENTER 'O' FOR EACH MONTH NOT MARRIED/NOT LIVING WITH A MAN, SINCE JANUARY 1999. FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS. FOR WOMEN NOT CURRENTLY IN UNION: PROBE FOR DATE WHEN LAST UNION STARTED AND FOR TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS. | | |
| 513 | CHECK 503: IS RESPONDENT CURRENTLY WIDOWED? NOT ASKED OR NOT WIDOWED <input type="checkbox"/> ↓ WIDOWED <input type="checkbox"/> | | → 516 |

| | | | |
|-----|---|--|--------------------|
| 514 | CHECK 510. MARRIED MORE THAN ONCE <input type="checkbox"/> | MARRIED ONLY ONCE <input type="checkbox"/> | → 518 |
| 515 | How did your previous marriage or union end? | DEATH/WIDOWHOOD 1 DIVORCE 2 SEPARATION 3 | → 518 |
| 516 | Who did most of your late husband's property go to? | RESPONDENT 1 OTHER WIFE 2 SPOUSE'S CHILDREN 3 SPOUSE'S FAMILY 4 OTHER 6 (SPECIFY) NO PROPERTY 7 | → 518 |
| 517 | Did you receive any of your late husband's assets or valuables? | YES 1 NO 2 | |
| 518 | CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. | | |
| 519 | Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you had sexual intercourse for the very first time? | NEVER 00 AGE IN YEARS <input type="text"/> <input type="text"/> 1ST TIME WHEN STARTED LIVING WITH (1ST) HUSBAND/PARTNER ... 95 | → 521 → 521 |
| 520 | Do you intend to wait until you get married to have sexual intercourse for the first time? | YES 1 NO 2 DON'T KNOW/UNSURE 8 | → 545 |
| 521 | CHECK 106: 15-24 YEARS OLD <input type="checkbox"/> | 25-49 YEARS OLD <input type="checkbox"/> | → 526 |
| 522 | The first time you had sexual intercourse, did either of you use a condom? | YES 1 NO 2 DON'T KNOW/DON'T REMEMBER ... 8 | |
| 523 | How old was the person you first had sexual intercourse with? | AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98 | → 526 |
| 524 | Was this person older than you, younger than you, or about the same age as you? | OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW/DON'T REMEMBER ... 8 | → 526 |
| 525 | Would you say this person was ten or more years older than you or less than ten years older than you? | TEN OR MORE YEARS OLDER 1 LESS THAN TEN YEARS OLDER ... 2 OLDER, UNSURE HOW MUCH 3 | |
| 526 | When was the <u>last</u> time you had sexual intercourse? IF 12 MONTHS OR MORE, ANSWER MUST BE CONVERTED AND RECORDED IN YEARS. | DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 | → 541 |

| | | LAST SEXUAL PARTNER | SECOND-TO-LAST SEXUAL PARTNER | THIRD-TO-LAST SEXUAL PARTNER |
|-----|--|--|--|---|
| 527 | The last time you had sexual intercourse with this (second/third) person, was a condom used? (2) | YES 1 NO 2 (SKIP TO 529) ← | YES 1 NO 2 (SKIP TO 529) ← | YES 1 NO 2 (SKIP TO 529) ← |
| 528 | Did you use a condom every time you had sexual intercourse with this person in the last 12 months? | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 |
| 529 | The last time you had sexual intercourse with this (second/third) person, did you or this person drink alcohol? | YES 1 NO 2 (SKIP TO 531) ← | YES 1 NO 2 (SKIP TO 531) ← | YES 1 NO 2 (SKIP TO 531) ← |
| 530 | Were you or your partner drunk at that time? IF YES: Who was drunk? | RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4 | RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4 | RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4 |
| 531 | What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '02' IF NO, CIRCLE '03' | HUSBAND 01 (SKIP TO 537) ← LIVE-IN PARTNEF... 02 BOYFRIEND NOT LIVING WITH RESPONDENT ... 03 CASUAL ACQUAINTANC... 04 COMMERCIAL SEX WORKER ... 05 OTHER _____ 96 (SPECIFY) | HUSBAND 01 (SKIP TO 537) ← LIVE-IN PARTNEF... 02 BOYFRIEND NOT LIVING WITH RESPONDENT ... 03 CASUAL ACQUAINTANC... 04 COMMERCIAL SEX WORKER ... 05 OTHER _____ 96 (SPECIFY) | HUSBAND 01 (SKIP TO 538) ← LIVE-IN PARTNEF... 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT ... 03 CASUAL ACQUAINTANC... 04 COMMERCIAL SEX WORKER ... 05 OTHER _____ 96 (SPECIFY) |
| 532 | For how long (have you had/did you have) sexual relations with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS. | DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS . 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/> | DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS . 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/> | DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS . 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/> |
| 533 | CHECK 106: | 15-24 25-49 Y. OLD Y. OLD <input type="checkbox"/> ↓ (SKIP TO 537) ← | 15-24 25-49 Y. OLD Y. OLD <input type="checkbox"/> ↓ (SKIP TO 537) ← | 15-24 25-49 Y. OLD Y. OLD <input type="checkbox"/> ↓ (SKIP TO 538) ← |
| 534 | How old is this person? | AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 537) ← DON'T KNOW 98 | AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 537) ← DON'T KNOW 98 | AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 538) ← DON'T KNOW 98 |
| 535 | Is this person older than you, younger than you, or about the same age? | OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 537) ← | OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 537) ← | OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 538) ← |
| 536 | Would you say this person is ten or more years older than you or less than ten years older than you? | TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3 | TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3 | TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3 |
| 537 | In addition to [this person/these two people], have you had sexual intercourse with any other person in the last 12 months? | YES 1 (GO BACK TO 527 ← IN NEXT COLUMN) NO 2 (SKIP TO 541) ← | YES 1 (GO BACK TO 527 ← IN NEXT COLUMN) NO 2 (SKIP TO 541) ← | |

SECTION 6. FERTILITY PREFERENCES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|----------------------------------|
| 601 | CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/> | | → 614 |
| 602 | CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children? | HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW: AND PREGNANT 4 AND NOT PREGNANT OR UNSURE 5 | → 604 → 614 → 610 → 608 |
| 603 | CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? | MONTHS 1 YEARS 2 SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT AFTER MARRIAGE 994 OTHER 996 (SPECIFY) DON'T KNOW 998 | → 609 → 614 → 609 |
| 604 | CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> | | → 610 |
| 605 | CHECK 310: USING A CONTRACEPTIVE METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/> | | → 608 |
| 606 | CHECK 603: NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/> | | → 610 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|--------------|
| 607 | <p>CHECK 602:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/> WANTS NO MORE/NONE <input type="checkbox"/></p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Would you please tell me why? You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Would you please tell me why?</p> <p>Any other reason? Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p> | <p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY . . . D</p> <p>SUBFECUND/INFECUND E</p> <p>POSTPARTUM AMENORRHEIC . . . F</p> <p>BREASTFEEDING G</p> <p>FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED . . . J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS O</p> <p>FEAR OF SIDE EFFECTS P</p> <p>LACK OF ACCESS/TOO FAR Q</p> <p>COSTS TOO MUCH R</p> <p>INCONVENIENT TO USE S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES T</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p> | |
| 608 | <p>In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?</p> | <p>BIG PROBLEM 1</p> <p>SMALL PROBLEM 2</p> <p>NO PROBLEM 3</p> <p>SAYS SHE CAN'T GET PREGNANT/NOT HAVING SEX 4</p> | |
| 609 | <p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NO, NOT CURRENTLY USING <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/></p> | | <p>→ 614</p> |
| 610 | <p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | <p>→ 612</p> |
| 611 | <p>Which contraceptive method would you prefer to use?</p> | <p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>PERIODIC ABSTINENCE 12</p> <p>WITHDRAWAL 13</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>UNSURE 98</p> | <p>→ 614</p> |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|--|------|
| 616A | If you wanted to get information on family planning, who would you like to talk to most: | CBD WORKER 01 CLINIC STAFF 02 TBA 03 HUSBAND/PARTNER 04 FRIEND 05 RELATIVE 06 RELIGIOUS LEADERS 07 OTHER _____ 96 (SPECIFY) | |
| 616B | Is it acceptable or not acceptable to you for information on family planning to be provided: On the radio? On the television? In a newspaper or magazine? | YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE ... 1 2 | |
| 617 | In the last six months have you heard about family planning: a) On the radio? b) On the television? c) In a newspaper or magazine? d) From a poster? e) From billboards? f) At community events? g) From live drama? h) From a doctor or nurse? i) From a community health worker? | YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE ... 1 2 POSTER 1 2 BILLBOARD 1 2 COMMUNITY EVENT 1 2 DRAMA 1 2 DOCTOR/NURSE 1 2 HEALTH WORKER 1 2 | |
| 618 | In the past six months, what drama series have you listened to on the radio? CIRCLE THE SERIES MENTIONED SPONTANEOUSLY. FOR SERIES NOT MENTIONED, ASK: In the last 6 months, have you listened to: a) Zinduka? b) Twende na Wakati? c) Other? | YES SPO- YES NTA- PRO- NEOUS BED NO ZINDUKA 1 2 3 TWENDE NA WAKATI 1 2 3 OTHER 1 2 3 | |
| 618A | CHECK 618: LISTENED TO ZINDUKA (CODE '1' OR 2' CIRCLED) <input type="checkbox"/> HAS NOT LISTENED TO ZINDUKA (CODE '3' CIRCLED) <input type="checkbox"/> | | 618E |
| 618B | How often do you listen to Zinduka? | TWICE A WEEK 1 ONCE A WEEK 2 ONCE OR TWICE A MONTH 3 RARELY 4 DON'T KNOW 8 | |
| 618C | As a result of listening to Zinduka, did you do anything or take any action related to family planning? | YES 1 NO 2 DON'T KNOW 8 | 618E |
| 618D | What did you do as a result of listening to Zinduka? RECORD ALL MENTIONED. | TALKED TO PARTNER A TALKED TO A HEALTH WORKER ... B TALKED TO SOMEONE ELSE C VISITED A CLINIC FOR FAM. PLAN. . D BEGAN USING A MOD. METHOD ... E CONTINUED USING A MOD. METH. ... F OTHER _____ X (SPECIFY) | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|--|------|
| 618E | CHECK 618: LISTENED TO TWENDA NA WAKATI <input type="checkbox"/> HAS NOT LISTENED TO TWENDA NA WAKATI <input type="checkbox"/> | | 619 |
| 618F | How often do you listen to Twenda na Wakati? | TWICE A WEEK 1 ONCE A WEEK 2 ONCE OR TWICE A MONTH 3 RARELY 4 | |
| 619 | In the last few months, have you discussed the practice of family planning with your friends, neighbors, or relatives? | YES 1 NO 2 | 621 |
| 620 | With whom? Anyone else? RECORD ALL PERSONS MENTIONED. | HUSBAND/PARTNER A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER(S) F SON(S) G MOTHER(S)-IN-LAW H FRIENDS/NEIGHBORS I OTHER _____ X (SPECIFY) | |
| 621 | CHECK 501: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/> | | 628 |
| 622 | CHECK 311/311A: ANY CODE CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/> | | 624 |
| 623 | You have told me that you are currently using contraception. Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision or did you both decide together? | MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER _____ 6 (SPECIFY) | |
| 624 | Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner approves or disapproves of couples using a contraceptive method to avoid pregnancy? | APPROVES 1 DISAPPROVES 2 DON'T KNOW 8 | |
| 625 | How often have you talked to your husband/partner about family planning in the past year? | NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3 | |
| 626 | CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/> | | 628 |

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

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|------------|
| 701 | CHECK 501 AND 502: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/> | | 703 707 |
| 702 | How old was your husband/partner on his last birthday? | AGE IN COMPLETED YEARS <input type="text"/> <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? | PREPRIMARY 0 PRIMARY 1 POST-PRIMARY TRAINING 2 SECONDARY 3 POST-SECONDARY TRAINING 4 UNIVERSITY 5 DON'T KNOW 8 | → 706 |
| 705 | What was the highest (standard/form/year) he completed at that level? | GRADE <input type="text"/> <input type="text"/> DON'T KNOW 98 | |
| 706 | CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> What is your husband's/partner's occupation? What was your (last) husband's/ That is, what kind of work does partner's occupation? he mainly do? That is, what kind of work did he mainly do? | <input type="text"/> <input type="text"/> <input type="text"/> _____ _____ _____ | |
| 707 | Aside from your own housework, are you currently working? | YES 1 NO 2 | → 710 |
| 708 | As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work? | YES 1 NO 2 | → 710 |
| 709 | Have you done any work in the last 12 months? | YES 1 NO 2 | → 718A |
| 710 | What is your occupation, that is, what kind of work do you mainly do? | <input type="text"/> <input type="text"/> <input type="text"/> _____ _____ _____ | |
| 711 | CHECK 710: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/> | | → 713 |
| 712 | Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land? | OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|---|---|
| 713 | Do you do this work for a member of your family, for someone else, or are you self-employed? | FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3 | |
| 714 | Do you usually work at home or away from home? | HOME 1 AWAY 2 | |
| 715 | Do you usually work throughout the year, or do you work seasonally, or only once in a while? | THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3 | |
| 716 | Are you paid or do you earn in cash or kind for this work or are you not paid at all? | CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4 | → 718A |
| 717 | Who mainly decides how the money you earn will be used? | RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 RESPONDENT AND SOMEONE ELSE JOINTLY 5 | |
| 718 | On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all? | ALMOST NONE 1 LESS THAN HALF 2 ABOUT HALF 3 MORE THAN HALF 4 ALL 5 NONE, HER INCOME IS ALL SAVED . 6 | |
| 718A | Now, I would like to ask you some questions about financial matters. I ask these questions only to understand more about the financial position of women. Do you yourself control the money needed to buy the following? | YES NO DK VEGETABLES/FRUIT.. 1 2 8 CLOTHES 1 2 8 MEDICINE..... 1 2 8 TOILETRIES 1 2 8 | |
| 718B | Please tell me if you alone, or jointly with your husband or someone else own..... | DOES'NT OWN OWN OWN JOINTLY ALONE a) Land? 1 ↘ 2 ↘ 3 → b) The house/dwelling you live in? 1 ↘ 2 ↘ 3 → c) Any other house, apartment, or dwelling? 1 ↘ 2 ↘ 3 → d) Jewelry or gems? 1 ↘ 2 ↘ 3 → e) Livestock such as (cattle, goats, sheep etc) 1 ↘ 2 ↘ 3 → | 718C If you ever need to, can you sell (ASSET) without anyone else's permission YES NO DK 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 |
| 718E | Do you have a bank account or an account in other savings institution in your own name or jointly with someone else? RECORD ALL MENTIONED | YES, IN OWN NAME A YES, JOINT ACCOUNT B NO C | → 718G |
| 718F | Do you operate the account, that is, sign checks or deposit and withdraw money? | YES 1 NO 2 | |
| 718G | Do you know of any programs in this area that give loans to women so they can start or expand a business of their owns? | YES 1 NO 2 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|---|------|
| 718H | Have you yourself ever taken out or been given a loan either in cash or in kind to start or expand business? | YES 1 NO 2 | |
| 719 | Who in your family usually has the final say on the following decisions: a) Your own health care? b) Making large household purchases? c) Making household purchases for daily needs? d) Visits to family or relatives? e) What food should be cooked each day? | RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 DECISION NOT MADE/NOT APPLICABLE = 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 | |
| 720 | PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT) | PRES/ PRES/ NOT LISTEN. NOT PRES LISTEN. CHILDREN < 10 1 2 8 HUSBAND 1 2 8 OTHER MALES 1 2 8 OTHER FEMALES ... 1 2 8 | |
| 721 | Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food? | YES NO DK GOES OUT 1 2 8 NEGL. CHILDREN ... 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNS FOOD 1 2 8 | |

SECTION 8. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------------|--|---|-------|
| 801 | Now I would like to talk about something else. Have you ever heard of an illness called AIDS? | YES 1 NO 2 | → 844 |
| 802 | Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners? | YES 1 NO 2 DON'T KNOW 8 | |
| 803 (1) | Can people get the AIDS virus from mosquito bites? | YES 1 NO 2 DON'T KNOW 8 | |
| 804 | By using condoms each time they have sex, can people reduce their chances of being infected with the AIDS virus? | YES 1 NO 2 DON'T KNOW 8 | |
| 805 (1) | Can people be infected with the AIDS virus by eating from the same plate as someone who is sick with AIDS? | YES 1 NO 2 DON'T KNOW 8 | |
| 806 | Can people reduce their chances of being infected with the AIDS virus if they stop having sex altogether? | YES 1 NO 2 DON'T KNOW 8 | |
| 807 (1) | Can people get the AIDS virus because of witchcraft or other supernatural means? | YES 1 NO 2 DON'T KNOW 8 | |
| 808 | What else can a person do in order to avoid or reduce their chances of being infected by the AIDS virus? Anything else? RECORD ALL WAYS MENTIONED. | ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER ... C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES ... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS . G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY . H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES . K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER ... N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NOTHING ELSE Y DON'T KNOW Z | |
| 810 | Is it possible for a healthy-looking person to have the AIDS virus? | YES 1 NO 2 DON'T KNOW 8 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | |
|---------------------|---|--|----------------|-----|----|----|-------------------|---|---|---|---------------------|---|---|---|-------------------|---|---|---|--|
| 811 | Is it possible for a child to be infected by the AIDS virus: During pregnancy? During delivery? By breastfeeding? | <table style="width: 100%; border: none;"> <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>DURING PREG.</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>DURING DELIVERY ...</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>BREASTFEEDING ...</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 | DURING PREG. | 1 | 2 | 8 | DURING DELIVERY ... | 1 | 2 | 8 | BREASTFEEDING ... | 1 | 2 | 8 | |
| | YES | NO | DK | | | | | | | | | | | | | | | | |
| DURING PREG. | 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| DURING DELIVERY ... | 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| BREASTFEEDING ... | 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| 812 | CHECK 811: AT LEAST <input type="checkbox"/> ONE 'YES' | OTHER <input type="checkbox"/> | → 814 | | | | | | | | | | | | | | | | |
| 813 | Are there any special medications that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | |
| 814 | Is there any special medication that people infected with the AIDS virus can get from a doctor or a nurse? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | |
| 815 | CHECK 215: LAST BIRTH SINCE <input type="checkbox"/> JANUARY 2002 (2) | NO BIRTHS <input type="checkbox"/> LAST BIRTH BEFORE <input type="checkbox"/> JANUARY 2002 (2) | → 824 → 824 | | | | | | | | | | | | | | | | |
| 816 | Now I would like to ask some questions about your last birth. Did you see anyone for antenatal care during that pregnancy? | YES 1 NO 2 | → 824 | | | | | | | | | | | | | | | | |
| 817 | During any of the antenatal visits for that pregnancy, did anyone talk to you about: Babies getting the AIDS virus from their mother? Things that you can do to prevent getting the AIDS virus? Getting tested for the AIDS virus? | <table style="width: 100%; border: none;"> <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>AIDS FROM MOTHER</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>THINGS TO DO .</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>TESTED FOR AIDS .</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 | AIDS FROM MOTHER | 1 | 2 | 8 | THINGS TO DO . | 1 | 2 | 8 | TESTED FOR AIDS . | 1 | 2 | 8 | |
| | YES | NO | DK | | | | | | | | | | | | | | | | |
| AIDS FROM MOTHER | 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| THINGS TO DO . | 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| TESTED FOR AIDS . | 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| 818 | Were you offered a test for the AIDS virus as part of your antenatal care? | YES 1 NO 2 | | | | | | | | | | | | | | | | | |
| 819 | I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care? | YES 1 NO 2 | → 824 | | | | | | | | | | | | | | | | |
| 820 | I don't want to know the results, but did you get the results of the test? | YES 1 NO 2 | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|-------|
| 821 | <p>Where was the test done? (3)</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE SOURCE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> | <p>GOVERNMENT/PARASTATAL</p> <p>REFERAL/SPEC. HOSPITAL 11</p> <p>REGIONAL HOSPITAL 12</p> <p>DISTRICT HOSPITAL 13</p> <p>HEALTH CENTRE 14</p> <p>DISPENSARY 15</p> <p>VILLAGE HEALTH POST (V. 16</p> <p>CBD WORKER 17</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL/SPEC. HOSPITAL 21</p> <p>DISTRICT HOSPITAL 22</p> <p>GOVT. HEALTH CENTRE 23</p> <p>DISPENSARY 24</p> <p>PRIVATE</p> <p>DISTRICT HOSPITAL 31</p> <p>HEALTH CENTRE 32</p> <p>DISPENSARY 33</p> <p>OTHER</p> <p>NGO 42</p> <p>VCT CENTRE 43</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> | |
| 822 | Have you been tested for the AIDS virus since that time you were tested during your pregnancy? | <p>YES 1</p> <p>NO 2</p> | → 825 |
| 823 | When was the last time you were tested for the AIDS virus? | <p>LESS THAN 12 MONTHS AGO 1</p> <p>12 - 23 MONTHS AGO 2</p> <p>2 OR MORE YEARS AGO 3</p> | → 831 |
| 824 | I don't want to know the results, but have you ever been tested to see if you have the AIDS virus? | <p>YES 1</p> <p>NO 2</p> | → 829 |
| 825 | When was the last time you were tested? | <p>LESS THAN 12 MONTHS AGO 1</p> <p>12 - 23 MONTHS AGO 2</p> <p>2 OR MORE YEARS AGO 3</p> | |
| 826 | The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required? | <p>ASKED FOR THE TEST 1</p> <p>OFFERED AND ACCEPTED 2</p> <p>REQUIRED 3</p> | |
| 827 | I don't want to know the results, but did you get the results of the test? | <p>YES 1</p> <p>NO 2</p> | |
| 828 | <p>Where was the test done? (3)</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE SOURCE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> | <p>GOVERNMENT/PARASTATAL</p> <p>REFERAL/SPEC. HOSPITAL 11</p> <p>REGIONAL HOSPITAL 12</p> <p>DISTRICT HOSPITAL 13</p> <p>HEALTH CENTRE 14</p> <p>DISPENSARY 15</p> <p>VILLAGE HEALTH POST (V. 16</p> <p>CBD WORKER 17</p> <p>RELIGIOUS/VOLUNTARY</p> <p>REFERAL/SPEC. HOSPITAL 21</p> <p>DISTRICT HOSPITAL 22</p> <p>GOVT. HEALTH CENTRE 23</p> <p>DISPENSARY 24</p> <p>PRIVATE</p> <p>DISTRICT HOSPITAL 31</p> <p>HEALTH CENTRE 32</p> <p>DISPENSARY 33</p> <p>OTHER</p> <p>NGO 42</p> <p>VCT CENTRE 43</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> | → 831 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|---|-------|
| 829 | Do you know of a place where people can go to get tested for the virus that causes AIDS? | YES 1 NO 2 | → 831 |
| 830 | Where is that? (3) IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL SOURCES MENTIONED. | GOVERNMENT/PARASTATAL REFERAL/SPEC. HOSPITAL B REGIONAL HOSPITAL C DISTRICT HOSPITAL D HEALTH CENTRE E DISPENSARY F VILLAGE HEALTH POST (W) G CBD WORKER H RELIGIOUS/VOLUNTARY REFERAL/SPEC. HOSPITAL I DISTRICT HOSPITAL J GOVT. HEALTH CENTRE K DISPENSARY L PRIVATE DISTRICT HOSPITAL M HEALTH CENTRE N DISPENSARY O OTHER NGO Q VCT CENTRE R OTHER _____ X (SPECIFY) | |
| 831 | If you learn that a fresh food vendor has the AIDS virus, but is not sick, would you buy fresh food from him/her? | YES 1 NO 2 DON'T KNOW 8 | |
| 831A | And if she/he is sick? | YES 1 NO 2 DON'T KNOW 8 | |
| 832 | If a member of your family has been infected with the AIDS virus, but is not sick, would you want it to remain a secret within the family, or not a secret? | YES, REMAIN A SECRET 1 NO 2 DK/NOT SURE/DEPENDS 8 | |
| 833 | If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household? | YES 1 NO 2 DK/NOT SURE/DEPENDS 8 | |
| 834 | In your opinion, if a female teacher has been infected with the AIDS virus, but is not sick, should she continue teaching? | SHOULD CONTINUE 1 SHOULD NOT CONTINUE 2 DK/NOT SURE/DEPENDS 8 | |
| 834A | In your opinion, if a male teacher has been infected with the AIDS virus, should he continue teaching? | SHOULD CONTINUE 1 SHOULD NOT CONTINUE 2 DK/NOT SURE/DEPENDS 8 | |
| 835 | Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus? | YES 1 NO 2 DK ANYONE WITH AIDS 3 DON'T KNOW 8 | → 840 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|------|
| 836 | Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus? | YES 1 NO 2 DON'T KNOW 8 | |
| 837 | Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus? | YES 1 NO 2 DON'T KNOW 8 | |
| 838 | CHECK 835, 836, AND 837: OTHER <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/> → 840 | | |
| 839 | Do you personally know someone who is suspected to have the AIDS virus or who has the AIDS virus? | YES 1 NO 2 | |
| 840 | Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves. | AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8 | |
| 841 | Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community. | AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8 | |
| 842 | Should children age 12-14 be taught about using a condom to avoid AIDS? | YES 1 NO 2 DK/NOT SURE/DEPENDS 8 | |
| 843 | Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid AIDS? | YES 1 NO 2 DK/NOT SURE/DEPENDS 8 | |
| 844 | Do you believe that young men should wait until they are married to have sexual intercourse? | YES 1 NO 2 DK/NOT SURE/DEPENDS 8 | |
| 845 | Do you believe that young women should wait until they are married to have sexual intercourse? | YES 1 NO 2 DK/NOT SURE/DEPENDS 8 | |
| 846 | Do you believe that married men should only have sex with their wives? | YES 1 NO 2 DK/NOT SURE/DEPENDS 8 | |
| 847 | Do you think that most men you know have sex only with their wives? | YES 1 NO 2 DK/NOT SURE/DEPENDS 8 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|-------|
| 848 | Do you believe that married women should only have sex with their husbands? | YES 1 NO 2 DK/NOT SURE/DEPENDS 8 | |
| 849 | Do you think that most women you know have sex only with their husbands? | YES 1 NO 2 DK/NOT SURE/DEPENDS 8 | |
| 850 | <p>CHECK 801:</p> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p> | <p>YES 1</p> <p>NO 2</p> | → 853 |
| 851 | <p>If a man has a sexually transmitted disease, what symptoms might he have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p> | <p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE/DRIPPING ... B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>IMPOTENCE L</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS Y</p> <p>DON'T KNOW Z</p> | |
| 852 | <p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p> | <p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>HARD TO GET PREGNANT/HAVE A CHILD L</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS Y</p> <p>DON'T KNOW Z</p> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|-------|
| 853 | CHECK 519: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/> | | → 901 |
| 854 | CHECK 850: HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/> HAS NOT HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/> | | → 856 |
| 855 | Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact? | YES 1 NO 2 DON'T KNOW 8 | |
| 856 | Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge? | YES 1 NO 2 DON'T KNOW 8 | |
| 857 | Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer? | YES 1 NO 2 DON'T KNOW 8 | |
| 858 | CHECK 855, 856, AND 857: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/> | | → 901 |
| 859 | The last time you had (PROBLEM FROM 505/506/507), did you seek any kind of advice or treatment? | YES 1 NO 2 | → 901 |
| 860 | Where did you go? Any other place? RECORD ALL SOURCES MENTIONED. | GOVERNMENT/PARASTATAL REFERAL/SPEC. HOSPITAL B REGIONAL HOSPITAL C DISTRICT HOSPITAL D HEALTH CENTRE E DISPENSARY F VILLAGE HEALTH POST (V. G CBD WORKER H RELIGIOUS/VOLUNTARY REFERAL/SPEC. HOSPITAL I DISTRICT HOSPITAL J GOVT. HEALTH CENTRE K DISPENSARY L PRIVATE DISTRICT HOSPITAL M HEALTH CENTRE N DISPENSARY O OTHER PHARMACY P NGO Q VCT CENTRE R OTHER _____ X (SPECIFY) | |

- (1) If 803, 805 and/or 807 do not apply to the local context, replace the question using a specific local misconception.
At least two questions related to misconceptions are needed.
- (2) For fieldwork in 2005 and 2006, the year should be 2003 and 2004, respectively.
- (3) Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

SECTION 9. MATERNAL MORTALITY

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | | | | | SKIP |
|-----|---|---|---|---|---|---|---|-------|
| 901 | Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you? | NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/> <input type="text"/> | | | | | | |
| 902 | CHECK 901: <input type="checkbox"/> TWO OR MORE BIRTHS <input type="checkbox"/> | ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/> → 915 | | | | | | → 915 |
| 903 | How many of these births did your mother have before you were born? | NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/> | | | | | | |
| 904 | What was the name given to your oldest (next oldest) brother or sister? | (1) _____ | (2) _____ | (3) _____ | (4) _____ | (5) _____ | (6) _____ | |
| 905 | Is (NAME) male or female? | MALE 1 FEMALE 2 | MALE 1 FEMALE 2 | MALE 1 FEMALE 2 | MALE 1 FEMALE 2 | MALE 1 FEMALE 2 | MALE 1 FEMALE 2 | |
| 906 | Is (NAME) still alive? | YES ... 1 NO ... 2 GO TO 908 ← DK ... 8 GO TO (2) ← | YES ... 1 NO ... 2 GO TO 908 ← DK ... 8 GO TO (3) ← | YES ... 1 NO ... 2 GO TO 908 ← DK ... 8 GO TO (4) ← | YES ... 1 NO ... 2 GO TO 908 ← DK ... 8 GO TO (5) ← | YES ... 1 NO ... 2 GO TO 908 ← DK ... 8 GO TO (6) ← | YES ... 1 NO ... 2 GO TO 908 ← DK ... 8 GO TO (7) ← | |
| 907 | How old is (NAME)? | <input type="text"/> <input type="text"/> GO TO (2) | <input type="text"/> <input type="text"/> GO TO (3) | <input type="text"/> <input type="text"/> GO TO (4) | <input type="text"/> <input type="text"/> GO TO (5) | <input type="text"/> <input type="text"/> GO TO (6) | <input type="text"/> <input type="text"/> GO TO (7) | |
| 908 | How many years ago did (NAME) die? | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | |
| 909 | How old was (NAME) when he/she died? | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2) | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3) | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4) | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5) | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6) | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7) | |
| 910 | Was (NAME) pregnant when she died? | YES ... 1 GO TO 913 ← NO ... 2 | YES ... 1 GO TO 913 ← NO ... 2 | YES ... 1 GO TO 913 ← NO ... 2 | YES ... 1 GO TO 913 ← NO ... 2 | YES ... 1 GO TO 913 ← NO ... 2 | YES ... 1 GO TO 913 ← NO ... 2 | |
| 911 | Did (NAME) die during childbirth? | YES ... 1 GO TO 913 ← NO ... 2 | YES ... 1 GO TO 913 ← NO ... 2 | YES ... 1 GO TO 913 ← NO ... 2 | YES ... 1 GO TO 913 ← NO ... 2 | YES ... 1 GO TO 913 ← NO ... 2 | YES ... 1 GO TO 913 ← NO ... 2 | |
| 912 | Did (NAME) die within two months after the end of a pregnancy or childbirth? | YES ... 1 NO ... 2 | YES ... 1 NO ... 2 | YES ... 1 NO ... 2 | YES ... 1 NO ... 2 | YES ... 1 NO ... 2 | YES ... 1 NO ... 2 | |
| 913 | How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)? | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | |

IF NO MORE BROTHERS OR SISTERS, GO TO 914.

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

IF NO MORE BROTHERS OR SISTERS, GO TO 914.

| | | | | | | | |
|-----|---|--|--|--|--|--|--|
| 914 | <p>CHECK Q910, 911 AND 912 FOR ALL SISTERS</p> <p> <input type="checkbox"/> ANY YES ALL NO <input type="checkbox"/> </p> <p> OR BLANK <input type="checkbox"/> → 915 </p> <p>Just to make sure I have this right, you told me that your sister(s) _____ (NAME) died when she was (pregnant/delivering/just delivered). Is that correct? IF CORRECT, CONTINUE TO 915. IF NOT, CORRECT QUESTIONNAIRE AND CONTINUE TO 915.</p> | | | | | | |
| 915 | RECORD THE TIME. | HOUR MINUTES <div style="float: right; margin-left: 20px;"> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> </div> | | | | | |
| | | | | | | | |
| | | | | | | | |

INSTRUCTIONS:
 ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
 FOR COLUMNS 1 AND 4, ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 PILL
- 4 IUD
- 5 INJECTABLES
- 6 IMPLANTS
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K LACTATIONAL AMENORRHEA METHOD
- L PERIODIC ABSTINENCE
- M WITHDRAWAL
- X OTHER _____
 (SPECIFY)

COL. 2: SOURCE OF CONTRACEPTION

- GOVERNMENT/PARASTATAL
- 1 REFERRAL/SPEC. HOSPITAL
- 2 REGIONAL HOSPITAL
- 3 DISTRICT HOSPITAL
- 4 HEALTH CENTRE
- 5 DISPENSARY
- 6 VILLAGE HEALTH POST (WORKER)
- 7 CBD WORKER
- RELIGIOUS/VOLUNTARY
- 8 REFERRAL/SPEC. HOSPITAL
- 9 DISTRICT (DESIG.) HOSPITAL
- A HEALTH CENTRE
- B DISPENSARY
- PRIVATE
- C SPECIALIZED HOSPITAL
- D HEALTH CENTRE
- E DISPENSARY
- OTHER
- F PHARMACY
- G NGO
- H VCT CENTRE
- I SHOP/KIOSK
- J BAR
- K GUEST HOUSE/HOTEL
- L FRIEND/RELATIVE/NEIGHBOUR
- X OTHER _____
 (SPECIFY)

COL. 3: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH CONCERNS
- 6 SIDE EFFECTS
- 7 LACK OF ACCESS/TOO FAR
- 8 COSTS TOO MUCH
- 9 INCONVENIENT TO USE
- F FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER _____
 (SPECIFY)
- Z DON'T KNOW

COL. 4: MARRIAGE/UNION

- X IN UNION (MARRIED OR LIVING TOGETHER)
- 0 NOT IN UNION

| | | | | 1 | 2 | 3 | 4 | | | |
|-------|----|-----|----|---|---|---|---|----|-----|---|
| 2 | 04 | APR | 09 | | | | | 09 | APR | 2 |
| 0 | 03 | MAR | 10 | | | | | 10 | MAR | 0 |
| 0 | 02 | FEB | 11 | | | | | 11 | FEB | 0 |
| 5 | 01 | JAN | 12 | | | | | 12 | JAN | 5 |
| <hr/> | | | | | | | | | | |
| | 12 | DEC | 13 | | | | | 13 | DEC | |
| | 11 | NOV | 14 | | | | | 14 | NOV | |
| | 10 | OCT | 15 | | | | | 15 | OCT | |
| | 09 | SEP | 16 | | | | | 16 | SEP | |
| 2 | 08 | AUG | 17 | | | | | 17 | AUG | 2 |
| 0 | 07 | JUL | 18 | | | | | 18 | JUL | 0 |
| 0 | 06 | JUN | 19 | | | | | 19 | JUN | 0 |
| 4 | 05 | MAY | 20 | | | | | 20 | MAY | 4 |
| | 04 | APR | 21 | | | | | 21 | APR | |
| | 03 | MAR | 22 | | | | | 22 | MAR | |
| | 02 | FEB | 23 | | | | | 23 | FEB | |
| | 01 | JAN | 24 | | | | | 24 | JAN | |
| <hr/> | | | | | | | | | | |
| | 12 | DEC | 25 | | | | | 25 | DEC | |
| | 11 | NOV | 26 | | | | | 26 | NOV | |
| | 10 | OCT | 27 | | | | | 27 | OCT | |
| | 09 | SEP | 28 | | | | | 28 | SEP | |
| 2 | 08 | AUG | 29 | | | | | 29 | AUG | 2 |
| 0 | 07 | JUL | 30 | | | | | 30 | JUL | 0 |
| 0 | 06 | JUN | 31 | | | | | 31 | JUN | 0 |
| 3 | 05 | MAY | 32 | | | | | 32 | MAY | 3 |
| | 04 | APR | 33 | | | | | 33 | APR | |
| | 03 | MAR | 34 | | | | | 34 | MAR | |
| | 02 | FEB | 35 | | | | | 35 | FEB | |
| | 01 | JAN | 36 | | | | | 36 | JAN | |
| <hr/> | | | | | | | | | | |
| | 12 | DEC | 37 | | | | | 37 | DEC | |
| | 11 | NOV | 38 | | | | | 38 | NOV | |
| | 10 | OCT | 39 | | | | | 39 | OCT | |
| | 09 | SEP | 40 | | | | | 40 | SEP | |
| 2 | 08 | AUG | 41 | | | | | 41 | AUG | 2 |
| 0 | 07 | JUL | 42 | | | | | 42 | JUL | 0 |
| 0 | 06 | JUN | 43 | | | | | 43 | JUN | 0 |
| 2 | 05 | MAY | 44 | | | | | 44 | MAY | 2 |
| | 04 | APR | 45 | | | | | 45 | APR | |
| | 03 | MAR | 46 | | | | | 46 | MAR | |
| | 02 | FEB | 47 | | | | | 47 | FEB | |
| | 01 | JAN | 48 | | | | | 48 | JAN | |
| <hr/> | | | | | | | | | | |
| | 12 | DEC | 49 | | | | | 49 | DEC | |
| | 11 | NOV | 50 | | | | | 50 | NOV | |
| | 10 | OCT | 51 | | | | | 51 | OCT | |
| | 09 | SEP | 52 | | | | | 52 | SEP | |
| 2 | 08 | AUG | 53 | | | | | 53 | AUG | 2 |
| 0 | 07 | JUL | 54 | | | | | 54 | JUL | 0 |
| 0 | 06 | JUN | 55 | | | | | 55 | JUN | 0 |
| 1 | 05 | MAY | 56 | | | | | 56 | MAY | 1 |
| | 04 | APR | 57 | | | | | 57 | APR | |
| | 03 | MAR | 58 | | | | | 58 | MAR | |
| | 02 | FEB | 59 | | | | | 59 | FEB | |
| | 01 | JAN | 60 | | | | | 60 | JAN | |
| <hr/> | | | | | | | | | | |
| | 12 | DEC | 61 | | | | | 61 | DEC | |
| | 11 | NOV | 62 | | | | | 62 | NOV | |
| | 10 | OCT | 63 | | | | | 63 | OCT | |
| | 09 | SEP | 64 | | | | | 64 | SEP | |
| 2 | 08 | AUG | 65 | | | | | 65 | AUG | 2 |
| 0 | 07 | JUL | 66 | | | | | 66 | JUL | 0 |
| 0 | 06 | JUN | 67 | | | | | 67 | JUN | 0 |
| 0 | 05 | MAY | 68 | | | | | 68 | MAY | 0 |
| | 04 | APR | 69 | | | | | 69 | APR | |
| | 03 | MAR | 70 | | | | | 70 | MAR | |
| | 02 | FEB | 71 | | | | | 71 | FEB | |
| | 01 | JAN | 72 | | | | | 72 | JAN | |
| <hr/> | | | | | | | | | | |
| | 12 | DEC | 61 | | | | | 61 | DEC | |
| | 11 | NOV | 62 | | | | | 62 | NOV | |
| | 10 | OCT | 63 | | | | | 63 | OCT | |
| | 09 | SEP | 64 | | | | | 64 | SEP | |
| 1 | 08 | AUG | 65 | | | | | 65 | AUG | 1 |
| 9 | 07 | JUL | 66 | | | | | 66 | JUL | 9 |
| 9 | 06 | JUN | 67 | | | | | 67 | JUN | 9 |
| 9 | 05 | MAY | 68 | | | | | 68 | MAY | 9 |
| | 04 | APR | 69 | | | | | 69 | APR | |
| | 03 | MAR | 70 | | | | | 70 | MAR | |
| | 02 | FEB | 71 | | | | | 71 | FEB | |
| | 01 | JAN | 72 | | | | | 72 | JAN | |

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 THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

