

**ZAMBIA DEMOGRAPHIC AND HEALTH SURVEY
QUESTIONNAIRE FOR INDIVIDUAL WOMEN**

IDENTIFICATION

PROVINCE _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><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><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><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><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><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><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																					
DISTRICT _____																						
CSA NUMBER.....																						
SEA NUMBER.....																						
HOUSEHOLD NUMBER.....																						
NAME OF HOUSEHOLD HEAD _____																						
URBAN/RURAL (urban=1, rural=2).....																						
Lusaka//OTHER CITY/TOWN/VILLAGE..... (Lusaka=1, other city=2, town=3, village=4)																						
NAME AND LINE NUMBER OF WOMAN _____																						

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY <table border="1" style="width: 20px; height: 20px;"></table>
				MONTH <table border="1" style="width: 20px; height: 20px;"></table>
				YEAR <table border="1" style="width: 20px; height: 20px;"></table>
INTERVIEWER'S NAME				NAME <table border="1" style="width: 20px; height: 20px;"></table>
RESULT*				RESULT <table border="1" style="width: 20px; height: 20px;"></table>
NEXT VISIT: DATE TIME			<table border="1" style="width: 20px; height: 20px; background-color: #cccccc;"></table>	TOTAL NUMBER OF VISITS <table border="1" style="width: 20px; height: 20px;"></table>

* RESULT CODES: 1 COMPLETED 4 REFUSED
 2 NOT AT HOME 5 PARTLY COMPLETED
 3 POSTPONED 6 OTHER (SPECIFY) _____

LANGUAGE OF QUESTIONNAIRE** ENGLISH	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr> <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> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>	0	1						
0		1							
LANGUAGE USED IN INTERVIEW**.....									
RESPONDENT'S LOCAL LANGUAGE**.....									
TRANSLATOR USED (1=NOT AT ALL; 2=SOMETIME; 3=ALL THE TIME)..									

**LANGUAGE CODES: 01 ENGLISH 03 KAONDE 05 LUNDA 07 NYANJA 09 OTHER
 02 BEMBA 04 LOZI 06 LUVALE 08 TONGA

NAME DATE	FIELD EDITED BY: _____	OFFICE EDITED BY: _____	KEYED BY: _____	KEYED BY: <table border="1" style="width: 20px; height: 20px;"></table>
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SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD THE TIME.	HOUR..... MINUTES.....	<input type="text"/> <input type="text"/>
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in a village?	CITY.....1 TOWN.....2 VILLAGE.....3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS..... ALWAYS.....95 VISITOR.....96	<input type="text"/> 105
104	Just before you moved here, did you live in a city, in a town, or in a village?	CITY.....1 TOWN.....2 VILLAGE.....3	
105	In what month and year were you born?	MONTH..... DK MONTH.....98 YEAR..... DK YEAR.....98	<input type="text"/> <input type="text"/>
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS.....	<input type="text"/>
107	Have you ever attended school?	YES.....1 NO.....2	111
108	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY.....1 SECONDARY.....2 HIGHER.....3	
109	How many years did you complete at that level? COMMENT _____	YEARS.....	<input type="text"/>
110	CHECK 108: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		112
111	Can you read and understand a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	113
112	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
113	Do you usually listen to a radio at least once a week?	YES.....1 NO.....2	
114	Do you usually watch television at least once a week?	YES.....1 NO.....2	
115	What religion are you?	CATHOLIC.....1 PROTESTANT.....2 MUSLIM.....3 OTHER.....4 (SPECIFY) _____	
116	What tribe do you belong to?	_____	<input type="text"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
117	CHECK Q.4 IN THE HOUSEHOLD QUESTIONNAIRE THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT <input type="checkbox"/>	THE WOMAN INTERVIEWED IS A USUAL RESIDENT <input type="checkbox"/>	201
118	Now I would like to ask about the place in which <i>you usually live.</i> Do you usually live in a city, in a town, or in a village? IF CITY: In which city do you live?	LUSAKA, LARGE CITY.....1 SMALL CITY.....2 TOWN.....3 VILLAGE.....4	
119	In which province is that located?	CENTRAL.....1 COPPERBELT.....2 EASTERN.....3 LUAPULA.....4 LUSAKA.....5 NORTHERN.....6 NORTH-WESTERN.....7 SOUTHERN.....8 WESTERN.....9 OUTSIDE ZAMBIA/OTHER.....0	
120	Now I would like to ask about the household in which <i>you usually live.</i> What is the source of water your household uses for handwashing and dishwashing?	PIPED WATER PIPED INTO HOME OR PLOT.....11 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT...21 PUBLIC WELL.....22 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 RAINWATER.....41 TANKER TRUCK.....51 BOTTLED WATER.....61 OTHER.....71 (SPECIFY)	122 122 122 122 122
121	How long does it take to go there, get water, and come back?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996	
122	Does your household get drinking water from this same source?	YES.....1 NO.....2	124
123	What is the source of drinking water for members of your household?	PIPED WATER PIPED INTO HOME OR PLOT.....11 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT...21 PUBLIC WELL.....22 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 RAINWATER.....41 TANKER TRUCK.....51 BOTTLED WATER.....61 OTHER.....71 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
124	What kind of toilet facility does your household have?	FLUSH TOILET OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 PIT TOILET/LATRINE TRADITIONAL PIT TOILET.....21 VENTILATED IMPROVED PIT (VIP) LATRINE.....22 NO FACILITY/BUSH/FIELD.....31 OTHER _____ 41 (SPECIFY)																
125	Does your household have: Electricity? A radio? A television? A refrigerator?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY.....	1	2	RADIO.....	1	2	TELEVISION.....	1	2	REFRIGERATOR.....	1	2	
	YES	NO																
ELECTRICITY.....	1	2																
RADIO.....	1	2																
TELEVISION.....	1	2																
REFRIGERATOR.....	1	2																
126	How many rooms in your household are used for sleeping?	ROOMS..... <input type="text"/> <input type="text"/>																
127	Could you describe the main material of the floor of your home?	NATURAL FLOOR EARTH/SAND.....11 RUDIMENTARY FLOOR WOOD PLANKS/BOARDS.....21 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 TERRAZO TILE.....32 PVC TILES.....33 CEMENT.....34 CARPET.....35 OTHER _____ 41 (SPECIFY)																
128	Does any member of your household own: A bicycle? A motorcycle? A car?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	BICYCLE.....	1	2	MOTORCYCLE.....	1	2	CAR.....	1	2				
	YES	NO																
BICYCLE.....	1	2																
MOTORCYCLE.....	1	2																
CAR.....	1	2																

EN 4

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES.....1 NO.....2	→206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES.....1 NO.....2	→204
203	How many sons live with you? And how many daughters live with you? IF NONE RECORD '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES.....1 NO.....2	→206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE RECORD '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
206	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed any sign of life but only survived a few hours or days?	YES.....1 NO.....2	→208
207	In all, how many boys have died? And how many girls have died? IF NONE RECORD '00'.	BOYS DEAD..... GIRLS DEAD.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE RECORD '00'.	TOTAL.....	<input type="text"/> <input type="text"/>
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ___ births during your life. Is that correct?	YES <input type="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"/>		→223

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

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

212	213	214	215	216	217	218	219	220
What name was given to your (first,next) baby?	RECORD SINGLE OR MULTIPLE BIRTH STATUS.	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	IF LESS THAN 15 YRS. OF AGE: With whom does he/she live? IF 15+: GO TO NEXT BIRTH.	IF DEAD: How old was he/she when he/she died? IF "1 YR.", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.
01 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. YEAR... <input type="text"/> <input type="text"/>	YES...1 NO....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)← NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
02 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. YEAR... <input type="text"/> <input type="text"/>	YES...1 NO....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)← NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
03 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. YEAR... <input type="text"/> <input type="text"/>	YES...1 NO....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)← NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
04 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. YEAR... <input type="text"/> <input type="text"/>	YES...1 NO....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)← NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
05 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. YEAR... <input type="text"/> <input type="text"/>	YES...1 NO....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)← NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
06 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. YEAR... <input type="text"/> <input type="text"/>	YES...1 NO....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)← NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
07 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. YEAR... <input type="text"/> <input type="text"/>	YES...1 NO....2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)← NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>

212	213	214	215	216	217	218	219	220
What name was given to your (first,next) baby?	RECORD SINGLE OR MULTIPLE BIRTH STATUS.	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: what is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	IF ALIVE: Is (NAME) living with you?	IF LESS THAN 15 YRS. OF AGE: With whom does he/she live? IF 15+: GO TO NEXT BIRTH.	IF DEAD: How old was he/she when he/she died? IF "1 YR.", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.

08	SING...1 MULT...2 (NAME)	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/>	YES...1 NO...2 v 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH) NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
09	SING...1 MULT...2 (NAME)	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/>	YES...1 NO...2 v 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH) NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
10	SING...1 MULT...2 (NAME)	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/>	YES...1 NO...2 v 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH) NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
11	SING...1 MULT...2 (NAME)	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/>	YES...1 NO...2 v 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH) NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
12	SING...1 MULT...2 (NAME)	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/>	YES...1 NO...2 v 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH) NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
13	SING...1 MULT...2 (NAME)	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/>	YES...1 NO...2 v 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH) NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO TO 221)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>

221 COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:
 NUMBERS ARE SAME NUMBERS ARE DIFFERENT (PROBE AND RECONCILE)
 v

CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.
 FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.
 FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.
 FOR AGE AT DEATH 12 MONTHS: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.

222 CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1987.
 IF NONE, RECORD 0.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
223	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	226
224	How many months pregnant are you?	MONTHS..... <input type="text"/>	
225	At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not</u> want to become pregnant at all?	THEN.....1 LATER.....2 NOT AT ALL.....3	
226	When did your last menstrual period start?	DAYS AGO.....1 <input type="text"/> WEEKS AGO.....2 <input type="text"/> MONTHS AGO.....3 <input type="text"/> YEARS AGO.....4 <input type="text"/> IN MENOPAUSE.....994 BEFORE LAST BIRTH.....995 NEVER MENSTRUATED.....996	
227	Between the first day of a woman's period and the first day of her <u>next</u> period, are there certain times when she has a greater chance of becoming pregnant than other times?	YES.....1 NO.....2 DK.....8	301
228	During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?	DURING HER PERIOD.....1 RIGHT AFTER HER PERIOD HAS ENDED.....2 IN THE MIDDLE OF THE CYCLE.....3 JUST BEFORE HER PERIOD BEGINS...4 OTHER.....5 (SPECIFY) DK.....8	

SECTION 3. CONTRACEPTION

301 Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about?

CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY.
 THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY.
 CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED.
 THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 302, ASK 303-304 BEFORE PROCEEDING TO THE NEXT METHOD.

	302 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD	303 Have you ever used (METHOD)?	304 Do you know where a person could go to get (METHOD)?
01 PILL Women can take a pill every day.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
02 IUCD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
03 INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
04 FOAMING TABLET/JELLY Women can place a sponge, suppository, diaphragm, jelly or cream inside them before intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
05 CONDOM Men can use a rubber sheath during sexual intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
06 FEMALE STERILIZATION Women can have an operation to avoid having any more children. This is also called 'turning the womb.'	YES/SPONT.....1 YES/PROBED.....2 NO.....3	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2	YES.....1 NO.....2
07 MALE STERILIZATION Men can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
08 NATURAL FAMILY PLANNING Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	Do you know where a person can obtain advice on how to use natural family planning? YES.....1 NO.....2
09 WITHDRAWAL Men can be careful and pull out before climax.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	
10 Have you heard of any other ways or methods that women or men can use to avoid pregnancy? 1 _____ (SPECIFY) 2 _____ (SPECIFY) 3 _____ (SPECIFY)	YES/SPONT.....1 NO.....3	YES.....1 NO.....2 YES.....1 NO.....2 YES.....1 NO.....2	

305 CHECK 303: NOT A SINGLE "YES" (NEVER USED)

AT LEAST ONE "YES" (EVER USED)

SKIP TO 308

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
306	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES..... <input type="checkbox"/> NO..... <input type="checkbox"/>	324
307	What have you used or done? CORRECT 303-305 (AND 302 IF NECESSARY).		
308	Now I would like to ask you about the time when you first did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN..... <input type="text"/>	
308A	CHECK 303 (8): EVER USED NATURAL FAMILY PLANNING <input type="checkbox"/> NEVER USED NATURAL FAMILY PLANNING <input type="checkbox"/>		309
308B	You said that sometimes you have avoided having sexual intercourse on certain days of the month to avoid getting pregnant. How did you know which days to avoid sexual intercourse?	CALENDAR, COUNTING DAYS.....1 CERVICAL MUCUS METHOD.....2 TOOK TEMPERATURE DAILY.....3 MUCUS AND TEMPERATURE.....4 OTHER.....5 (SPECIFY)	
309	CHECK 223: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		324
310	CHECK 303: WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		312A
311	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	324
312	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 NATURAL FAMILY PLANNING.....08 WITHDRAWAL.....09 OTHER.....10 (SPECIFY)	318 323
312A	CIRCLE '06' FOR FEMALE STERILIZATION.		
313	At the time you first started using the pill, did you consult a doctor or a nurse?	YES.....1 NO.....2 DK.....8	
314	At the time you last got pills, did you consult a doctor or a nurse?	YES.....1 NO.....2	
315	May I see the package of pills you are using now? RECORD NAME OF BRAND.	PACKAGE SEEN.....1 BRAND NAME <input type="text"/> PACKAGE NOT SEEN.....2	317
316	Do you know the brand name of the pills you are now using? RECORD NAME OF BRAND.	BRAND NAME <input type="text"/> DK.....98	
317	How much does one (packet/cycle) of pills cost you?	COST..... <input type="text"/> FREE.....996 DK.....998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
318	<p>CHECK 312:</p> <p>SHE/HE STERILIZED <input type="checkbox"/> USING ANOTHER METHOD <input type="checkbox"/></p> <p>Where did the sterilization take place? _____ (NAME OF PLACE)</p> <p>Where did you obtain (METHOD) the last time? _____</p> <p>RECORD MINES HOSPITAL OR CLINIC AS PRIVATE ('21').</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL.....11</p> <p>GOVERNMENT HEALTH CENTER.....12</p> <p>FIELD WORKER.....13 → 321</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL OR CLINIC....21</p> <p>MISSION HOSPITAL OR CLINIC....22</p> <p>PHARMACY.....23</p> <p>PRIVATE DOCTOR.....24</p> <p>MOBILE CLINIC.....25</p> <p>FIELD WORKER.....26 → 321</p> <p>OTHER PRIVATE SECTOR</p> <p>SHOP.....31</p> <p>FRIENDS/RELATIVES.....32</p> <p>OTHER _____ 41 → 321</p> <p>(SPECIFY)</p> <p>DK.....98</p>	
319	<p>How long does it take to travel from your home to this place?</p> <p>IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS.</p>	<p>MINUTES.....1</p> <p>HOURS.....2</p> <p>DK.....9998</p>	
320	<p>Is it easy or difficult to get there?</p>	<p>EASY.....1</p> <p>DIFFICULT.....2</p>	
321	<p>CHECK 312: SHE/HE STERILIZED <input type="checkbox"/> USING ANOTHER METHOD <input type="checkbox"/></p>		323
322	<p>In what month and year was the sterilization operation performed?</p>	<p>MONTH.....</p> <p>YEAR.....</p>	334
323	<p>For how many months have you been using (CURRENT METHOD) continuously? IF LESS THAN 1 MONTH, RECORD '00'.</p>	<p>MONTHS.....</p> <p>8 YEARS OR LONGER.....96</p>	329
324	<p>Do you intend to use a method to delay or avoid pregnancy at any time in the future?</p>	<p>YES.....1 → 326</p> <p>NO.....2</p> <p>DK.....8 → 330</p>	
325	<p>What is the main reason you do not intend to use a method?</p>	<p>WANTS CHILDREN.....01</p> <p>LACK OF KNOWLEDGE.....02</p> <p>PARTNER OPPOSED.....03</p> <p>COST TOO MUCH.....04</p> <p>SIDE EFFECTS.....05</p> <p>HEALTH CONCERNS.....06</p> <p>HARD TO GET METHODS.....07</p> <p>RELIGION.....08 → 330</p> <p>OPPOSED TO FAMILY PLANNING.....09</p> <p>FATALISTIC.....10</p> <p>OTHER PEOPLE OPPOSED.....11</p> <p>INFREQUENT SEX.....12</p> <p>DIFFICULT TO GET PREGNANT.....13</p> <p>MENOPAUSAL/HAD HYSTERECTOMY.....14</p> <p>INCONVENIENT.....15</p> <p>NOT MARRIED.....16</p> <p>OTHER _____ 17</p> <p>(SPECIFY)</p> <p>DK.....98</p>	
326	<p>Do you intend to use a method within the next 12 months?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>	
327	<p>When you use a method, which method would you prefer to use?</p>	<p>PILL.....01</p> <p>IUD.....02</p> <p>INJECTIONS.....03</p> <p>DIAPHRAGM/FOAM/JELLY.....04</p> <p>CONDOM.....05</p> <p>FEMALE STERILIZATION.....06</p> <p>MALE STERILIZATION.....07</p> <p>NATURAL FAMILY PLANNING.....08</p> <p>WITHDRAWAL.....09</p> <p>OTHER _____ 10 → 330</p> <p>(SPECIFY)</p> <p>UNSURE.....99</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO									
328	Where can you get (METHOD MENTIONED IN 327)? _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTER.....12 FIELD WORKER.....13 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL OR CLINIC...21 MISSION HOSPITAL OR CLINIC...22 PHARMACY.....23 PRIVATE DOCTOR.....24 MOBILE CLINIC.....25 FIELD WORKER.....26 OTHER PRIVATE SECTOR SHOP.....31 FRIENDS/RELATIVES.....32 OTHER _____41 (SPECIFY) DK.....98	332 332 334 332 334 334 332 334 330									
329	CHECK 312: USING NATURAL FAMILY PLANNING, WITHDRAWAL, OTHER TRADITIONAL METHOD <input type="checkbox"/>	USING A MODERN METHOD <input type="checkbox"/>	334									
330	Do you know of a place where you can obtain a method of family planning?	YES.....1 NO.....2	334									
331	Where is that? _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTER.....12 FIELD WORKER.....13 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL OR CLINIC...21 MISSION HOSPITAL OR CLINIC...22 PHARMACY.....23 PRIVATE DOCTOR.....24 MOBILE CLINIC.....25 FIELD WORKER.....26 OTHER PRIVATE SECTOR SHOP.....31 FRIENDS/RELATIVES.....32 OTHER _____41 (SPECIFY) DK.....98	334 334 334									
332	How long does it take to travel from your home to this place? IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS.	MINUTES.....1 HOURS.....2 DK.....9998	<table border="1" data-bbox="1177 1260 1274 1354"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>0</td> <td></td> <td></td> </tr> </table>				0					
0												
333	Is it easy or difficult to get there?	EASY.....1 DIFFICULT.....2										
334	In the last month, have you heard a message about family planning on: the radio? television?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RADIO.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....1</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	RADIO.....1	1	2	TELEVISION.....1	1	2	
	YES	NO										
RADIO.....1	1	2										
TELEVISION.....1	1	2										
335	Is it acceptable to you for family planning information to be provided on: the radio? television?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RADIO.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....1</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	RADIO.....1	1	2	TELEVISION.....1	1	2	
	YES	NO										
RADIO.....1	1	2										
TELEVISION.....1	1	2										

SECTION 4A. PREGNANCY AND BREASTFEEDING

401	CHECK 222: ONE OR MORE BIRTHS SINCE JAN. 1987	<input type="checkbox"/> NO BIRTHS SINCE JAN. 1987	<input type="checkbox"/> (SKIP TO 501)	
402	ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1985* IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS). Now I would like to ask you some more questions about the health of all your children born in the past five years. (We will talk about one child at a time.)			
	LINE NUMBER FROM Q. 212.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	FROM Q. 212	NAME LAST BIRTH	NAME NEXT-TO-LAST BIRTH	NAME SECOND-FROM-LAST BIRTH
403	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> or did you want <u>no (more)</u> children at all?	THEN.....1 (SKIP TO 405) ←	THEN.....1 (SKIP TO 405) ←	THEN.....1 (SKIP TO 405) ←
		LATER.....2	LATER.....2	LATER.....2
		NO MORE.....3 (SKIP TO 405) ←	NO MORE.....3 (SKIP TO 405) ←	NO MORE.....3 (SKIP TO 405) ←
404	How much longer would you like to have waited?	MONTHS.....1 <input type="text"/> YEARS.....2 <input type="text"/> DK.....998	MONTHS.....1 <input type="text"/> YEARS.....2 <input type="text"/> DK.....998	MONTHS.....1 <input type="text"/> YEARS.....2 <input type="text"/> DK.....998
405	When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy? IF YES, Whom did you see? <i>Anyone else?</i> RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B CLINICAL OFFICER.....C OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT.....D TRADITIONAL BIRTH ATTENDANT.....E OTHER.....F (SPECIFY) NO ONE.....G (SKIP TO 409) ←	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B CLINICAL OFFICER.....C OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT.....D TRADITIONAL BIRTH ATTENDANT.....E OTHER.....F (SPECIFY) NO ONE.....G (SKIP TO 409) ←	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B CLINICAL OFFICER.....C OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT.....D TRADITIONAL BIRTH ATTENDANT.....E OTHER.....F (SPECIFY) NO ONE.....G (SKIP TO 409) ←
406	Were you given an antenatal card for this pregnancy?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
407	How many months pregnant were you when you first saw someone for an antenatal check on this pregnancy?	MONTHS..... <input type="text"/> DK.....98	MONTHS..... <input type="text"/> DK.....98	MONTHS..... <input type="text"/> DK.....98
408	How many antenatal visits did you have during this pregnancy?	NO. OF VISITS..... <input type="text"/> DK.....98	NO. OF VISITS..... <input type="text"/> DK.....98	NO. OF VISITS..... <input type="text"/> DK.....98
409	When you were pregnant with (NAME) were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES.....1 NO.....2 (SKIP TO 411) ← DK.....8	YES.....1 NO.....2 (SKIP TO 411) ← DK.....8	YES.....1 NO.....2 (SKIP TO 411) ← DK.....8
410	During this pregnancy how many times did you get this injection?	TIMES..... <input type="text"/> DK.....8	TIMES..... <input type="text"/> DK.....8	TIMES..... <input type="text"/> DK.....8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
411	Where did you give birth to (NAME)?	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GVT. HOSPITAL.....21 GVT. HEALTH CENTER.....22 PRIVATE SECTOR PVT. HOSPITAL/CLINIC...31 MISSION HOSP./CLINIC...32 OTHER.....41 (SPECIFY)	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GVT. HOSPITAL.....21 GVT. HEALTH CENTER.....22 PRIVATE SECTOR PVT. HOSPITAL/CLINIC...31 MISSION HOSP./CLINIC...32 OTHER.....41 (SPECIFY)	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GVT. HOSPITAL.....21 GVT. HEALTH CENTER.....22 PRIVATE SECTOR PVT. HOSPITAL/CLINIC...31 MISSION HOSP./CLINIC...32 OTHER.....41 (SPECIFY)
412	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B CLINICAL OFFICER.....C OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT.....D TRADITIONAL BIRTH ATTENDANT.....E RELATIVE.....F OTHER.....G (SPECIFY) NO ONE.....H	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B CLINICAL OFFICER.....C OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT.....D TRADITIONAL BIRTH ATTENDANT.....E RELATIVE.....F OTHER.....G (SPECIFY) NO ONE.....H	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B CLINICAL OFFICER.....C OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT.....D TRADITIONAL BIRTH ATTENDANT.....E RELATIVE.....F OTHER.....G (SPECIFY) NO ONE.....H
413	Was (NAME) born on time or prematurely?	ON TIME.....1 PREMATURELY.....2 DK.....8	ON TIME.....1 PREMATURELY.....2 DK.....8	ON TIME.....1 PREMATURELY.....2 DK.....8
414	Was (NAME) delivered by caesarian section?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
415	When (NAME) was born, was he/she: very large, larger than average, average, smaller than average, or very small?	VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL.....5 DK.....8	VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL.....5 DK.....8	VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL.....5 DK.....8
416	Was (NAME) weighed at birth?	YES.....1 NO.....2 (SKIP TO 418)←	YES.....1 NO.....2 (SKIP TO 419)←	YES.....1 NO.....2 (SKIP TO 419)←
417	How much did (NAME) weigh?	KILOGRAMS..... <input type="text"/> <input type="text"/> DK.....98	KILOGRAMS..... <input type="text"/> <input type="text"/> DK.....98	KILOGRAMS..... <input type="text"/> <input type="text"/> DK.....98
418	Has your period returned since the birth of (NAME)?	YES.....1 (SKIP TO 420)← NO.....2 (SKIP TO 421)←		
419	Did your period return between the birth of (NAME) and your next pregnancy?		YES.....1 NO.....2 (SKIP TO 423)←	YES.....1 NO.....2 (SKIP TO 423)←
420	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS..... <input type="text"/> <input type="text"/> DK.....98	MONTHS..... <input type="text"/> <input type="text"/> DK.....98	MONTHS..... <input type="text"/> <input type="text"/> DK.....98
421	CHECK 223: RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 423)		
422	Have you resumed sexual relations since the birth of (NAME)?	YES.....1 NO.....2 (SKIP TO 424)←		
423	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS..... <input type="text"/> <input type="text"/> DK.....98	MONTHS..... <input type="text"/> <input type="text"/> DK.....98	MONTHS..... <input type="text"/> <input type="text"/> DK.....98

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																														
424	Did you ever breastfeed (NAME)?	YES.....1 (SKIP TO 426)←	YES.....1 (SKIP TO 433)←	YES.....1 (SKIP TO 433)←																														
		NO.....2	NO.....2	NO.....2																														
425	Why did you not breastfeed (NAME)?	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER.....08 (SPECIFY) (SKIP TO 435)←	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER.....08 (SPECIFY) (SKIP TO 435)←	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER.....08 (SPECIFY) (SKIP TO 435)←																														
426	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY.....000 HOURS.....1 DAYS.....2																																
427	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 433)																																
428	Are you still breast-feeding (NAME)?	YES.....1 NO.....2 (SKIP TO 433)←																																
429	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS																																
430	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS																																
431	At any time yesterday or last night was (NAME) given any of the following?:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Plain water?</td> <td>1</td> <td>2</td> </tr> <tr> <td>Sugar water?</td> <td>1</td> <td>2</td> </tr> <tr> <td>Juice?</td> <td>1</td> <td>2</td> </tr> <tr> <td>Tea?</td> <td>1</td> <td>2</td> </tr> <tr> <td>Baby formula?</td> <td>1</td> <td>2</td> </tr> <tr> <td>Fresh milk?</td> <td>1</td> <td>2</td> </tr> <tr> <td>Tinned or powdered milk?</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other liquids?</td> <td>1</td> <td>2</td> </tr> <tr> <td>Any solid or mushy food?</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	Plain water?	1	2	Sugar water?	1	2	Juice?	1	2	Tea?	1	2	Baby formula?	1	2	Fresh milk?	1	2	Tinned or powdered milk?	1	2	Other liquids?	1	2	Any solid or mushy food?	1	2		
	YES	NO																																
Plain water?	1	2																																
Sugar water?	1	2																																
Juice?	1	2																																
Tea?	1	2																																
Baby formula?	1	2																																
Fresh milk?	1	2																																
Tinned or powdered milk?	1	2																																
Other liquids?	1	2																																
Any solid or mushy food?	1	2																																
432	CHECK 431: FOOD OR LIQUID GIVEN YESTERDAY?	"YES" TO ONE OR MORE <input type="checkbox"/> "NO" TO ALL <input type="checkbox"/> (SKIP TO 437) (SKIP TO 436)																																

	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
433	For how many months did you breastfeed (NAME)? MONTHS..... <input type="text"/> <input type="text"/> UNTIL DIED.....96 (SKIP TO 436) ←	MONTHS..... <input type="text"/> <input type="text"/> UNTIL DIED.....96 (SKIP TO 436) ←	MONTHS..... <input type="text"/> <input type="text"/> UNTIL DIED.....96 (SKIP TO 436) ←
434	Why did you stop breastfeeding (NAME)? MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER.....11 (SPECIFY)	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER.....11 (SPECIFY)	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER.....11 (SPECIFY)
435	CHECK 216: CHILD ALIVE? ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 437) ↓	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 437) ↓	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 437) ↓
436	Was (NAME) ever given water or anything else to drink or eat (other than breastmilk)? YES.....1 NO.....2 (SKIP TO 440) ←	YES.....1 NO.....2 (SKIP TO 440) ←	YES.....1 NO.....2 (SKIP TO 440) ←
437	How many months old was (NAME) when you started giving the following on a regular basis?: Formula or milk other than breastmilk? AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96 Plain water? AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96 Other liquids? AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96 Any solid or mushy food? AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96 IF LESS THAN 1 MONTH, RECORD '00'.	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96 AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96 AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96 AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96 (SKIP TO 440)	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96 AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96 AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96 AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96 (SKIP TO 440)
438	CHECK 216: CHILD ALIVE? ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 440) ↓		
439	Did (NAME) drink anything from a bottle with a nipple yesterday or last night? YES.....1 NO.....2 DK.....8		
440	GO BACK TO 403 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO FIRST COLUMN OF 441		

SECTION 4B. IMMUNIZATION AND HEALTH

441 ENTER THE LINE NUMBER AND NAME OF EACH BIRTH SINCE JANUARY 1987 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS).

LINE NUMBER FROM Q. 212	<input type="text"/>	<input type="text"/>	<input type="text"/>
-------------------------	----------------------	----------------------	----------------------

	LAST BIRTH NAME	NEXT-TO-LAST BIRTH NAME	SECOND-FROM-LAST BIRTH NAME
--	--------------------	----------------------------	--------------------------------

442 Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it, please?	YES, SEEN.....1 (SKIP TO 444)←	YES, SEEN.....1 (SKIP TO 444)←	YES, SEEN.....1 (SKIP TO 444)←
	YES, NOT SEEN.....2 (SKIP TO 446)←	YES, NOT SEEN.....2 (SKIP TO 446)←	YES, NOT SEEN.....2 (SKIP TO 446)←
	NO CARD.....3	NO CARD.....3	NO CARD.....3

443 Did you ever have a vaccination card for (NAME)?	YES.....1 (SKIP TO 446)←	YES.....1 (SKIP TO 446)←	YES.....1 (SKIP TO 446)←
	NO.....2	NO.....2	NO.....2

444 (1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD.
(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS A VACCINE WAS GIVEN BUT NO DATE WAS RECORDED.

	DAY	MO	YR	DAY	MO	YR	DAY	MO	YR
BCG	BCG			BCG			BCG		
POLIO 1	P1			P1			P1		
POLIO 2	P2			P2			P2		
POLIO 3	P3			P3			P3		
DPT 1	D1			D1			D1		
DPT 2	D2			D2			D2		
DPT 3	D3			D3			D3		
MEASLES	MEA			MEA			MEA		

445 Has (NAME) received any vaccinations that are not recorded on this card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT 1-3, POLIO 1-3 AND/OR MEASLES VACCINE(S).	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 444)←	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 444)←	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 444)←
	NO.....2	NO.....2	NO.....2
	DK.....8 (SKIP TO 448)←	DK.....8 (SKIP TO 448)←	DK.....8 (SKIP TO 448)←

446 Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES.....1	YES.....1	YES.....1
	NO.....2 (SKIP TO 448)←	NO.....2 (SKIP TO 448)←	NO.....2 (SKIP TO 448)←
	DK.....8	DK.....8	DK.....8

447 Please tell me if (NAME) (has) received any of the following vaccinations:	A BCG vaccination against tuberculosis, that is, an injection in the left forearm that caused a scar?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
	Polio vaccine, that is, drops in the mouth?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
	IF YES: How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
	DPT vaccine, given in the right thigh or buttock to prevent whooping cough?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
	IF YES: How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
	An injection against measles?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8

448 CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
	(SKIP TO 450)	(SKIP TO 450)	(SKIP TO 450)

449 GO BACK TO 442 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO 480.

	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____	
450	Has (NAME) been ill with a fever at any time in the last 2 weeks? YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	
451	Has (NAME) been ill with a cough at any time in the last 2 weeks? YES.....1 NO.....2 DK.....8 (SKIP TO 455) ←	YES.....1 NO.....2 DK.....8 (SKIP TO 455) ←	YES.....1 NO.....2 DK.....8 (SKIP TO 455) ←	
452	Has (NAME) been ill with a cough in the last 24 hours? YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	
453	For how many days has the cough lasted/did the cough last? IF LESS THAN 1 DAY, WRITE '00'. DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>	
454	When (NAME) had the illness with a cough, did he/she breathe faster than usual with short, rapid breaths? YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	
455	CHECK 450 AND 451: FEVER OR COUGH? "YES" IN EITHER <input type="checkbox"/> 450 OR <input type="checkbox"/> 451 OR <input type="checkbox"/> OTHER (SKIP TO 460)	"YES" IN EITHER <input type="checkbox"/> 450 OR <input type="checkbox"/> 451 OR <input type="checkbox"/> OTHER (SKIP TO 460)	"YES" IN EITHER <input type="checkbox"/> 450 OR <input type="checkbox"/> 451 OR <input type="checkbox"/> OTHER (SKIP TO 460)	
456	Was anything given to treat the fever/cough? YES.....1 NO.....2 DK.....8 (SKIP TO 458) ←	YES.....1 NO.....2 DK.....8 (SKIP TO 458) ←	YES.....1 NO.....2 DK.....8 (SKIP TO 458) ←	
457	What was given to treat the fever/cough? Anything else? RECORD ALL MENTIONED.	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B ANTIMALARIAL (PILL OR SYRUP).....C COUGH SYRUP.....D OTHER PILL OR SYRUP.....E UNKNOWN PILL OR SYRUP.....F HOME REMEDY/HERBAL MEDICINE.....G OTHER.....H (SPECIFY)	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B ANTIMALARIAL (PILL OR SYRUP).....C COUGH SYRUP.....D OTHER PILL OR SYRUP.....E UNKNOWN PILL OR SYRUP.....F HOME REMEDY/HERBAL MEDICINE.....G OTHER.....H (SPECIFY)	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B ANTIMALARIAL (PILL OR SYRUP).....C COUGH SYRUP.....D OTHER PILL OR SYRUP.....E UNKNOWN PILL OR SYRUP.....F HOME REMEDY/HERBAL MEDICINE.....G OTHER.....H (SPECIFY)
458	Did you seek advice or treatment for the fever/cough? YES.....1 NO.....2 (SKIP TO 460) ←	YES.....1 NO.....2 (SKIP TO 460) ←	YES.....1 NO.....2 (SKIP TO 460) ←	
459	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B COMMUNITY HEALTH WORKER.C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....D MISSION HOSP./CLINIC....E PHARMACY.....F PRIVATE DOCTOR.....G OTHER PRIVATE SECTOR SHOP.....H TRADITIONAL HEALER.....I OTHER.....J (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B COMMUNITY HEALTH WORKER.C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....D MISSION HOSP./CLINIC....E PHARMACY.....F PRIVATE DOCTOR.....G OTHER PRIVATE SECTOR SHOP.....H TRADITIONAL HEALER.....I OTHER.....J (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B COMMUNITY HEALTH WORKER.C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....D MISSION HOSP./CLINIC....E PHARMACY.....F PRIVATE DOCTOR.....G OTHER PRIVATE SECTOR SHOP.....H TRADITIONAL HEALER.....I OTHER.....J (SPECIFY)

	NAME	LAST BIRTH	NAME	NEXT-TO-LAST BIRTH	NAME	SECOND-FROM-LAST BIRTH	
460	Has (NAME) had diarrhea in the last two weeks?	YES.....1 (SKIP TO 462)← NO.....2 DK.....8	YES.....1 (SKIP TO 462)← NO.....2 DK.....8	YES.....1 (SKIP TO 462)← NO.....2 DK.....8	YES.....1 (SKIP TO 462)← NO.....2 DK.....8	YES.....1 (SKIP TO 462)← NO.....2 DK.....8	
461	GO BACK TO 442 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO 480						
462	Has (NAME) had diarrhea in the last 24 hours? (3 OR MORE WATERY STOOLS)	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	
463	For how many days (has the diarrhea lasted/did the diarrhea last)? IF LESS THAN 1 DAY, WRITE '00'.	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>	
464	Was there any blood in the stools?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8 (SKIP TO 468)	YES.....1 NO.....2 DK.....8 (SKIP TO 468)	YES.....1 NO.....2 DK.....8 (SKIP TO 468)	YES.....1 NO.....2 DK.....8 (SKIP TO 468)	
465	CHECK 424/428: LAST CHILD STILL BREASTFED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 468) v					
466	During (NAME)'s diarrhea, did you change the frequency of breastfeeding?	YES.....1 NO.....2 (SKIP TO 468)←					
467	Did you <u>increase</u> the number of breastfeeds or <u>reduce</u> them, or did you <u>stop completely</u> ?	INCREASED.....1 REDUCED.....2 STOPPED COMPLETELY.....3					
468	(Aside from breastmilk) Was he/she given the same amount to drink as before the diarrhea, or more, or less?	SAME.....1 MORE.....2 LESS.....3 DK.....8	SAME.....1 MORE.....2 LESS.....3 DK.....8	SAME.....1 MORE.....2 LESS.....3 DK.....8	SAME.....1 MORE.....2 LESS.....3 DK.....8	SAME.....1 MORE.....2 LESS.....3 DK.....8	
469	Was anything given to treat the diarrhea?	YES.....1 NO.....2 (SKIP TO 471)← DK.....8	YES.....1 NO.....2 (SKIP TO 471)← DK.....8	YES.....1 NO.....2 (SKIP TO 471)← DK.....8	YES.....1 NO.....2 (SKIP TO 471)← DK.....8	YES.....1 NO.....2 (SKIP TO 471)← DK.....8	
470	What was given to treat the diarrhea? Anything else? RECORD ALL MENTIONED.	FLUID FROM ORS PACKET....A HOMEMADE SUGAR/SALT SOLUTION.....B ANTIBIOTIC PILL OR SYRUP.C OTHER PILL OR SYRUP....D INJECTION.....E (I.V.) INTRAVENOUS.....F HOME REMEDIES/ HERBAL MEDICINES.....G OTHER.....H (SPECIFY)	FLUID FROM ORS PACKET....A HOMEMADE SUGAR/SALT SOLUTION.....B ANTIBIOTIC PILL OR SYRUP.C OTHER PILL OR SYRUP....D INJECTION.....E (I.V.) INTRAVENOUS.....F HOME REMEDIES/ HERBAL MEDICINES.....G OTHER.....H (SPECIFY)	FLUID FROM ORS PACKET....A HOMEMADE SUGAR/SALT SOLUTION.....B ANTIBIOTIC PILL OR SYRUP.C OTHER PILL OR SYRUP....D INJECTION.....E (I.V.) INTRAVENOUS.....F HOME REMEDIES/ HERBAL MEDICINES.....G OTHER.....H (SPECIFY)	FLUID FROM ORS PACKET....A HOMEMADE SUGAR/SALT SOLUTION.....B ANTIBIOTIC PILL OR SYRUP.C OTHER PILL OR SYRUP....D INJECTION.....E (I.V.) INTRAVENOUS.....F HOME REMEDIES/ HERBAL MEDICINES.....G OTHER.....H (SPECIFY)	FLUID FROM ORS PACKET....A HOMEMADE SUGAR/SALT SOLUTION.....B ANTIBIOTIC PILL OR SYRUP.C OTHER PILL OR SYRUP....D INJECTION.....E (I.V.) INTRAVENOUS.....F HOME REMEDIES/ HERBAL MEDICINES.....G OTHER.....H (SPECIFY)	
471	Did you seek advice or treatment for the diarrhea?	YES.....1 NO.....2 (SKIP TO 473)←	YES.....1 NO.....2 (SKIP TO 473)←	YES.....1 NO.....2 (SKIP TO 473)←	YES.....1 NO.....2 (SKIP TO 473)←	YES.....1 NO.....2 (SKIP TO 473)←	
472	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B COMMUNITY HEALTH WORKER.C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....D MISSION HOSP./CLINIC....E PHARMACY.....F PRIVATE DOCTOR.....G OTHER PRIVATE SECTOR SHOP.....H TRADITIONAL HEALER.....I OTHER.....J (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B COMMUNITY HEALTH WORKER.C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....D MISSION HOSP./CLINIC....E PHARMACY.....F PRIVATE DOCTOR.....G OTHER PRIVATE SECTOR SHOP.....H TRADITIONAL HEALER.....I OTHER.....J (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B COMMUNITY HEALTH WORKER.C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....D MISSION HOSP./CLINIC....E PHARMACY.....F PRIVATE DOCTOR.....G OTHER PRIVATE SECTOR SHOP.....H TRADITIONAL HEALER.....I OTHER.....J (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B COMMUNITY HEALTH WORKER.C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....D MISSION HOSP./CLINIC....E PHARMACY.....F PRIVATE DOCTOR.....G OTHER PRIVATE SECTOR SHOP.....H TRADITIONAL HEALER.....I OTHER.....J (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B COMMUNITY HEALTH WORKER.C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....D MISSION HOSP./CLINIC....E PHARMACY.....F PRIVATE DOCTOR.....G OTHER PRIVATE SECTOR SHOP.....H TRADITIONAL HEALER.....I OTHER.....J (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B COMMUNITY HEALTH WORKER.C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....D MISSION HOSP./CLINIC....E PHARMACY.....F PRIVATE DOCTOR.....G OTHER PRIVATE SECTOR SHOP.....H TRADITIONAL HEALER.....I OTHER.....J (SPECIFY)

		LAST BIRTH NAME _____		NEXT-TO-LAST BIRTH NAME _____		SECOND-FROM-LAST BIRTH NAME _____	
473	CHECK 470: ORS FLUID FROM PACKET MENTIONED?	NO, ORS FLUID NOT MENTIONED <input type="checkbox"/>	YES, ORS FLUID MENTIONED <input type="checkbox"/> (SKIP TO 475)	NO, ORS FLUID NOT MENTIONED <input type="checkbox"/>	YES, ORS FLUID MENTIONED <input type="checkbox"/> (SKIP TO 475)	NO, ORS FLUID NOT MENTIONED <input type="checkbox"/>	YES, ORS FLUID MENTIONED <input type="checkbox"/> (SKIP TO 475)
474	Was (NAME) given Madzi a Moyo (or UNICEF ORS packet) when he/she had the diarrhea?	YES.....1 NO.....2 (SKIP TO 476) DK.....8	YES.....1 NO.....2 (SKIP TO 476) DK.....8	YES.....1 NO.....2 (SKIP TO 476) DK.....8	YES.....1 NO.....2 (SKIP TO 476) DK.....8	YES.....1 NO.....2 (SKIP TO 476) DK.....8	YES.....1 NO.....2 (SKIP TO 476) DK.....8
475	For how many days was (NAME) given Madzi a Moyo? IF LESS THAN 1 DAY, RECORD '00'.	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98
476	CHECK 470: HOMEMADE SUGAR/SALT SOLUTION MENTIONED?	NO, HOME FLUID NOT MENTIONED <input type="checkbox"/>	YES, HOME FLUID MENTIONED <input type="checkbox"/> (SKIP TO 478)	NO, HOME FLUID NOT MENTIONED <input type="checkbox"/>	YES, HOME FLUID MENTIONED <input type="checkbox"/> (SKIP TO 478)	NO, HOME FLUID NOT MENTIONED <input type="checkbox"/>	YES, HOME FLUID MENTIONED <input type="checkbox"/> (SKIP TO 478)
477	Was (NAME) given a homemade fluid made from suger, salt and water when he/she had the diarrhea?	YES.....1 NO.....2 (SKIP TO 479) DK.....8	YES.....1 NO.....2 (SKIP TO 479) DK.....8	YES.....1 NO.....2 (SKIP TO 479) DK.....8	YES.....1 NO.....2 (SKIP TO 479) DK.....8	YES.....1 NO.....2 (SKIP TO 479) DK.....8	YES.....1 NO.....2 (SKIP TO 479) DK.....8
478	For how many days was (NAME) given the fluid made from sugar, salt and water? IF LESS THAN 1 DAY, WRITE '00'.	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98
479	GO BACK TO 442 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 480						

EN 20

SECTION 5. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
501	Have you ever been married or lived with a man?	YES.....1 NO.....2	→512
502	Are you now married or living with a man, or are you now widowed, divorced, or no longer living together?	MARRIED.....1 LIVING TOGETHER.....2 WIDOWED.....3 DIVORCED.....4 NO LONGER LIVING TOGETHER.....5	→507
503	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER.....1 STAYING ELSEWHERE.....2	
504	Does your husband/partner have any other wives besides yourself?	YES.....1 NO.....2 DK.....8	→507 →507
505	How many other wives does he have?	NUMBER..... <input type="text"/> <input type="text"/> DK.....98	→507
506	Are you the first, second,...wife?	RANK..... <input type="text"/> <input type="text"/>	
507	Have you been married or lived with a man only once, or more than once?	ONCE.....1 MORE THAN ONCE.....2	
508	In what month and year did you start living with your (first) husband/partner?	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98	
509	How old were you when you started living with him?	AGE..... <input type="text"/> <input type="text"/> DK AGE.....98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
510	CHECK 508 AND 509:																	
	YEAR AND AGE GIVEN?	YES <input type="checkbox"/>	NO <input type="checkbox"/>															
			513															
511	CHECK CONSISTENCY OF 508 AND 509:																	
	YEAR OF BIRTH (105)	<input type="text"/>																
	PLUS	+																
	AGE AT MARRIAGE (509)	<input type="text"/>																
		=																
	CALCULATED YEAR OF MARRIAGE	<input type="text"/>																
			<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">IF NECESSARY, CALCULATE YEAR OF BIRTH</p> <p>CURRENT YEAR <input type="text" value="9"/> <input type="text" value="2"/></p> <p>MINUS -</p> <p>CURRENT AGE (106) <input type="text"/></p> <p>=</p> <p>CALCULATED YEAR OF BIRTH <input type="text"/></p> </div>															
	IS THE CALCULATED YEAR OF MARRIAGE WITHIN ONE YEAR OF THE REPORTED YEAR OF MARRIAGE (508) ?																	
	YES	<input type="checkbox"/>	NO															
			<input type="checkbox"/>															
			PROBE AND CORRECT 508 AND 509.															
	(SKIP TO 513)																	
512	IF NEVER IN UNION: Have you ever had sexual intercourse?																	
		YES.....1																
		NO.....2	517															
513	Now we need some details about your sexual activity in order to get a better understanding of family planning and fertility.																	
	How many times did you have sexual intercourse in the last four weeks?	TIMES..... <input type="text"/>																
514	How many times in a month do you <u>usually</u> have sexual intercourse?	TIMES..... <input type="text"/>																
515	When was the last time you had sexual intercourse?																	
		DAYS AGO.....1	<input type="text"/>															
		WEEKS AGO.....2	<input type="text"/>															
		MONTHS AGO.....3	<input type="text"/>															
		YEARS AGO.....4	<input type="text"/>															
		BEFORE LAST BIRTH.....996																
516	How old were you when you first had sexual intercourse?																	
		AGE.....	<input type="text"/>															
		FIRST TIME WHEN MARRIED.....96																
517	PRESENCE OF OTHERS AT THIS POINT.																	
		<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CHILDREN UNDER 10.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>HUSBAND.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER MALES.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER FEMALES.....1</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	CHILDREN UNDER 10.....1	1	2	HUSBAND.....1	1	2	OTHER MALES.....1	1	2	OTHER FEMALES.....1	1	2	
	YES	NO																
CHILDREN UNDER 10.....1	1	2																
HUSBAND.....1	1	2																
OTHER MALES.....1	1	2																
OTHER FEMALES.....1	1	2																

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
601	CHECK 312: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		607
602	CHECK 502: CURRENTLY MARRIED OR LIVING TOGETHER <input type="checkbox"/> NOT MARRIED/NOT LIVING TOGETHER <input type="checkbox"/>		614
603	CHECK 223: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children?	HAVE A (ANOTHER) CHILD.....1 NO MORE/NONE.....2 SAYS SHE CAN'T GET PREGNANT....3 UNDECIDED OR DK.....8	610
604	CHECK 223: 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?	MONTHS.....1 YEARS.....2 SOON/NOW.....994 SAYS SHE CAN'T GET PREGNANT...995 OTHER.....996 (SPECIFY) DK.....998	610
605	CHECK 216 AND 223: HAS LIVING CHILD(REN) OR PREGNANT? YES <input type="checkbox"/> NO <input type="checkbox"/>		610
606	CHECK 223: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How old would you like your youngest child to be when your next child is born?	AGE OF CHILD YEARS..... DK.....98	610
607	Given your present circumstances, if you had to do it over again, do you think (you/your husband) would make the same decision to have an operation not to have any more children?	YES.....1 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO				
608	Do you regret that (you/your husband) had the operation not to have any (more) children?	YES.....1 NO.....2	614				
609	Why do you regret it?	RESPONDENT WANTS ANOTHER CHILD..1 PARTNER WANTS ANOTHER CHILD....2 SIDE EFFECTS.....3 OTHER REASON.....4 (SPECIFY)	614				
610	Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 DK.....8					
611	How often have you talked to your husband/partner about family planning in the past year?	NEVER.....1 ONCE OR TWICE.....2 MORE OFTEN.....3					
612	Have you and your husband/partner ever discussed the number of children you would like to have?	YES.....1 NO.....2					
613	Do you think your husband/partner wants the <u>same</u> number of children that you want, or does he want <u>more</u> or <u>fewer</u> than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DK.....8					
614	How long should a couple wait before starting sexual intercourse after the birth of a baby?	MONTHS.....1 YEARS.....2 OTHER.....996 (SPECIFY)	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
615	Should a mother wait until she has completely stopped breastfeeding before starting to have sexual relations again, or doesn't it matter?	WAIT.....1 DOESN'T MATTER.....2					
616	In general, do you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE.....1 DISAPPROVE.....2					
617	CHECK 216: HAS LIVING CHILD(REN) <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> v 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? v If you could choose exactly the number of children to have in your whole life, how many would that be? RECORD SINGLE NUMBER OR OTHER ANSWER.	NUMBER..... <table border="1"><tr><td></td><td></td></tr></table> OTHER ANSWER.....96 (SPECIFY)					
618	What do you think is the best number of months or years between the birth of one child and the birth of the next child?	MONTHS.....1 YEARS.....2 OTHER.....996 (SPECIFY)	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
701	<p>CHECK 501:</p> <p>EVER MARRIED OR LIVED TOGETHER <input type="checkbox"/></p> <p>NEVER MARRIED/ NEVER LIVED TOGETHER <input type="checkbox"/></p> <p>ASK QUESTIONS ABOUT CURRENT OR MOST RECENT HUSBAND/PARTNER.</p>		708
702	<p>Did your (last) husband/partner ever attend school?</p>	<p>YES.....1</p> <p>NO.....2</p>	705
703	<p>What was the highest level of school he attended: primary, secondary, or higher?</p>	<p>PRIMARY.....1</p> <p>SECONDARY.....2</p> <p>HIGHER.....3</p> <p>DK.....8</p>	705
704	<p>How many years did he complete at that level?</p> <p>COMMENT _____</p>	<p>YEARS..... <input type="text"/></p> <p>DK.....98</p>	
705	<p>What kind of work does (did) your (last) husband/partner mainly do?</p>	<p>_____ <input type="text"/></p> <p>_____</p> <p>_____</p>	
706	<p>CHECK 705:</p> <p>WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/></p> <p>DOES (DID) NOT WORK IN AGRICULTURE <input type="checkbox"/></p>		708
707	<p>(Does/did) your husband/partner work mainly on his own land or family land, or (does/did) he rent land, or (does/did) he work on someone else's land?</p>	<p>HIS/FAMILY LAND.....1</p> <p>RENTED LAND.....2</p> <p>SOMEONE ELSE'S LAND.....3</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
708	Aside from your own housework, are you currently working?	YES.....1 NO.....2	710
709	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES.....1 NO.....2	717
710	What is your occupation, that is, what kind of work do you do?	_____ _____ _____	<input type="text"/>
711	In your current work, do you 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	
712	Do you earn cash for this work? PROBE: Do you make money for working?	YES.....1 NO.....2	
713	Do you do this work at home or away from home?	HOME.....1 AWAY.....2	
714	CHECK 215/216/218: HAS CHILD BORN SINCE JAN. 1987 AND LIVING AT HOME?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
715	While you are working, do you <u>usually</u> have (NAME OF YOUNGEST CHILD AT HOME) with you, <u>sometimes</u> have him/her with you, or <u>never</u> have him/her with you?	USUALLY.....1 SOMETIMES.....2 NEVER.....3	717
716	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	HUSBAND/PARTNER.....01 OLDER CHILD(REN).....02 OTHER RELATIVES.....03 NEIGHBORS.....04 FRIENDS.....05 SERVANTS/HIRED HELP.....06 CHILD IS IN SCHOOL.....07 INSTITUTIONAL CHILDCARE.....08 OTHER.....09 (SPECIFY)	
717	RECORD THE TIME	HOUR..... MINUTES.....	<input type="text"/>

SECTION 8. AIDS KNOWLEDGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																								
801	Now I have a few questions about a very important topic. Have you heard of an illness called AIDS?	YES.....1 NO.....2	SECT 9																								
802	From which sources of information or persons have you heard about AIDS in the last month? CIRCLE ALL MENTIONED.	RADIO.....A TV.....B NEWSPAPERS.....C HEALTH WORKERS.....D CHURCH.....E FRIENDS/RELATIVES.....F SCHOOLS/TEACHERS.....G SLOGANS/PAMPHLETS/POSTERS.....H COMMUNITY MEETINGS.....I OTHER _____ J (SPECIFY) NONE.....K																									
803	How is the AIDS virus transmitted? CIRCLE ALL MENTIONED.	SEXUAL INTERCOURSE.....A NEEDLES/BLADES/SKIN PUNCTURES...B MOTHER TO CHILD.....C TRANSFUSION OF INFECTED BLOOD...D OTHER _____ E (SPECIFY) DON'T KNOW.....F																									
804	Do you think that you can get AIDS from shaking hands with someone who has AIDS? hugging someone who has AIDS? kissing someone who has AIDS? wearing the clothes of someone who has AIDS? sharing eating utensils with someone who has AIDS? stepping on the urine or stool of someone who has AIDS? mosquito, flea or bedbug bites?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>HANDSHAKING.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>HUGGING.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>KISSING.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>SHARING CLOTHES.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>SHARING EATING UTENSILS....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>STEPPING ON URINE/STOOL....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>MOSQUITO/FLEA/BEDBUG BITES.1</td> <td align="center">2</td> <td></td> </tr> </table>		YES	NO	HANDSHAKING.....	1	2	HUGGING.....	1	2	KISSING.....	1	2	SHARING CLOTHES.....	1	2	SHARING EATING UTENSILS....	1	2	STEPPING ON URINE/STOOL....	1	2	MOSQUITO/FLEA/BEDBUG BITES.1	2		
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805	Is it possible for a healthy looking person to be carrying the AIDS virus?	YES.....1 NO.....2 DK.....8																									
806	Is it possible for a woman who has the AIDS virus to give birth to a child with the AIDS virus?	YES.....1 NO.....2 DK.....8																									
807	Can AIDS be prevented?	YES.....1 NO.....2 DK.....8	809 809																								
808	How can AIDS be prevented? CIRCLE ALL MENTIONED.	STICK TO ONE PARTNER.....A USE CONDOMS.....B STERILIZE SYRINGES/NEEDLES.....C OTHER _____ D (SPECIFY)																									
809	What do you suggest is the most important thing the government should do for people who have AIDS?	PROVIDE MEDICAL TREATMENT.....1 HELP RELATIVES PROVIDE CARE....2 ISOLATE/QUARANTINE/JAIL.....3 NOT BE INVOLVED.....4 OTHER _____ 5 (SPECIFY)																									
810	If your relative is suffering with AIDS, who would you prefer to care for him/her?	RELATIVES/FRIENDS.....1 GOVERNMENT.....2 RELIGIOUS ORG./MISSION.....3 NOBODY/ABANDON.....4 OTHER _____ 5 (SPECIFY)																									

SECTION 9. HEIGHT AND WEIGHT

901	CHECK 222:		NO BIRTHS SINCE JAN. 1987	END
	ONE OR MORE BIRTHS SINCE JAN. 1987	<input type="checkbox"/>	<input type="checkbox"/>	

INTERVIEWER: IN 902 (COLUMNS 2-4) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1987 AND STILL ALIVE. IN 903 AND 904 RECORD THE NAME AND BIRTH DATE FOR THE RESPONDENT AND FOR ALL LIVING CHILDREN BORN SINCE JANUARY 1987. IN 906 AND 908 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT AND THE LIVING CHILDREN. (NOTE: ALL RESPONDENTS WITH ONE OR MORE BIRTHS SINCE JANUARY 1987 SHOULD BE WEIGHED AND MEASURED EVEN IF ALL OF THE CHILDREN HAVE DIED. IF THERE ARE MORE THAN 3 LIVING CHILDREN BORN SINCE JANUARY 1987, USE ADDITIONAL FORMS).

	1 RESPONDENT	2 YOUNGEST LIVING CHILD	3 NEXT-TO- YOUNGEST LIVING CHILD	4 SECOND-TO- YOUNGEST LIVING CHILD
902 LINE NO. FROM Q.212	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
903 NAME FROM Q.212 FOR CHILDREN	(NAME)	(NAME)	(NAME)	(NAME)
904 DATE OF BIRTH FROM Q.105 FOR RESPONDENT FROM Q.215 FOR CHILDREN, AND ASK FOR DAY OF BIRTH	MONTH..... YEAR.....	DAY..... MONTH..... YEAR.....	DAY..... MONTH..... YEAR.....	DAY..... MONTH..... YEAR.....
905 BCG SCAR ON LEFT FOREARM	<input type="checkbox"/>	SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2
906 HEIGHT (in centimeters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
907 WAS HEIGHT/LENGTH OF CHILD MEASURED LYING DOWN OR STANDING UP?	<input type="checkbox"/>	LYING.....1 STANDING.....2	LYING.....1 STANDING.....2	LYING.....1 STANDING.....2
908 WEIGHT (in kilograms)	<input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>
909 DATE WEIGHED AND MEASURED	DAY..... MONTH..... YEAR.....	DAY..... MONTH..... YEAR.....	DAY..... MONTH..... YEAR.....	DAY..... MONTH..... YEAR.....
910 RESULT	MEASURED.....1 NOT PRESENT....3 REFUSED.....4 OTHER.....6 (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 (SPECIFY)

911 NAME OF MEASURER: _____	<input type="checkbox"/>	NAME OF ASSISTANT: _____	<input type="checkbox"/>
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INTERVIEWER'S OBSERVATIONS
(To be filled in after completing interview)

Comments About Respondent: _____

Comments on Specific Questions: _____

Any Other Comments: _____

SUPERVISOR'S OBSERVATIONS

Name of Supervisor: _____ Date: _____

EDITOR'S OBSERVATIONS

