



QUES. NO.

EVER MARRIED WOMAN'S QUESTIONNAIRE

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IDENTIFICATION	
<b>ADMINISTRATIVE INFORMATION</b> GOVERNORATE _____ <input type="text"/> <input type="text"/> DIRECTORATE NAME _____ <input type="text"/> <input type="text"/> SUB-DIRECTORATE NAME _____ <input type="text"/> <input type="text"/> URBAN = 1      RURAL = 2 <input type="text"/>	<b>LISTING INFORMATION</b> SECTOR NUMBER _____ <input type="text"/> <input type="text"/> SECTION NUMBER _____ <input type="text"/> <input type="text"/> CLUSTER NUMBER _____ <input type="text"/> <input type="text"/> HOUSEHOLD NUMBER _____ <input type="text"/> <input type="text"/> <input type="text"/> HOUSEHOLD CLUSTER NUMBER _____ <input type="text"/> <input type="text"/> NAME OF HOUSEHOLD HEAD _____ NAME AND LINE NUMBER OF WOMAN _____ <input type="text"/> <input type="text"/>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	____ / ____ / 2013	____ / ____ / 2013	____ / ____ / 2013	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="3"/> INT. NUMBER <input type="text"/> <input type="text"/> <input type="text"/> RESULT <input type="text"/>
INTERVIEWER'S NAME	_____	_____	_____	
RESULT*	_____	_____	_____	
NEXT VISIT: DATE	____ / ____ / 2013	____ / ____ / 2013		TOTAL NUMBER OF VISITS <input type="text"/>
	_____	_____		
*RESULT CODES: 1 COMPLETED 2 NOT AT HOME 3 POSTPONED 4 REFUSED 5 PARTLY COMPLETED 6 INCAPACITATED 7 OTHER _____ (SPECIFY)				

	FIELD EDITOR	SUPERVISOR	OFFICE EDITOR	KEYER
NAME	_____	_____	_____	_____
SIGNATURE	_____	_____	_____	_____
DATE	____ / ____ / 2013	____ / ____ / 2013	____ / ____ / 2013	____ / ____ / 2013
CODE	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

INTRODUCTION AND CONSENT

**INFORMED CONSENT**

Hello. My name is \_\_\_\_\_. I am working on the National Health & Demographic Survey which is implemented (by the Ministry of Public Health & Population and the Central Statistical Organization). We are conducting a survey about health all over Yemen. The information we collect will help the government to plan health services. Your household was selected for the survey. All of the answers you give will be confidential under Article (5) of the Statistics Law No. (28) for the year 1995 and will be used for statistical and researches purposes only and will not be shared with anyone other than members of our survey team. but we hope you will agree to answer the questions since your views are important. If you don't want to answer any question, just let me know and I will go on to the next question or you can stop the interview at any time.

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

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



SIGNATURE OF INTERVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR ..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>	
102	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	
103	How old were you on your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 108
105	What is the highest level of school you attended: primary, fundamental (preparatory, unified), diploma before secondary, secondary, diploma after secondary, or university/higher?	PRIMARY ..... 1 FUNDAMENTAL (PREPARATORY, UNIFIED) ..... 2 DIPLOMA BEFORE SECONDARY ..... 3 SECONDARY ..... 4 DIPLOMA AFTER SECONDARY.... 5 UNIVERSITY/HIGHER ..... 6	
106	What is the highest (grade/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/YEAR ..... <input type="text"/> <input type="text"/>	
107	CHECK 105 PF PRIMARY FUNDAMENTAL 1-6 <input type="checkbox"/> OTHER LEVELS <input type="checkbox"/>		→ 110

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	Now I would like you to read this sentence to me.  SHOW CARD TO RESPONDENT  IF RESPONDENT CANNOT READ THE 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 BLIND/VISUALLY IMPAIRED ..... 4	
109	CHECK 108:  CODE '2' OR '3' CIRCLED <input type="checkbox"/> CODE '1' OR '4' CIRCLED <input type="checkbox"/>		→ 111
110	Do you read a newspaper or magazine every day, at least once a week, or not at all?	EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 NOT AT ALL ..... 3	
111	Do you listen to the radio every day, at least once a week, or not at all?	EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 NOT AT ALL ..... 3	
112	Do you watch television every day, at least once a week, or not at all?	EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 NOT AT ALL ..... 3	
112A	Are you currently married?	YES, MARRIED ..... 1  NO, NOT MARRIED ..... 2	→ 112C
112B	What is your marital status now: are you widowed or divorced?	WIDOWED ..... 1 DIVORCED ..... 2	
112C	Have you been married only once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2	
112D	CHECK 112C:  MARRIED ONLY ONCE <input type="checkbox"/> ↓ In what month and year did you start living with your husband?  MARRIED MORE THAN ONCE <input type="checkbox"/> ↓ Now I would like to ask about your first husband. In what month and year did you start living with him?	MONTH ..... <input type="text"/> <input type="text"/>  DON'T KNOW MONTH ..... 98  YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW YEAR ..... 9998	→ 201
112E	How old were you when you started living with your (first) husband?	AGE ..... <input type="text"/> <input type="text"/>	

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 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="1238 367 1343 488" 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="1238 450 1343 488" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters who are alive but do not live with you?	YES ..... 1 NO ..... 2	→ 206								
205	How many sons do not live with you?  And how many daughters do not live with you?  IF NONE, RECORD '00'.	SONS ELSEWHERE ..... <table border="1" data-bbox="1238 656 1343 777" 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="1238 739 1343 777" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but died later?  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="1238 1025 1343 1146" 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="1238 1108 1343 1146" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS OF 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL ..... <table border="1" data-bbox="1238 1229 1343 1290" 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 ON SEPARATE ROWS.  
 IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, (STARTING WITH THE SECOND ROW AND CHANGE IT TO 13).

212	213	214	215	216	217	218	219	220	221
					IF ALIVE:			DEAD:	
What name was given to your (first/next) baby?	Is (NAME) a boy or a girl?	Is (NAME) single or twins?	In what month and year was (NAME) born?  PROBE: When 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 2 YEARS, OR RECORD YEARS IF MORE THAN 2 YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (NEXT BIRTH)	DAYS ... 1 MONTHS 2 YEARS ... 3	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↘ BIRTH
03	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↘ BIRTH
04	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↘ BIRTH
05	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↘ BIRTH
06	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↘ BIRTH
07	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↘ BIRTH

212	213	214	215	216	217	218	219	220	221
					IF ALIVE:			DEAD:	
What name was given to your (first/next) baby?	Is (NAME) a boy or a girl?	Is (NAME) single or twins?	In what month and year was (NAME) born?  PROBE: When 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 2 YEARS, OR RECORD YEARS IF MORE THAN 2 YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
08	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES . . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES . . . 1 NO . . . 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS . . 3 <input type="text"/>	YES . . . . 1 ADD ↙ BIRTH NO . . . . . 2 NEXT ↘ BIRTH
09	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES . . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES . . . 1 NO . . . 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS . . 3 <input type="text"/>	YES . . . . 1 ADD ↙ BIRTH NO . . . . . 2 NEXT ↘ BIRTH
10	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES . . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES . . . 1 NO . . . 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS . . 3 <input type="text"/>	YES . . . . 1 ADD ↙ BIRTH NO . . . . . 2 NEXT ↘ BIRTH
11	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES . . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES . . . 1 NO . . . 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS . . 3 <input type="text"/>	YES . . . . 1 ADD ↙ BIRTH NO . . . . . 2 NEXT ↘ BIRTH
12	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES . . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES . . . 1 NO . . . 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS . . 3 <input type="text"/>	YES . . . . 1 ADD ↙ BIRTH NO . . . . . 2 NEXT ↘ BIRTH
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					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)								
224	CHECK 215:  ENTER THE NUMBER OF BIRTHS IN 2008 OR LATER. IF NONE, CIRCLE CODE (0) AND GO TO 226					NUMBER OF BIRTHS . . . . . <input type="text"/> NONE . . . . . 0			→ 226

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	<p><b>C</b> * FOR EACH BIRTH SINCE JANUARY 2008, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE.</p> <p>* 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.</p> <p>* (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)</p>		
226	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE ..... 8	→ 230
227	How many months pregnant are you?  RECORD NUMBER OF COMPLETED MONTHS.  <p><b>C</b> * ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED PREGNANCY MONTHS.</p>	MONTHS ..... <input type="text"/> <input type="text"/>	
228	When you got pregnant, did you want to get pregnant at that time?	YES ..... 1 NO ..... 2	→ 230
229	Did you want to have a baby later on or did you not want any (more) children?	LATER ..... 1 NO MORE ..... 2	
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES ..... 1 NO ..... 2	→ 237a
231	When was the last pregnancy that miscarried, was aborted, or ended in stillbirth?	MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
232	CHECK 231:  LAST PREGNANCY ENDED IN <input type="checkbox"/> JAN. 2008 OR LATER LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JAN. 2008		→ 237a
233	How many months pregnant were you when the last such pregnancy ended? (pregnancy that miscarried, was aborted, or ended in stillbirth)  <p><b>C</b> RECORD NUMBER OF COMPLETED MONTHS.</p> <p>* ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.</p>	MONTHS ..... <input type="text"/> <input type="text"/>	
234	Since January 2008, have you had any other pregnancies that did not result in a live birth?	YES ..... 1 NO ..... 2	→ 236
235	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2008  <p><b>C</b> * ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS FOR EACH PREGNANCY THAT MISCARRIED, WAS ABORTED, OR END IN STILLBIRTH.</p>		
236	Did you have any miscarriages, abortions, or stillbirths that ended before 2008?	YES ..... 1 NO ..... 2	→ 237A
237	When did the last pregnancy that terminated before 2008 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
237A	How old were you when you had your first menstrual period?	AGE IN YEARS ..... <input type="text"/> <input type="text"/>	
238	When did your last menstrual period start?  _____ (DATE, IF GIVEN)	DAYS AGO ..... 1 <input type="text"/> <input type="text"/> WEEKS AGO ..... 2 <input type="text"/> <input type="text"/> MONTHS AGO ..... 3 <input type="text"/> <input type="text"/> YEARS AGO ..... 4 <input type="text"/> <input type="text"/>  IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994  BEFORE LAST BIRTH ..... 995  NEVER MENSTRUATED ..... 996	





SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?	
01	<b>Female Sterilization.</b> PROBE: Women can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2
02	<b>Male Sterilization.</b> PROBE: Men can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2
03	<b>IUD.</b> PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse or midwife.	YES ..... 1 NO ..... 2
04	<b>Injectables.</b> PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES ..... 1 NO ..... 2
05	<b>Implants.</b> PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or two years.	YES ..... 1 NO ..... 2
06	<b>Pill.</b> PROBE: Women can take a pill every day to avoid becoming pregnant.	YES ..... 1 NO ..... 2
07	<b>Condom.</b> PROBE: Men can put a rubber sheath on their penis before sexual intercourse to avoid pregnancy.	YES ..... 1 NO ..... 2
08	<b>Female Condom.</b> PROBE: Women can place a sheath in their vagina before sexual intercourse to avoid pregnancy.	YES ..... 1 NO ..... 2
09	<b>Diaphragm.</b> PROBE It is a soft latex with a spring that creates a seal against the walls of the vagina.	YES ..... 1 NO ..... 2
10	<b>Lactational Amenorrhea Method (LAM):</b>	YES ..... 1 NO ..... 2
11	<b>Rhythm Method.</b> PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES ..... 1 NO ..... 2
12	<b>Withdrawal.</b> PROBE: Men can be careful and pull out before climax.	YES ..... 1 NO ..... 2
13	<b>Emergency Contraception.</b> PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES ..... 1 NO ..... 2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES ..... 1  _____ (SPECIFY)  NO ..... 2
301A	CHECK 112A, 112B:  MARRIED <input type="checkbox"/> DIVORCED, WIDOWED <input type="checkbox"/> → 311	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 311
303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 311
304	Which method are you using?  CIRCLE ALL MENTIONED.  IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION ..... A MALE STERILIZATION ..... B IUD ..... C INJECTABLES ..... D IMPLANTS ..... E PILL ..... F CONDOM ..... G FEMALE CONDOM ..... H DIAPHRAGM ..... I LACTATIONAL AMEN. METHOD ..... J RHYTHM METHOD ..... K WITHDRAWAL ..... L OTHER MODERN METHOD ..... X OTHER TRADITIONAL METHOD ..... Y	→ 308A
307	In what facility did the sterilization take place?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	GOVT. HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12 PRIMARY HEALTH CENTER ..... 13 FAMILY PLANNING CLINIC ..... 14 MOBILE CLINIC ..... 15  PRIVATE SECTOR (HOSPITAL/CLINIC/DOCTOR) ..... 21 NON GOVERNMENT ORGANIZATIONS PR. HOSPITAL/CENTER/ CLINIC/MOBILE CLINIC ..... 31  OTHER _____ 96 (SPECIFY) DON'T KNOW ..... 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
308	In what month and year was the sterilization performed?										
308A	<p>Since what month and year have you been using (CURRENT METHOD) without stopping?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p>	<p>MONTH ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><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>									
309	<p>CHECK 215, 231 AND 308/308A:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308/308A</p> <p>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>									
310	<p>CHECK 308/308A:</p> <p>YEAR IS 2008 OR LATER <input type="checkbox"/></p> <p><b>C</b> ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p>	<p>YEAR IS 2007 OR EARLIER <input type="checkbox"/></p> <p><b>C</b> ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2008</p> <p>THEN SKIP TO <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> 314</p>									
311	<p>I would like to ask you some questions about the times you or your husband 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 2008</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p><b>C</b> IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> <li>* When was the last time you used a method? Which method was that?</li> <li>* When did you start using that method? How long after the birth of (NAME)?</li> <li>* How long did you use the method then?</li> </ul> <p><b>IN COLUMN 2</b>, ENTER CODES FOR DISCONTINUATION NEXT TO THE LAST MONTH OF USE. NUMBER OF CODES IN COLUMN (2) 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:</p> <ul style="list-style-type: none"> <li>* 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?</li> <li>* IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: 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).</li> </ul>										

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	<p>CHECK THE CALENDAR (FOR INTERVIEWER: USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH?)</p> <p>NO METHOD USED <span style="margin-left: 200px;">ANY METHOD USED</span></p> <p><input type="checkbox"/> <span style="margin-left: 200px;"><input type="checkbox"/></span></p> <p style="text-align: right; margin-right: 50px;">→ 314</p>		
313	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 323A
314	<p>CHECK 304:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	NO CODE CIRCLED ..... 00 FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 IUD ..... 03 INJECTABLES ..... 04 IMPLANTS ..... 05 PILL ..... 06 CONDOM ..... 07 FEMALE CONDOM ..... 08 DIAPHRAGM ..... 09 LACTATIONAL AMEN. METHOD ..... 10 RHYTHM METHOD ..... 11 WITHDRAWAL ..... 12 OTHER MODERN METHOD ..... 95 OTHER TRADITIONAL METHOD ..... 96	→ 323A → 317A → 326  → 315A  → 326
315	<p>You first started using (CURRENT METHOD) in (DATE FROM 308/308A). Where did you get it at that time?</p>	GOVT. HOSPITAL ..... 11 GOVT. HEALTH CENTER ..... 12 PRIMARY HEALTH CENTER ..... 13 FAMILY PLANNING CLINIC ..... 14 MOBILE CLINIC ..... 15  PRIVATE SECTOR (HOSPITAL/CLINIC/DOCTOR) ..... 21 PHARMACY ..... 22 NON GOVERNMENT ORGANIZATIONS PR. HOSPITAL/CENTER/ CLINIC/MOBILE CLINIC ..... 31  OTHER _____ 96 (SPECIFY)	
315A	<p>Where did you learn how to use the rhythm/lactational amenorrhea method?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	CHECK 304:  CIRCLE METHOD CODE:  IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUD ..... 03 INJECTABLES ..... 04 IMPLANTS ..... 05 PILL ..... 06 CONDOM ..... 07 FEMALE CONDOM ..... 08 DIAPHRAGM ..... 09 LACTATIONAL AMEN. METHOD ..... 10 RHYTHM METHOD ..... 11	→ 323 → 320 → 326
317	At that time, were you told about side effects or problems you might have with the method?	YES ..... 1 NO ..... 2	→ 319
317A	When you got sterilized, were you told about side effects or problems you might have with the method?		
318	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES ..... 1 NO ..... 2	→ 320
319	Were you told what to do if you experienced side effects or problems?	YES ..... 1 NO ..... 2	
320	CHECK 314:  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">             CODE '1' CIRCLED  </div> <div style="text-align: center;">             CODE '1' NOT CIRCLED  </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="width: 45%;">             At that time, were you told about other methods of family planning that you could use?           </div> <div style="width: 45%;">             When you obtained (CURRENT METHOD FROM 314) from (SOURCE OF METHOD FROM 307 OR 315), were you told about other methods of family planning that you could use?           </div> </div>	YES ..... 1 NO ..... 2	→ 322
321	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES ..... 1 NO ..... 2	
322	CHECK 304:  CIRCLE METHOD CODE:  IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 IUD ..... 03 INJECTABLES ..... 04 IMPLANTS ..... 05 PILL ..... 06 CONDOM ..... 07 FEMALE CONDOM ..... 08 DIAPHRAGM ..... 09 LACTATIONAL AMEN. METHOD ..... 10 RHYTHM METHOD ..... 11 WITHDRAWAL ..... 12 OTHER MODERN METHOD ..... 95 OTHER TRADITIONAL METHOD ..... 96	→ 326          → 326

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
323	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <hr/> <p>(NAME OF PLACE)</p>	<p>GOVT. HOSPITAL ..... 11</p> <p>GOVT. HEALTH CENTER ..... 12</p> <p>PRIMARY HEALTH CENTER ..... 13</p> <p>FAMILY PLANNING CLINIC ..... 14</p> <p>MOBILE CLINIC ..... 15</p> <p>PRIVATE SECTOR (HOSPITAL/CLINIC/DOCTOR) ..... 21</p> <p>PHARMACY ..... 22</p> <p>NON GOVERNMENT ORGANIZATIONS PR. HOSPITAL/CENTER/ CLINIC/MOBILE CLINIC ..... 31</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 326</p>
323A	<p>What is the main reason for not using a method of family planning?</p>	<p><b>FERTILITY-RELATED REASONS</b></p> <p>INFREQUENT SEX .....21</p> <p>MENOPAUSAL/HYSTERECTOMY ..... 22</p> <p>SUBFECUND/INFECUND .....23</p> <p>WANTS (MORE) CHILDREN .....24</p> <p><b>OPPOSITION TO USE</b></p> <p>RESPONDENT OPPOSED .....31</p> <p>HUSBAND OPPOSED ..... 32</p> <p>OTHERS OPPOSED .....33</p> <p>RELIGIOUS PROHIBITION .....34</p> <p><b>LACK OF KNOWLEDGE</b></p> <p>KNOWS NO METHOD .....41</p> <p>KNOWS NO SOURCE .....42</p> <p><b>METHOD-RELATED REASONS</b></p> <p>HEALTH CONCERNS .....51</p> <p>COSTS TOO MUCH .....52</p> <p>LACK OF ACCESS/TOO FAR ..... 53</p> <p>OTHER _____ 96 (SPECIFY)</p>	
324	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 326</p>
325	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <hr/> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL ..... A</p> <p>GOVT. HEALTH CENTER ..... B</p> <p>PRIMARY HEALTH CENTER ..... C</p> <p>FAMILY PLANNING CLINIC ..... D</p> <p>MOBILE CLINIC ..... E</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PR. HOSPITAL/CLINIC/DOCTOR... F</p> <p>PHARMACY ..... G</p> <p>NON GOVERNMENT ORGANIZATIONS PR. HOSPITAL/CLINIC/DOCTOR... H</p> <p>OTHER _____ X (SPECIFY)</p>	
326	<p>In the last 12 months, were you visited by a fieldworker who talked to you about family planning?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
327	<p>In the last 12 months, have you visited a health facility for care for yourself (or your children)?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 401</p>
328	<p>Did any staff member at this health facility speak to you about family planning methods?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: ONE OR MORE BIRTHS IN 2008 OR LATER <input type="checkbox"/> NO BIRTHS IN 2008 OR LATER <input type="checkbox"/> → 556			
402	CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2008 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 some questions about your children born in the last five years. We will talk about each separately.			
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY 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	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES ..... 1 (SKIP TO 407A) ← NO ..... 2	YES ..... 1 (SKIP TO 430) ← NO ..... 2	YES ..... 1 (SKIP TO 430) ← NO ..... 2
406	Did you want to have a baby later on, or did you not want any (more) children?	LATER ..... 1 NO MORE ..... 2 (SKIP TO 407A) ←	LATER ..... 1 NO MORE ..... 2 (SKIP TO 430) ←	LATER ..... 1 NO MORE ..... 2 (SKIP TO 430) ←
407	How much longer did you want to wait?	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
407A	During your pregnancy with (NAME), did you get any of the following symptoms:  1 Vaginal bleeding? 2 High blood pressure? 3 Swelling of the face and body? 4 Severe headache? 5 Convulsion? 6 Other _____ (SPECIFY)	YES NO DK 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8		
408	Did you see anyone for antenatal care for this pregnancy?	YES ..... 1 NO ..... 2 (SKIP TO 415) ←		
409	Whom did you see?  Anyone else?  PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR ..... A NURSE/MIDWIFE B AUXILIARY MIDWIFE ..... C OTHER PERSON TRADITIONAL BIRTH ATTENDANT/ GRANDMOTHER D OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
410	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF (PUBLIC OR PRIVATE) SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>YOUR HOME ... A</p> <p>OTHER HOME ... B</p> <p>GOVT. HOSPITAL C</p> <p>GOVT. H. CENTER D</p> <p>PRIM. H. CENTER E</p> <p>FP. CLINIC ..... F</p> <p>MOBILE CLINIC G</p> <p>PRIVATE SECTOR (HOSP./CLINIC/ DISPENSARY/ DOCT. OFFICE) H</p> <p>NG ORGANIZATIONS (HOSPITAL/CLINIC/ DISPENSARY DOCT. OFFICE) I</p> <p>OTHER _____ X (SPECIFY)</p>		
411	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>MONTHS ... <input type="text" value="0"/></p> <p>DON'T KNOW ..... 98</p>		
412	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES <input type="text" value=""/><input type="text" value=""/></p> <p>DON'T KNOW ..... 98</p>		
413	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once:</p> <p>1 Was your blood pressure measured?</p> <p>2 Did you give a urine sample?</p> <p>3 Did you give a blood sample?</p>	<p>YES NO</p> <p>BP ..... 1 2</p> <p>URINE ..... 1 2</p> <p>BLOOD ... 1 2</p>		
414	<p>During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>		
415	<p>During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?</p>	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO 418) ←</p> <p>DON'T KNOW ..... 8</p>		



NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
416	During this pregnancy, how many times did you get a tetanus injection?	TIMES ..... <input type="text"/> DON'T KNOW ..... 8		
417	CHECK 416:	2 OR MORE OTHER TIMES <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 421) ↓ ↓		
418	At any time before this pregnancy, did you receive any tetanus injections?	YES ..... 1 NO ..... 2 (SKIP TO 421) ←   DON'T KNOW .... 8		
419	Before this pregnancy, how many times did you receive a tetanus injection?  IF 7 OR MORE TIMES, RECORD '7'.	TIMES ..... <input type="text"/>  DON'T KNOW ..... 8		
420	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO ..... <input type="text"/> <input type="text"/>  DON'T KNOW . . . . 98		
421	During this pregnancy, were you given or did you buy any iron tablets or iron syrup?	YES ..... 1 NO ..... 2 (SKIP TO 423) ←   DON'T KNOW ..... 8		
422	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.	DAYS <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW ... 998		
423	During this pregnancy, did you take any drugs for intestinal worms?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
424	During this pregnancy, did you take any drugs for (SP/Fansidar)?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
430	When (NAME) was born, was he/she very large, larger than average, average, or smaller than average?	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 DON'T KNOW ..... 8	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 DON'T KNOW ..... 8	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 DON'T KNOW ..... 8
431	Was (NAME) weighed at birth?	YES ..... 1  NO ..... 2 (SKIP TO 433) ←   DON'T KNOW ..... 8	YES ..... 1  NO ..... 2 (SKIP TO 433) ←   DON'T KNOW ..... 8	YES ..... 1  NO ..... 2 (SKIP TO 433) ←   DON'T KNOW ..... 8
432	How much did (NAME) weigh?  RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW 99998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW 99998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW 99998
433	Who assisted with the delivery of (NAME)?  Anyone else?  PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.  IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR ..... A NURSE/MIDWIFE B AUXILIARY MIDWIFE ... C GRANDMOTHER/ TRADITIONAL BIRTH ATTENDANT . D RELATIVE/FRIEND . E OTHER _____ X (SPECIFY) NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR ..... A NURSE/MIDWIFE B AUXILIARY MIDWIFE ... C GRANDMOTHER/ TRADITIONAL BIRTH ATTENDANT . D RELATIVE/FRIEND . E OTHER _____ X (SPECIFY) NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR ..... A NURSE/MIDWIFE B AUXILIARY MIDWIFE ... C GRANDMOTHER/ TRADITIONAL BIRTH ATTENDANT . D RELATIVE/FRIEND . E OTHER _____ X (SPECIFY) NO ONE ASSISTED Y

NO.	QUESTIONS AND FILTERS	LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH					
		NAME _____			NAME _____			NAME _____					
433A	<p>During the birth of (NAME), did you get any of the following symptoms:</p> <p>1 Continuous labor for more than 18 hours?</p> <p>2 Fever?</p> <p>3 Convulsion?</p> <p>4 Vaginal bleeding?</p> <p>5 Other _____ (SPECIFY)</p>	YES	NO	DK	YES	NO	DK	YES	NO	DK			
		1	2	8	1	2	8	1	2	8			
		1	2	8	1	2	8	1	2	8			
		1	2	8	1	2	8	1	2	8			
		1	2	8	1	2	8	1	2	8			
		1	2	8	1	2	8	1	2	8			
434	<p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE THE SECTOR WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	YOUR HOME ... 11 (SKIP TO 437A) ←	OTHER HOME ... 12	GOVT. HOSPITAL 21 GOVT. H. CENTER 22 PRIM. H. CENTER 23 FP. CLINIC ..... 24 MOBILE CLINIC 25	PRIVATE SECTOR (HOSP./CLINIC/ DISPENSARY/ DOCT. OFFICE) 31	NG ORGANIZATIONS (HOSPITAL/CLINIC/ DISPENSARY DOCT. OFFICE) 41	OTHER _____ 96 (SPECIFY) ←	YOUR HOME ... 11 (SKIP TO 448) ←	OTHER HOME ... 12	GOVT. HOSPITAL 21 GOVT. H. CENTER 22 PRIM. H. CENTER 23 FP. CLINIC ..... 24 MOBILE CLINIC 25	PRIVATE SECTOR (HOSP./CLINIC/ DISPENSARY/ DOCT. OFFICE) 31	NG ORGANIZATIONS (HOSPITAL/CLINIC/ DISPENSARY DOCT. OFFICE) 41	OTHER _____ 96 (SPECIFY) ←
435	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES .....	1	NO .....	2	YES .....	1	NO .....	2	YES .....	1	NO .....	2
435A	Before you left the health facility, did any health staff speak to you or advise you about family planning methods?	YES .....	1	NO .....	2	YES .....	1	NO .....	2	YES .....	1	NO .....	2
436	After delivery of (NAME), did anyone check on your health while you were still in the facility?	YES .....	1	(SKIP TO 439) ←	NO .....	2							
437	Did anyone check on your health after you left the facility?	YES .....	1	(SKIP TO 439) ←	NO .....	2							(SKIP TO 442) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
437A	Why didn't you deliver in a health facility?	AT HOME BETTER ..... A THE SERVICE NOT AVAILABLE ..... B THE SERVICE IS FAR ..... C COSTS TOO MUCH ..... D HUSBAND DID NOT ALLOW ..... E EMERGENCY LABOUR ..... F THE HEALTH PROVIDERS TREAT BADLY ... G NO FEMALE PROVIDER AT FACILITY ..... H OTHER _____ X (SPECIFY)								
438	After delivery of (NAME), did anyone check on your health?	YES ..... 1 NO ..... 2 (SKIP TO 442) ←								
439	Who checked on your health at that time?  PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR ..... 11 NURSE/MIDWIFE 12 AUXILIARY MIDWIFE ..... 13  OTHER _____ 96 (SPECIFY)								
440	How long after delivery did the first check take place?  IF LESS THAN ONE HOUR, RECORD '00' IN 'HOURS'. IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="751 1193 855 1249"><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" data-bbox="751 1249 855 1305"><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" data-bbox="751 1305 855 1361"><tr><td> </td><td> </td></tr></table> DON'T KNOW ... 998								
442	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES ..... 1 NO ..... 2 (SKIP TO 446) ← DON'T KNOW ..... 8								
443	How many hours, days, or weeks after the birth of (NAME) did the first check take place?  IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="751 1648 855 1704"><tr><td> </td><td> </td></tr></table> DAYS .. 2 <table border="1" data-bbox="751 1704 855 1760"><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" data-bbox="751 1760 855 1816"><tr><td> </td><td> </td></tr></table> DON'T KNOW ... 998								

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____				
444	Who checked on (NAME)'s health at that time?  PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR ..... 11 NURSE/MIDWIFE 12 AUXILIARY MIDWIFE ..... 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21  OTHER _____ 96 (SPECIFY)						
445	Where did this first check of (NAME) take place?  PROBE TO IDENTIFY THE TYPE OF SOURCE  IF UNABLE TO DETERMINE THE SECTOR WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	YOUR HOME ... A OTHER HOME ... B  GOVT. HOSPITAL C GOVT. H. CENTER D PRIM. H. CENTER E FP. CLINIC ..... F MOBILE CLINIC G  PRIVATE SECTOR (HOSP./CLINIC/ DISPENSARY/ DOCT. OFFICE) H  NG ORGANIZATIONS (HOSPITAL/CLINIC/ DISPENSARY DOCT. OFFICE) I  OTHER _____ X (SPECIFY)						
446	In the first two months after delivery, did you receive a vitamin A dose like (this/any of these)?  SHOW COMMON TYPES OF AMPOULES/CAPSULES/SYRUPS.	YES ..... 1  NO ..... 2  DON'T KNOW ..... 8						
447	Has your menstrual period returned since the birth of (NAME)?	YES ..... 1 (SKIP TO 449)← NO ..... 2 (SKIP TO 453)←						
448	Did your period return between the birth of (NAME) and your next pregnancy?		YES ..... 1 NO ..... 2 (SKIP TO 453)←	YES ..... 1 NO ..... 2 (SKIP TO 453)←				
449	For how many months after the birth of (NAME) did you not 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				
453	Did you ever breastfeed (NAME)?	YES ..... 1 (SKIP TO 455)← NO ..... 2	YES ..... 1  NO ..... 2	YES ..... 1  NO ..... 2				

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____										
454	CHECK 404:  IS CHILD LIVING?	LIVING                      DEAD <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 501) 460												
455	How long after birth did you first put (NAME) to the breast?  IF LESS THAN 1 HOUR, RECORD '000'. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ... 000  HOURS 1 <table border="1" data-bbox="753 654 855 707" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAYS 2 <table border="1" data-bbox="753 707 855 770" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>												
456	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES ..... 1 NO ..... 2 (SKIP TO 458) ←												
457	What was (NAME) given to drink?  Anything else?  RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK)    A PLAIN WATER            B SUGAR OR GLUCOSE WATER    C GRIPE WATER            D SUGAR-SALT-WATER SOLUTION    E FRUIT JUICE            F INFANT FORMULA        G TEA/INFUSIONS        H COFFEE                  I HONEY                    J OTHER _____ X (SPECIFY)												
458	CHECK 404:  IS CHILD LIVING?	LIVING                      DEAD <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING                      DEAD <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING                      DEAD <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501)										
459	Are you still breastfeeding (NAME)?	YES ..... 1 NO ..... 2												
460	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										
461		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.										

**SECTION 5. CHILD IMMUNIZATION, HEALTH AND NUTRITION**

501	ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2008 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 YOUR CHILDREN WHO BORN SINCE 2008 OR LATER, WE WILL TALK ABOUT EACH SEPARATELY			
502	LAST BIRTH BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/>	
503	FROM 212 AND 216  NAME AND SURVIVAL STATUS NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 553)	
504	Do you have a vaccination card for (NAME)?  IF YES: May I see it please?	YES, SEEN ..... 1 (SKIP TO 506) ← YES, NOT SEEN ..... 2 (SKIP TO 509) ← NO CARD ..... 3	YES, SEEN ..... 1 (SKIP TO 506) ← YES, NOT SEEN ..... 2 (SKIP TO 509) ← NO CARD ..... 3	
505	Did you ever have a vaccination card for (NAME)?	YES ..... 1 (SKIP TO 509) ← NO ..... 2	YES ..... 1 (SKIP TO 509) ← NO ..... 2	
506	(1) COPY DATES FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE 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 POLIO 0 (POLIO GIVEN AT BIRTH) POLIO 1 POLIO 2 POLIO 3 PENTA 1 PENTA 2 PENTA 3 PNEUMOCOCCAL1 PNEUMOCOCCAL2 PNEUMOCOCCAL3 MEASLES VITAMIN A (MOST RECENT)	BCG P0 P1 P2 P3 D1 D2 D3 B1 B2 B3 MEA VIT A	BCG P0 P1 P2 P3 D1 D2 D3 B1 B2 B3 MEA VIT A	
507	CHECK 506:  BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 511)	OTHER <input type="checkbox"/> (GO TO 511)	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 511)	OTHER <input type="checkbox"/> (GO TO 511)

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
508	<p>Has (NAME) had any vaccinations that are not recorded on this card, including vaccinations given in a national immunization day campaign?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 506 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES ..... 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ←</p> <p>NO ..... 2 (SKIP TO 511) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ←</p> <p>NO ..... 2 (SKIP TO 511) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ←</p> <p>NO ..... 2 (SKIP TO 511) ←</p> <p>DON'T KNOW ..... 8</p>
509	<p>Did (NAME) ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 511) ← DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 511) ← DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 511) ← DON'T KNOW ..... 8</p>
510	<p>Please tell me if (NAME) had any of the following vaccinations:</p>			
510A	<p>A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>
510B	<p>Was (NAME) given a polio vaccine immediately after birth or during the first month?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 510E) ← DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 510E) ← DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 510E) ← DON'T KNOW ..... 8</p>
510C	<p>Was the first polio vaccine given in the first two weeks after birth or later?</p>	<p>FIRST 2 WEEKS ... 1 LATER ..... 2</p>	<p>FIRST 2 WEEKS ... 1 LATER ..... 2</p>	<p>FIRST 2 WEEKS ... 1 LATER ..... 2</p>
510D	<p>How many times was the polio vaccine given?</p>	<p>NUMBER OF TIMES ..... <input type="text"/></p>	<p>NUMBER OF TIMES ..... <input type="text"/></p>	<p>NUMBER OF TIMES ..... <input type="text"/></p>
510E	<p>A PENTA vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 510G) ← DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 510G) ← DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 510G) ← DON'T KNOW ..... 8</p>
510F	<p>How many times was the PENTA vaccination given?</p>	<p>NUMBER OF TIMES ..... <input type="text"/></p>	<p>NUMBER OF TIMES ..... <input type="text"/></p>	<p>NUMBER OF TIMES ..... <input type="text"/></p>
510G	<p>A measles injection that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>



NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME _____		NAME _____		NAME _____	
511	<p>Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)?</p> <p>SHOW COMMON TYPES OF AMPOULES/CAPSULES/SYRUPS.</p>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
512	<p>In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like (this/any of these)?</p>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
513	<p>Was (NAME) given any drug for intestinal worms in the last six months?</p>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
514	<p>Has (NAME) had diarrhea in the last 2 weeks?</p>	YES ..... 1 NO ..... 2 (SKIP TO 525) ←   DON'T KNOW ..... 8		YES ..... 1 NO ..... 2 (SKIP TO 525) ←   DON'T KNOW ..... 8		YES ..... 1 NO ..... 2 (SKIP TO 525) ←   DON'T KNOW ..... 8	
515	<p>Was there any blood in the stools?</p>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
516	<p>Now I would like to know how much (NAME) was given to drink during the diarrhea (including breast milk).</p> <p>Was he/she given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?</p>	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5 DON'T KNOW ..... 8		MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5 DON'T KNOW ..... 8		MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5 DON'T KNOW ..... 8	
517	<p>When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?</p>	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NEVER GAVE FOOD ..... 5 DON'T KNOW ..... 8		MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NEVER GAVE FOOD ..... 5 DON'T KNOW ..... 8		MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NEVER GAVE FOOD ..... 5 DON'T KNOW ..... 8	
518	<p>Did you seek advice or treatment for the diarrhea from any source?</p>	YES ..... 1 NO ..... 2 (SKIP TO 522) ←		YES ..... 1 NO ..... 2 (SKIP TO 522) ←		YES ..... 1 NO ..... 2 (SKIP TO 522) ←	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
519	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>GOVT. HOSPITAL A GOVT. H. CENTER B PRIM. H. CENTER C FP. CLINIC . . . . D MOBILE CLINIC E</p> <p>PRIVATE SECTOR (HOSP./CLINIC/ DISPENSARY/ . DOCT. OFFICE) F PHARMACY . . . . G</p> <p>NG ORGANIZATIONS (HOSPITAL/CLINIC/ DISPENSARY DOCT. OFFICE) H</p> <p>OTHER SOURCE SHOP . . . . . I TRADITIONAL PRACTITIONER J OTHER _____ X (SPECIFY)</p>	<p>GOVT. HOSPITAL A GOVT. H. CENTER B PRIM. H. CENTER C FP. CLINIC . . . . D MOBILE CLINIC E</p> <p>PRIVATE SECTOR (HOSP./CLINIC/ DISPENSARY/ . DOCT. OFFICE) F PHARMACY . . . . G</p> <p>NG ORGANIZATIONS (HOSPITAL/CLINIC/ DISPENSARY DOCT. OFFICE) H</p> <p>OTHER SOURCE SHOP . . . . . I TRADITIONAL PRACTITIONER J OTHER _____ X (SPECIFY)</p>	<p>GOVT. HOSPITAL A GOVT. H. CENTER B PRIM. H. CENTER C FP. CLINIC . . . . D MOBILE CLINIC E</p> <p>PRIVATE SECTOR (HOSP./CLINIC/ DISPENSARY/ . DOCT. OFFICE) F PHARMACY . . . . G</p> <p>NG ORGANIZATIONS (HOSPITAL/CLINIC/ DISPENSARY DOCT. OFFICE) H</p> <p>OTHER SOURCE SHOP . . . . . I TRADITIONAL PRACTITIONER J OTHER _____ X (SPECIFY)</p>
520	CHECK 519:	<p>TWO OR ONLY MORE ONE <input type="checkbox"/> CODES CODE <input type="checkbox"/> CIRCLED CIRCLED</p> <p>(SKIP TO 522) ←</p>	<p>TWO OR ONLY MORE ONE <input type="checkbox"/> CODES CODE <input type="checkbox"/> CIRCLED CIRCLED</p> <p>(SKIP TO 522) ←</p>	<p>TWO OR ONLY MORE ONE <input type="checkbox"/> CODES CODE <input type="checkbox"/> CIRCLED CIRCLED</p> <p>(SKIP TO 522) ←</p>
521	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 519.</p>	FIRST PLACE . . . <input type="checkbox"/>	FIRST PLACE . . . <input type="checkbox"/>	FIRST PLACE . . . <input type="checkbox"/>
522	<p>Was he/she given any of the following to drink at any time since he/she started having the diarrhea:</p> <p>a) A fluid made from a special packet called [LOCAL NAME FOR ORS PACKET]?</p> <p>b) A pre-packaged ORS liquid?</p> <p>c) A government-recommended homemade fluid?</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>ORS LQD 1 2 8</p> <p>HOMEMADE FLUID . . . 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>ORS LQD 1 2 8</p> <p>HOMEMADE FLUID . . . 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>ORS LQD 1 2 8</p> <p>HOMEMADE FLUID . . . 1 2 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
523	Was anything (else) given to treat the diarrhea?	YES ..... 1 NO ..... 2 (SKIP TO 525) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 525) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 525) ← DON'T KNOW ..... 8
524	What (else) was given to treat the diarrhea?  Anything else?  RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC ..... A ANTIMOTILITY ..... B ZINC ..... C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D UNKNOWN PILL OR SYRUP ... E  INJECTION ANTIBIOTIC ..... F NON-ANTIBIOTIC ..... G UNKNOWN INJECTION ... H  (IV) INTRAVENOUS ..... I  HOME REMEDY/ HERBAL MEDICINE ..... J  OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC ..... A ANTIMOTILITY ..... B ZINC ..... C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D UNKNOWN PILL OR SYRUP ... E  INJECTION ANTIBIOTIC ..... F NON-ANTIBIOTIC ..... G UNKNOWN INJECTION ... H  (IV) INTRAVENOUS ..... I  HOME REMEDY/ HERBAL MEDICINE ..... J  OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC ..... A ANTIMOTILITY ..... B ZINC ..... C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... D UNKNOWN PILL OR SYRUP ... E  INJECTION ANTIBIOTIC ..... F NON-ANTIBIOTIC ..... G UNKNOWN INJECTION ... H  (IV) INTRAVENOUS ..... I  HOME REMEDY/ HERBAL MEDICINE ..... J  OTHER _____ X (SPECIFY)
525	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 527) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 527) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 527) ← DON'T KNOW ..... 8
526	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
527	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 530) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 530) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 530) ← DON'T KNOW ..... 8
528	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES ..... 1 NO ..... 2 (SKIP TO 531) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 531) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 531) ← DON'T KNOW ..... 8
529	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY ... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 531) ←	CHEST ONLY ... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 531) ←	CHEST ONLY ... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 531) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME _____		NAME _____		NAME _____	
530	CHECK 525:  HAD FEVER?	YES <input type="checkbox"/> ↓	NO OR DK <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> ↓	NO OR DK <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> ↓	NO OR DK <input type="checkbox"/> ↓ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
531	Now I would like to know how much (NAME) was given to drink (including breast milk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink?  IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE ..... 4 NOTHING TO DRINK 5 DON'T KNOW ..... 8
532	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?  IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE ..... 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE ..... 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE ..... 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE ..... 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE ..... 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE ..... 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8
533	Did you seek advice or treatment for the illness from any source?	YES ..... 1 NO ..... 2 (SKIP TO 537) ←	YES ..... 1 NO ..... 2 (SKIP TO 537) ←	YES ..... 1 NO ..... 2 (SKIP TO 537) ←	YES ..... 1 NO ..... 2 (SKIP TO 537) ←	YES ..... 1 NO ..... 2 (SKIP TO 537) ←	YES ..... 1 NO ..... 2 (SKIP TO 537) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
534	Where did you seek advice or treatment?  Anywhere else?  PROBE TO IDENTIFY EACH TYPE OF SOURCE.  IF UNABLE TO DETERMINE THE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))	GOVT. HOSPITAL A GOVT. H. CENTER B PRIM. H. CENTER C FP. CLINIC ..... D MOBILE CLINIC E  PRIVATE SECTOR (HOSP./CLINIC/ DISPENSARY/ . DOCT. OFFICE) F PHARMACY ..... G  NG ORGANIZATIONS (HOSPITAL/CLINIC/ DISPENSARY DOCT. OFFICE) H  OTHER SOURCE SHOP ..... I TRADITIONAL PRACTITIONER J OTHER _____ X (SPECIFY)	GOVT. HOSPITAL A GOVT. H. CENTER B PRIM. H. CENTER C FP. CLINIC ..... D MOBILE CLINIC E  PRIVATE SECTOR (HOSP./CLINIC/ DISPENSARY/ . DOCT. OFFICE) F PHARMACY ..... G  NG ORGANIZATIONS (HOSPITAL/CLINIC/ DISPENSARY DOCT. OFFICE) H  OTHER SOURCE SHOP ..... I TRADITIONAL PRACTITIONER J OTHER _____ X (SPECIFY)	GOVT. HOSPITAL A GOVT. H. CENTER B PRIM. H. CENTER C FP. CLINIC ..... D MOBILE CLINIC E  PRIVATE SECTOR (HOSP./CLINIC/ DISPENSARY/ . DOCT. OFFICE) F PHARMACY ..... G  NG ORGANIZATIONS (HOSPITAL/CLINIC/ DISPENSARY DOCT. OFFICE) H  OTHER SOURCE SHOP ..... I TRADITIONAL PRACTITIONER J OTHER _____ X (SPECIFY)
535	CHECK 534:	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> <input type="checkbox"/> CODES CODE <input type="checkbox"/> <input type="checkbox"/> CIRCLED CIRCLED <input type="checkbox"/> (SKIP TO 537)	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> <input type="checkbox"/> CODES CODE <input type="checkbox"/> <input type="checkbox"/> CIRCLED CIRCLED <input type="checkbox"/> (SKIP TO 537)	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> <input type="checkbox"/> CODES CODE <input type="checkbox"/> <input type="checkbox"/> CIRCLED CIRCLED <input type="checkbox"/> (SKIP TO 537)
536	Where did you first seek advice or treatment?  USE LETTER CODE FROM 534.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
537	At any time during the illness, did (NAME) take any drugs for the illness?	YES ..... 1 NO ..... 2 (GO TO 552) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (GO TO 552) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (GO TO 552) ← DON'T KNOW ..... 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
538	What drugs did (NAME) take?  Any other drugs?  RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS ..... A  ANTIBIOTIC DRUGS PILL/SYRUP ... B INJECTION ... C  OTHER DRUGS ASPIRIN ..... D ACETA- MINOPHEN ... E IBUPROFEN ... F  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	ANTIMALARIAL DRUGS ..... A  ANTIBIOTIC DRUGS PILL/SYRUP ... B INJECTION ... C  OTHER DRUGS ASPIRIN ..... D ACETA- MINOPHEN ... E IBUPROFEN ... F  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	ANTIMALARIAL DRUGS ..... A  ANTIBIOTIC DRUGS PILL/SYRUP ... B INJECTION ... C  OTHER DRUGS ASPIRIN ..... D ACETA- MINOPHEN ... E IBUPROFEN ... F  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z
552		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
553	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2008 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> ↓ RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 554) _____ (NAME)		556
554	The last time (NAME FROM 553) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE ... 01 PUT/RINSED INTO TOILET OR LATRINE ..... 02 PUT/RINSED INTO DRAIN OR DITCH ..... 03 THROWN INTO GARBAGE ..... 04 BURIED ..... 05 LEFT IN THE OPEN ..... 06 OTHER _____ 96 (SPECIFY)	
555	CHECK 522(a) AND 522(b), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/> ↓ ANY CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/>		557
556	Have you ever heard of a special product called oral rehydration package or oral rehydration solution, you can get for the treatment of diarrhea?	YES ..... 1 NO ..... 2	
557	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2010 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> ↓ RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 558 _____ (NAME)		561A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
558	Now I would like to ask you about liquids or foods that (NAME FROM 557) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods.		
	Did (NAME FROM 557) (drink/eat):	YES NO DK	
	a) Plain water?	a) 1 2 8	
	b) Juice or juice drinks?	b) 1 2 8	
	c) Clear broth?	c) 1 2 8	
	d) Milk such as tinned, powdered, or fresh animal milk?	d) 1 2 8	
	IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK MILK <input type="text"/>	
	e) Infant formula?	e) 1 2 8	
	IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK FORMULA <input type="text"/>	
	e') Coffee/tea?	e') 1 2 8	
	IF YES: How many times did (NAME) drink coffee or tea? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK COFFEE/TEA <input type="text"/>	
	f) Any other liquids?	f) 1 2 8	
	g) Yogurt?	g) 1 2 8	
	IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ATE YOGURT <input type="text"/>	
	h) Any [BRAND NAME OF COMMERCIALY FORTIFIED BABY FOOD, E.G., Cerelac]?	h) 1 2 8	
	i) Bread, rice, noodles, porridge, or other foods made from grains?	i) 1 2 8	
	j) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside? (19)	j) 1 2 8	
	k) Potatoes, or any other foods made from roots?	k) 1 2 8	
	l) Any dark green, leafy vegetables?	l) 1 2 8	
	m) Ripe mangoes, papayas, melons or any fruits that are yellow inside?	m) 1 2 8	
	n) Any other fruits or vegetables?	n) 1 2 8	
	o) Liver, kidney, heart or other organ meats?	o) 1 2 8	
	p) Any meat, such as beef, lamb, goat or chicken?	p) 1 2 8	
	q) Eggs?	q) 1 2 8	
	r) Fresh or dried fish or shellfish?	r) 1 2 8	
	s) Any foods made from beans, peas, lentils, or nuts?	s) 1 2 8	
	t) Cheese or other food made from milk?	t) 1 2 8	
	u) Any sugary foods, such as chocolate, sweets, honey, pastry or cookies?	u) 1 2 8	
	v) Any oil, fats or butter?	v) 1 2 8	
	w) Any other solid, semi-solid, or soft food?	w) 1 2 8	
559	CHECK 558 (CATEGORIES "g" THROUGH "w"):		
	NOT A SINGLE <input type="checkbox"/> "YES"	AT LEAST ONE <input type="checkbox"/> "YES" OR "DON'T KNOW"	561
560	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES ..... 1 (GO BACK TO 558 TO RECORD FOOD EATEN YESTERDAY) NO ..... 2 → 561A	
561	How many times did (NAME FROM 557) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ..... <input type="text"/> DON'T KNOW ..... 8	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
561 A	<p>Now I would like to ask you about liquids or foods that you had yesterday during the day or at night. I am interested in whether you had the item I mention even if it was combined with other foods. Please don't mention spices such as hot pepper and herbs that are used in small amounts to improve food flavor, I will ask you specifically on this topic.</p>		
	Yesterday during the day or at night, did you drink/eat:	YES	NO
	a) Milk such as tinned, powdered, or fresh animal milk?	a)	1 2
	b) Bread, rice, noodles, porridge, or other foods made from grains?	b)	1 2
	c) Pumpkin, carrots, squash or sweet potatoes?	c)	1 2
	d) Potatoes, or any other foods made from roots?	d)	1 2
	e) Any dark green, leafy vegetables?	e)	1 2
	f) Ripe mangoes, papayas, melons or any fruits that are yellow inside?	f)	1 2
	g) Any other fruits or vegetables?	g)	1 2
	h) Liver, kidney, heart or other organ meats?	h)	1 2
	i) Any meat, such as beef, lamb, goat or chicken?	i)	1 2
	j) Eggs?	j)	1 2
	k) Fresh, canned or dried fish or shellfish?	k)	1 2
	l) Beans, peas, lentils, or nuts?	l)	1 2
	m) Cheese, yogurt, milk or any food made from milk?	m)	1 2
	n) Oils, fats or butter or any food made from milk?	n)	1 2
	o) Any sugary foods, such as chocolate, sweets, honey, pastry, cookies?	o)	1 2
	p) Spices for flavor, such as pepper and spices and herbs or fish meal?	p)	1 2
	q) Coffee or tea?	q)	1 2
	IF YES: How many times did you drink coffee or tea? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRINK COFFEE OR TEA	<input type="text"/>
	IF YES: when do you drink coffee or tea? BEFORE MEALS ..... A      DURING MEALS ..... B      AFTER MEALS ..... C		

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 304: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 712
702	CHECK 226: PREGNANT <input type="checkbox"/> NOT PREGNANT OR UNSURE <input type="checkbox"/>		→ 704
703	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD ..... 1 NO MORE ..... 2 DON'T KNOW/UNDECIDED ..... 8	→ 705 → 711
704	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 SAYS SHE CAN'T GET PREGNANT ..... 3 DON'T KNOW/UNDECIDED ..... 8	→ 707 → 712 → 710
705	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 ..... 994 OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998	→ 710 → 712 → 710
706	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 711
707	CHECK 303: USING A CONTRACEPTIVE METHOD NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→ 712
708	CHECK 705: 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"/>		→ 711

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	<p>CHECK 703 AND 704:</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 don't use any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p> <p>You have said that you do not want any (more) children.</p> <p>Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p>	<p>NOT MARRIED ..... A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX WITH HUSBAND.. B</p> <p>INFREQUENT SEX WITH HUSBAND.. C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>CAN'T GET PREGNANT ..... E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH ..... F</p> <p>BREASTFEEDING ..... G</p> <p>UP TO GOD/FATALISTIC ..... H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED ..... I</p> <p>HUSBAND OPPOSED ..... J</p> <p>OTHERS OPPOSED ..... K</p> <p>RELIGIOUS PROHIBITION ..... L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD ..... M</p> <p>KNOWS NO SOURCE ..... N</p> <p>METHOD-RELATED REASONS</p> <p>SIDE EFFECTS/HEALTH CONCERNS ..... O</p> <p>LACK OF ACCESS/TOO FAR ..... P</p> <p>COSTS TOO MUCH ..... Q</p> <p>PREFERRED METHOD</p> <p>NOT AVAILABLE ..... R</p> <p>NO METHOD AVAILABLE ..... S</p> <p>INCONVENIENT TO USE ..... T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES ..... U</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
710	<p>CHECK 303: USING A CONTRACEPTIVE METHOD</p> <p>NOT ASKED <input type="checkbox"/>      NOT CURRENTLY USING <input type="checkbox"/>      CURRENTLY USING <input type="checkbox"/></p>		→ 712
711	<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>	
712	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/>      NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose (exactly) the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>FOR NON-NUMERIC RESPONSE PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE ..... 00</p> <p>NUMBER ..... <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	→ 714

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
713	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="padding: 0 5px;">BOYS</th> <th style="padding: 0 5px;">GIRLS</th> <th style="padding: 0 5px;">EITHER</th> </tr> </thead> <tbody> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> </tr> </tbody> </table> <p>NUMBER</p> <p>OTHER _____ 96 (SPECIFY)</p>	BOYS	GIRLS	EITHER																
BOYS	GIRLS	EITHER																			
714	<p>In the last few months have you:</p> <p>1 Heard about family planning on the radio?</p> <p>2 Seen anything about family planning on television?</p> <p>3 Read about family planning in a newspaper or magazine?</p> <p>4 Heard about family planning from a health facility?</p> <p>5 Heard about family planning at women's meetings?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>RADIO .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HEALTH FACILITY ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WOMEN'S MEETINGS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	RADIO .....	1	2	TELEVISION .....	1	2	NEWSPAPER OR MAGAZINE ...	1	2	HEALTH FACILITY ...	1	2	WOMEN'S MEETINGS ...	1	2	
	YES	NO																			
RADIO .....	1	2																			
TELEVISION .....	1	2																			
NEWSPAPER OR MAGAZINE ...	1	2																			
HEALTH FACILITY ...	1	2																			
WOMEN'S MEETINGS ...	1	2																			
716	<p>CHECK 112A:</p> <p>CURRENTLY MARRIED <input type="checkbox"/></p> <p style="margin-left: 300px;">WIDOWED/ DIVORCED <input type="checkbox"/></p>	<p style="text-align: right;">→ 801</p>																			
717	<p>CHECK 303: USING A CONTRACEPTIVE METHOD</p> <p>CURRENTLY USING <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/></p>	<p style="text-align: right;">→ 720</p>																			
718	<p>Would you say that using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?</p>	<p>MAINLY RESPONDENT ..... 1</p> <p>MAINLY HUSBAND ..... 2</p> <p>JOINT DECISION ..... 3</p> <p>OTHER _____ 6 (SPECIFY)</p>																			
719	<p>CHECK 304:</p> <p>NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/></p>	<p style="text-align: right;">→ 801</p>																			
720	<p>Does your husband want the same number of children that you want, or does he want more or fewer than you want?</p>	<p>SAME NUMBER ..... 1</p> <p>MORE CHILDREN ..... 2</p> <p>FEWER CHILDREN ..... 3</p> <p>DON'T KNOW ..... 8</p>																			

**SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 112A: CURRENTLY MARRIED <input type="checkbox"/> NOT CURRENTLY MARRIED (WIDOWED/DIVORCED) <input type="checkbox"/>		→ 803
801A	Is your husband living with you now or is he staying elsewhere?	LIVING WITH HER ..... 1 STAYING ELSEWHERE ..... 2	
801B	RECORD THE HUSBAND'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"/>	
801C	Does your husband have other wives?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 802
801D	Including yourself, in total, how many wives does he have?	TOTAL NUMBER OF WIVES ..... <input type="text"/> DON'T KNOW ..... 8	
801E	Are you the first, second, ... wife?	RANK ..... <input type="text"/>	
802	How old was your husband on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
803	Did your (last) husband ever attend school?	YES ..... 1 NO ..... 2	→ 806
804	What was the highest level of school he attended: primary, fundamental (preparatory, unified), diploma before secondary, secondary, diploma after secondary, or university/higher?	PRIMARY ..... 1 FUNDAMENTAL (PREPARATORY, UNIFIED) ..... 2 DIPLOMA BEFORE SECONDARY ..... 3 SECONDARY ..... 4 DIPLOMA AFTER SECONDARY.... 5 UNIVERSITY/HIGHER ..... 6 DON'T KNOW ..... 8	→ 806
805	What was the highest (grade/form/year) he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/YEAR ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
806	CHECK 801: CURRENTLY MARRIED <input type="checkbox"/> FORMERLY MARRIED <input type="checkbox"/> What is your husband's occupation? That is, what kind of work does he mainly do? What was your last husband's occupation? That is, what kind of work did he mainly do?	_____ _____ _____	
807	Aside from your own housework, have you done any work in the last seven days?	YES ..... 1 NO ..... 2	→ 811

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
808	As you know, some women take up jobs for which they are paid in cash or kind. Others have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES ..... 1 NO ..... 2	→ 811
809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES ..... 1 NO ..... 2	→ 811
810	Have you done any work in the last 12 months?	YES ..... 1 NO ..... 2	→ 815
811	What is your occupation, that is, what kind of work do you mainly do?	_____ _____ _____	
812	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 OTHER ..... 6 (SPECIFY)	
813	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR ..... 1 SEASONALLY ..... 2 ONCE IN A WHILE ..... 3	
814	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY ..... 1 CASH AND KIND ..... 2 IN KIND ONLY ..... 3 NOT PAID ..... 4	
815	CHECK 112A: CURRENTLY MARRIED <input type="checkbox"/> NOT CURRENTLY MARRIED (WIDOWED/DIVORCED) <input type="checkbox"/>		→ 901
816	CHECK 814: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 819
817	Who usually decides how the money you earn will be used: you, your husband, or you and your husband jointly?	RESPONDENT ..... 1 HUSBAND ..... 2 RESPONDENT AND HUSBAND JOINTLY ..... 3 OTHER ..... 6 (SPECIFY)	
818	Would you say that the money that you earn is more than what your husband earns, less than what he earns, or about the same?	MORE THAN HIM ..... 1 LESS THAN HIM ..... 2 ABOUT THE SAME ..... 3 HUSBAND HAS NO EARNINGS ..... 4 DON'T KNOW/NOT APPLICABLE ..... 8	→ 820

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
819	Who usually decides how your husband's earnings will be used: you, your husband, or you and your husband jointly?	RESPONDENT ..... 1 HUSBAND ..... 2 RESPONDENT AND HUSBAND JOINTLY ... 3 HUSBAND HAS NO EARNINGS ..... 4 OTHER ..... 6 _____ (SPECIFY)	
820	Who usually makes decisions about health care for yourself: you, your husband, you and your husband jointly, or someone else?	RESPONDENT ..... 1 HUSBAND ..... 2 RESPONDENT AND HUSBAND JOINTLY ... 3 SOMEONE ELSE ..... 4 OTHER ..... 6 _____ (SPECIFY)	
821	Who usually makes decisions about making major household purchases?	RESPONDENT ..... 1 HUSBAND ..... 2 RESPONDENT AND HUSBAND JOINTLY ... 3 SOMEONE ELSE ..... 4 OTHER ..... 6 _____ (SPECIFY)	

SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2	→ 937
902	From your point of view, how AIDS is transmitted:  1 Blood transfusion? 2 Mosquito bites? 3 Sexual intercourse with an infected husband? 4 Contaminated sharp instruments? 5 Swimming with an infected person? 6 Sharing food with a person who has AIDS?	YES NO DK  TRANSFUSION ..... 1 2 8 MOSQUITO BITES ... 1 2 8 LIVING WITH INFECTED. 1 2 8 CONTAMINATED INSTRU 1 2 8 SWIMMING WITH INFEC 1 2 8 SHARING FOOD 1 2 8	
903	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
906	Is it possible for a healthy-looking person to have the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
907	Can the virus that causes AIDS be transmitted from a mother to her baby:  1 During pregnancy? 2 During delivery? 3 By breastfeeding?	YES NO DK  DURING PREG. .... 1 2 8 DURING DELIVERY ... 1 2 8 BREASTFEEDING ... 1 2 8	
909	CHECK 907: AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/>	→ 930
910	Are there any special drugs 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	
930	Do you know of a place where people can go to get tested for the AIDS virus?	YES ..... 1 NO ..... 2	→ 932



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
931	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF THE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	GOVT. HOSPITAL ..... A GOVT. HEALTH CENTER ..... B PRIMARY HEALTH CENTER ..... C FAMILY PLANNING CLINIC ..... D MOBILE CLINIC ..... E PRIVATE SECTOR (PRIVATE HOSPITAL/CLINIC/ ..... DISPENSARY/DOCTOR'S OFFICE)... F NON GOVERNMENT ORGANIZATIONS (HOSPITAL/CLINIC/DISPENSARY/ PRIVATE DOCTOR'S OFFICE, MOBILE CLINIC) ..... G OTHER _____ X (SPECIFY)	
932	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
933	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES ..... 1 NO ..... 2 DON'T KNOW/NOT SURE ..... 8	
934	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES ..... 1 NO ..... 2 DON'T KNOW/NOT SURE ..... 8	
935	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED ..... 1 SHOULD NOT BE ALLOWED ..... 2 DON'T KNOW/NOT SURE ..... 8	
937	CHECK 901: HEARD ABOUT AIDS <input type="checkbox"/> ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? ..... NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ Have you heard about infections that can be transmitted through sexual contact?	YES ..... 1 NO ..... 2	
940	Now I would like to ask you some questions about your health. During the last 12 months, have you had a disease which you got through sexual contact?	YES ..... 1 NO ..... 2 DON'T KNOW/NOT SURE ..... 8	
941	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/NOT SURE ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
942	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/NOT SURE ..... 8	
943	CHECK 940, 941, AND 942: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> ↓ HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/> →		→ 946
944	The last time you had (PROBLEM FROM 940/941/942), did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2	→ 946
945	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF THE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	GOVT. HOSPITAL ..... A GOVT. HEALTH CENTER ..... B PRIMARY HEALTH CENTER ..... C FAMILY PLANNING CLINIC ..... D MOBILE CLINIC ..... E PRIVATE SECTOR (PRIVATE HOSPITAL/CLINIC/ ..... DISPENSARY/DOCTOR'S OFFICE)... F NON GOVERNMENT ORGANIZATIONS (HOSPITAL/CLINIC/DISPENSARY/ PRIVATE DOCTOR'S OFFICE, MOBILE CLINIC) ..... G OTHER _____ X (SPECIFY)	
946	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
1001	<p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE ..... 00 → 1008</p>																			
1002	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE ..... 00 → 1008</p>																			
1003	<p>The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																			
1008	<p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?</p> <p>1 Getting permission to go to the doctor?</p> <p>2 Getting money needed for advice or treatment?</p> <p>3 The distance to the health facility?</p> <p>4 No female provider at facility?</p> <p>5 Not wanting to go alone?</p>	<table border="0"> <thead> <tr> <th></th> <th align="center">BIG PROB- LEM</th> <th align="center">NOT A BIG PROB- LEM</th> </tr> </thead> <tbody> <tr> <td>PERMISSION TO GO ...</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>GETTING MONEY .....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>DISTANCE .....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>NO FEMALE .....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>GO ALONE .....</td> <td align="center">1</td> <td align="center">2</td> </tr> </tbody> </table>		BIG PROB- LEM	NOT A BIG PROB- LEM	PERMISSION TO GO ...	1	2	GETTING MONEY .....	1	2	DISTANCE .....	1	2	NO FEMALE .....	1	2	GO ALONE .....	1	2	
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NO FEMALE .....	1	2																			
GO ALONE .....	1	2																			
1009	<p>Are you covered by any health insurance?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 1011																		
1010	<p>What type of health insurance are you covered by?</p> <p>PROBE: Any other health insurance?</p> <p>RECORD ALL MENTIONED.</p>	<p>MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE ..... A</p> <p>HEALTH INSURANCE THROUGH EMPLOYER ..... B</p> <p>SOCIAL SECURITY ..... C</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D</p> <p>OTHER _____ X (SPECIFY)</p>																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1011	<p>FISTULA</p> <p>This series of questions is designed to obtain information on another health problem that affects women. Difficult vaginal delivery can lead to urine and fecal incontinence. This problem usually occurs after a difficult childbirth, but may also be the result of rape or pelvic surgery. Women with this problem are often subject to social discrimination. The following questions relate to women's knowledge of the problem and the reasons for the treatment.</p> <p>Have you ever heard of this problem of which the woman experiences a constant leakage of urine or stool from the vagina during the day and night?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 1012A</p>
1012	<p>Do you suffer or did you suffer from this problem?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 1018</p>
1012A	<p>Sometimes some ladies suffer from the constant leakage of urine or stool from your vagina during the day and night as a result of a difficult birth or surgery and this is called fistula.</p> <p>Do you suffer or did you suffer from this problem?</p>	<p>DON'T KNOW ..... 8</p>	<p>→ 1018</p>
1013	<p>Did this problem start after a normal delivery, a caesarean delivery, or after an operation or after anything else?</p>	<p>AFTER NATURAL BIRTH ..... 1</p> <p>AFTER CAESAREAN BIRTH ..... 2</p> <p>AFTER AN OPERATION ..... 3</p> <p>OTHER _____ 6 (SPECIFY)</p>	
1014	<p>Have you sought treatment for this condition?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 1016</p>
1015	<p>Why have you not sought treatment?</p>	<p>DO NOT KNOW WHERE TO GO ..... 1</p> <p>TOO EXPENSIVE ..... 2</p> <p>TOO FAR ..... 3</p> <p>EMBARRASSMENT ..... 4</p> <p>POOR QUALITY OF CARE ..... 5</p> <p>OTHER _____ 6 (SPECIFY)</p>	<p>→ 1018</p>
1016	<p>From whom did you last seek treatment?</p>	<p>DOCTOR ..... 1</p> <p>NURSE/MIDWIFE ..... 2</p> <p>OTHER _____ 6 (SPECIFY)</p>	
1017	<p>Did your health improve after treatment?</p>	<p>FULLY RECUPERATED ..... 1</p> <p>PARTIALLY RECUPERATED ..... 2</p> <p>NO. DIDN'T IMPROVE ..... 3</p>	
1018	<p>Did you get any type of tumors?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 1101</p>
1019	<p>When did you find out that you had a tumor?</p> <p>RECORD THE YEAR AND THE MONTH IF DON'T KNOW MONTH CIRCLE 98</p>	<p>MONTH ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH ..... 98</p> <p>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
1020	Who discovered your tumor?	DOCTOR ..... 1 NURSE/MIDWIFE ..... 2  OTHER _____ 6 (SPECIFY)			
1021	In what part of your body did the tumor develop?  RECORD IN WHICH PART OF THE BODY THE TUMOR EXIST.	_____ <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> _____			
1022	Have you sought treatment for this condition?	YES ..... 1 NO ..... 2	→ 1024		
1023	Why have you not sought treatment?	DO NOT KNOW WHERE TO GO ..... A TOO EXPENSIVE ..... B TOO FAR ..... C OTHER _____ X (SPECIFY)			
1024	Did you have a biopsy or an ultrasound done to determine the type of tumor?	YES ..... 1 NO ..... 2	→ 1026		
1025	What was the result of the biopsy or the ultrasound?	BENIGN TUMOR ..... 1 MALIGNANT TUMOR ..... 2 OTHER _____ 6 (SPECIFY)			
1026	Do you currently receive or did you receive in the past treatment for the malignant tumor (CANCER)?	YES CURRENTLY ..... 1 YES IN THE PAST ..... 2 NO ..... 3 OTHER _____ 6 (SPECIFY)			

**SECTION 11: FEMALE CIRCUMCISION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	Have you ever heard of female circumcision?	YES ..... 1 NO ..... 2	→ 1103
1102	In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES ..... 1 NO ..... 2	→ 1201
1103	Have you yourself ever been circumcised?	YES ..... 1 NO ..... 2	→ 1109
1104	Was any flesh removed from the genital area?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1107	How old were you when you were circumcised?  IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE	AGE IN COMPLETED YEARS... <input type="text"/> <input type="text"/> DURING FIRST WEEK AFTER BIRTH ..... 93 AFTER FIRST WEEK AND BEFORE FIRST YEAR AFTER BIRTH ..... 94 DON'T KNOW ..... 98	
1108	Who performed the circumcision?	TRADITIONAL TRAD. 'CIRCUMCISER' ..... 11 TRAD. BIRTH ATTENDANT ..... 12  HEALTH PROFESSIONAL DOCTOR ..... 21 NURSE/TRAINED MIDWIFE ... 22  OTHER _____ 96 (SPECIFY) DON'T KNOW ..... 98	
1109	CHECK 213 & 216  <input type="checkbox"/> HAS AT LEAST ONE LIVING DAUGHTER ↓ <input type="checkbox"/> HAS NO LIVING DAUGHTER		→ 1120
1110	Have any of your daughters been circumcised?  IF YES: How many?	NUMBER CIRCUMCISED ..... <input type="text"/> <input type="text"/> NO DAUGHTER CIRCUMCISED .....95	→ 1118
1111	Which of your daughters was circumcised most recently?  _____ (DAUGHTER'S NAME)  INTERVIEWER: CHECK 212 AND RECORD THE LINE NUMBER FOR THE DAUGHTER	DAUGHTER'S LINE NUMBER FROM Q.212 ..... <input type="text"/> <input type="text"/>	
1112	Now I would like to ask you what was done to (NAME OF THE DAUGHTER FROM Q.1111).		
1113	Was any flesh removed from the genital area?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1115	How old was (NAME OF THE DAUGHTER FROM Q.1111) when the circumcision was done?  IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO PROBE TO GET AN ESTIMATE	AGE IN COMPLETED YEARS... <input type="text"/> <input type="text"/> DURING FIRST WEEK AFTER BIRTH 93 AFTER FIRST WEEK AND BEFORE FIRST YEAR AFTER BIRTH ..... 94 DON'T KNOW ..... 98	
1116	Who performed the circumcision?	TRADITIONAL TRAD. 'CIRCUMCISER' ..... 11 TRAD. BIRTH ATTENDANT ..... 12 OTHER TRADITIONAL ..... 16 SPECIFY  HEALTH PROFESSIONAL DOCTOR ..... 21 NURSE/TRAINED MIDWIFE ... 22 OTHER HEALTH PROFESSIONAL ..... 26 SPECIFY  DON'T KNOW ..... 98	
1117	Do you have any daughter who is not circumcised?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 1120
1118	Do you intend to have any of your daughters circumcised in the future?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 1120
1119	Why do you intend to have any of your daughters circumcised?  PROBE: Any other reasons?  RECORD ALL MENTIONED.	CLEANLINESS/HYGIENE ..... A SOCIAL ACCEPTANCE ..... B BETTER MARRIAGE PROSPECTS C PRESERVE VIRGINITY/PREVENT PREMARITAL SEX ..... D MORE SEXUAL PLEASURE FOR THE MAN ..... E RELIGIOUS APPROVAL ..... F  OTHER ..... X (SPECIFY) NO REASON ..... Y	
1120	Do you believe that this practice is required by your religion?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1121	Do you think that this practice should be continued, or should it be stopped?	CONTINUED ..... 1 STOPPED ..... 2 DEPENDS ..... 3 DON'T KNOW ..... 8	→ 1201 → 1201
1122	Why do you think this practice should be stopped?  PROBE: Any other reasons?  RECORD ALL MENTIONED.	BAD TRADITIONAL PRACTICE ..... A AGAINST RELIGION ..... B CAUSES SERIOUS MEDICAL COMPLICATION ..... C PAINFUL PERSONAL EXPERIENCE . D AGAINST WOMAN'S DIGNITY ..... E OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	

SECTION 12. OPINIONS ON DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																												
1201	What is your understanding of domestic violence, does that mean:  1 Physical abuse? 2 No participation in decision-making for household? 3 No participation in decision-making for children? 4 Better treatment of males than females? 5 Failing to meet basic living costs? 6 Denial of education? 7 Forced marriage? 8 Rape? 9 Sexual harassment? 10 other _____ <p style="text-align: center;">SPECIFY</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>PHYSICAL ABUSE...</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>FOR HOUSEHOLD ...</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>FOR CHILDREN .</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>SEX PREFERENCES...</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>FAILING LIVING COSTS</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>DENIAL OF EDUCATION.</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>FORCED MARRIAGE...</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>RAPE.....</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>SEXUAL HARASSMENT..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>OTHER .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	PHYSICAL ABUSE...	1	2	8	FOR HOUSEHOLD ...	1	2	8	FOR CHILDREN .	1	2	8	SEX PREFERENCES...	1	2	8	FAILING LIVING COSTS	1	2	8	DENIAL OF EDUCATION.	1	2	8	FORCED MARRIAGE...	1	2	8	RAPE.....	1	2	8	SEXUAL HARASSMENT..	1	2	8	OTHER .....	1	2	<input type="checkbox"/>	
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OTHER .....	1	2	<input type="checkbox"/>																																												
1202	Who are the people who commit the most violent acts against women?	FATHER ..... 01 MOTHER ..... 02 HUSBANDS ..... 03 SISTER/BROTHER ..... 04 DAUGHTER/SON ..... 05 EMPLOYER ..... 06 SOMEONE AT WORK ..... 07 OTHER ..... 96 <p style="text-align: center;">(SPECIFY)</p>																																													
1203	What is the place with most violent acts?	AT HOME ..... 01 WORKPLACE ..... 02 STREET ..... 03 SCHOOL ..... 04 OTHER ..... 96 <p style="text-align: center;">(SPECIFY)</p>																																													
1204	Does any form of violence cause damage?	YES ..... 1 NO ..... 2	→ 1206																																												
1205	What is the most serious damage caused by violence?	HEALTH DAMAGE ..... 1 PSYCHOLOGICAL DAMAGE ..... 2 ECONOMIC DAMAGE ..... 3 EDUCATIONAL DAMAGE ..... 4 SOCIAL DAMAGE ..... 5 OTHER ..... 6 <p style="text-align: center;">(SPECIFY)</p>																																													
1206	In your opinion, is a husband justified in hitting or beating his wife in the following situations:  1 If she goes out without telling him? 2 If she neglects the children? 3 If she argues with him? 4 If she refuses to have sex with him? 5 If she burns the food?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT .....</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>NEGL. CHILDREN ...</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>ARGUES .....</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>REFUSES SEX .....</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>BURNS FOOD .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	GOES OUT .....	1	2	8	NEGL. CHILDREN ...	1	2	8	ARGUES .....	1	2	8	REFUSES SEX .....	1	2	8	BURNS FOOD .....	1	2	8																					
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1207	RECORD THE TIME.	HOUR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>  MINUTES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																																													



INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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

EDITOR'S OBSERVATIONS

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

CALENDAR

INSTRUCTIONS:

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

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS
  
- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J LACTATIONAL AMENORRHEA METHOD
- K RHYTHM METHOD
- L WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

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

			1	2	
12	DEC	01			
11	NOV	02			
10	OCT	03			
09	SEP	04			
2	08	AUG	05		2
0	07	JUL	06		0
1	06	JUN	07		1
3	05	MAY	08		3
	04	APR	09		
	03	MAR	10		
	02	FEB	11		
	01	JAN	12		
12	DEC	13			
11	NOV	14			
10	OCT	15			
09	SEP	16			
2	08	AUG	17		2
0	07	JUL	18		0
1	06	JUN	19		1
2	05	MAY	20		2
	04	APR	21		
	03	MAR	22		
	02	FEB	23		
	01	JAN	24		
12	DEC	25			
11	NOV	26			
10	OCT	27			
09	SEP	28			
2	08	AUG	29		2
0	07	JUL	30		0
1	06	JUN	31		1
1	05	MAY	32		1
	04	APR	33		
	03	MAR	34		
	02	FEB	35		
	01	JAN	36		
12	DEC	37			
11	NOV	38			
10	OCT	39			
09	SEP	40			
2	08	AUG	41		2
0	07	JUL	42		0
1	06	JUN	43		1
0	05	MAY	44		0
	04	APR	45		
	03	MAR	46		
	02	FEB	47		
	01	JAN	48		
12	DEC	49			
11	NOV	50			
10	OCT	51			
09	SEP	52			
2	08	AUG	53		2
0	07	JUL	54		0
0	06	JUN	55		0
9	05	MAY	56		9
	04	APR	57		
	03	MAR	58		
	02	FEB	59		
	01	JAN	60		
12	DEC	61			
11	NOV	62			
10	OCT	63			
09	SEP	64			
2	08	AUG	65		2
0	07	JUL	66		0
0	06	JUN	67		0
8	05	MAY	68		8
	04	APR	69		
	03	MAR	70		
	02	FEB	71		
	01	JAN	72		