

2013 ZAMBIA DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE
WITH HIV/AIDS

MINISTRY OF HEALTH/CENTRAL STATISTICAL OFFICE

IDENTIFICATION																									
LOCALITY NAME _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																								
NAME OF HOUSEHOLD HEAD _____																									
CLUSTER NUMBER																									
HOUSEHOLD NUMBER																									
PROVINCE																									
RURAL/URBAN (RURAL = 1, URBAN = 2)																									
LUSAKA=1, OTHER CITY=2, TOWN=3, VILLAGE=4																									
NAME AND LINE NUMBER OF WOMAN _____																									
IS WOMAN SELECTED FOR QUESTIONS ON DOMESTIC VIOLENCE (SECTION 12)? (YES=1, NO=2)	<input type="checkbox"/>																								

INTERVIEWER VISITS										
	1	2	3	FINAL VISIT						
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>						
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>						
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>						
NEXT VISIT: DATE	_____	_____		INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>						
TIME	_____	_____		RESULT						
				TOTAL NUMBER OF VISITS <input style="width: 30px;" type="text"/>						

*RESULT CODES:
 1 COMPLETED 4 REFUSED
 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____
 3 POSTPONED 6 INCAPACITATED (SPECIFY)

**LANGUAGE OF QUESTIONNAIRE: <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr></table>	0	1	LANGUAGE OF INTERVIEW: <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr></table>			NATIVE LANGUAGE OF RESPONDENT <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr></table>			TRANSLATOR USED (YES = 1, NO = 2) <input style="width: 30px;" type="checkbox"/>
0	1								
**LANGUAGE CODES: 01 ENGLISH 03 KAONDE 05 LUNDA 07 NYANJA 09 OTHER 02 BEMBA 04 LOZI 06 LUVALE 08 TONGA									

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY				
NAME _____	NAME _____	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>		
DATE _____	DATE _____	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>		

SECTION 1. RESPONDENT'S BACKGROUND

Introduction and Consent

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

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

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

SIGNATURE OF INTERVIEWER: _____ DATE: _____

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



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 at 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, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
106	What is the highest grade you completed at that level?	GRADE <input type="text"/> <input type="text"/>	
107	CHECK 105: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→ 110

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	<p>Now I would like you to read this sentence to me.</p> <p>SHOW CARD TO RESPONDENT.</p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?</p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE 2</p> <p>ABLE TO READ WHOLE SENTENCE .. 3</p> <p>NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE)</p> <p>BLIND/VISUALLY IMPAIRED 5</p>	
109	<p>CHECK 108:</p> <p>CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED ↓</p> <p>CODE '1' OR '5' CIRCLED <input type="checkbox"/> →</p>		→ 111
110	<p>Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?</p>	<p>ALMOST EVERY DAY 1</p> <p>AT LEAST ONCE A WEEK 2</p> <p>LESS THAN ONCE A WEEK 3</p> <p>NOT AT ALL 4</p>	
111	<p>Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?</p>	<p>ALMOST EVERY DAY 1</p> <p>AT LEAST ONCE A WEEK 2</p> <p>LESS THAN ONCE A WEEK 3</p> <p>NOT AT ALL 4</p>	
112	<p>Do you watch television almost every day, at least once a week, less than once a week or not at all?</p>	<p>ALMOST EVERY DAY 1</p> <p>AT LEAST ONCE A WEEK 2</p> <p>LESS THAN ONCE A WEEK 3</p> <p>NOT AT ALL 4</p>	
113	<p>What is your religion?</p>	<p>CATHOLIC 1</p> <p>PROTESTANT..... 2</p> <p>MUSLIM..... 3</p> <p>OTHER _____ 6 (SPECIFY)</p>	
114	<p>What tribe do you belong to?</p>	<p>_____ <input type="checkbox"/></p>	
114A	<p>How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?</p> <p>IF LESS THAN ONE YEAR, RECORD '00' YEARS.</p>	<p>YEARS <input type="checkbox"/><input type="checkbox"/></p> <p>ALWAYS 95</p> <p>VISITOR 96</p>	→ 115
114B	<p>Just before you moved here, did you live in Lusaka, another city, in a town, or in a village?</p>	<p>LUSAKA 1</p> <p>OTHER CITY 2</p> <p>TOWN 3</p> <p>VILLAGE 4</p>	
115	<p>In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?</p>	<p>NUMBER OF TRIPS <input type="checkbox"/><input type="checkbox"/></p> <p>NONE 00</p>	→ 201
116	<p>In the last 12 months, have you been away from your home community for more than one month at a time?</p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" data-bbox="1217 360 1316 421"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME <table border="1" data-bbox="1217 421 1316 481"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" data-bbox="1217 636 1316 696"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE <table border="1" data-bbox="1217 696 1316 757"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried 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="1217 994 1316 1055"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD <table border="1" data-bbox="1217 1055 1316 1115"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <table border="1" data-bbox="1217 1187 1316 1247"><tr><td></td><td></td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> → 226										

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
 RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.
 (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING FROM THE SECOND ROW).

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

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your next baby? RECORD NAME BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
08	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/>	YES 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH
09	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/>	YES 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH
10	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/>	YES 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH
11	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/>	YES 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH
12	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/>	YES 1 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
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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)
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224	CHECK 215 ENTER THE NUMBER OF BIRTHS IN 2008 OR LATER.	NUMBER OF BIRTHS <input type="text"/> NONE 0 → 226
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	<p>C 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. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)</p>		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 230
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
228	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 230
229	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	→ 238
231	When did the last such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
232	CHECK 231: LAST PREGNANCY ENDED IN <input type="checkbox"/> LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JAN. 2008 OR LATER JAN. 2008		→ 238
233	How many months pregnant were you when the last such pregnancy ended? C RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	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. C ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
236	Did you have any miscarriages, abortions or stillbirths that ended before 2008?	YES 1 NO 2	→ 238
237	When did the last such 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								
238	When did your last menstrual period start? <hr/> (DATE DD/MM/YYYY, IF GIVEN)	DAYS AGO 1 <table border="1" data-bbox="1217 152 1316 383"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996									
239	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	<table border="1" data-bbox="1337 633 1369 678"> <tr><td></td></tr> </table> → 301								
240	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8									

SECTION 3. CONTRACEPTION

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

302	CHECK 226: NOT PREGNANT <input type="checkbox"/> 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
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F MALE CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J STANDARD DAYS METHOD K LACTATIONAL AMEN. METHOD L RHYTHM METHOD M WITHDRAWAL N OTHER MODERN METHOD X OTHER TRADITIONAL METHOD ... Y	→ 307 → 308A → 308A → 305 → 306 → 308A
304A	What name of injectables are you using? ASK TO SEE THE CLINIC CARD IF RESPONDENT DOES NOT KNOW THE NAME OF BRAND.	NORIGYNON (2 MONTHS) 1 NORISTERAT (2 MONTHS) 2 DEPO PROVERA (3 MONTHS) 3 OTHER _____ 6 (SPECIFY)	→ 308A
305	What is the brand name of the pills you are using? ASK TO SEE THE PACKAGE IF RESPONDENT DOES NOT REMEMBER NAME OF BRAND.	SAFE PLAN 01 MICROGYNON. 02 MICROLUT 03 EUGYNON 04 LOGYNON 05 NORDETTE 06 ORALCON F 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 308A
306	What is the brand name of the condoms you are using? ASK TO SEE THE PACKAGE IF RESPONDENT DOES NOT REMEMBER NAME OF BRAND.	MAXIMUM CLASSIC 01 MAXIMUM SCENTED 02 ROUGH RIDER 03 DUREX 04 CARE FEMALE CONDOM 05 FEMIDOM 06 REALITY 07 PUBLIC SECTOR: UNBRANDED (WHITE COLOUR FOIL) .08 OTHER _____ ... 96 (SPECIFY) DON'T KNOW 98	→ 308A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
307	<p>In what facility did the sterilization take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER/POST ... 12</p> <p>MOBILE HOSPITAL/CLINIC 13</p> <p>FAMILY PLANNING CLINIC 14</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER 15</p> <p>OTHER PUBLIC SECTOR _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>MISSION HOSPITAL/CLINIC 22</p> <p>PHARMACY 23</p> <p>PRIVATE DOCTOR 24</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER 25</p> <p>MOBILE HOSPITAL/CLINIC 26</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 27</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>							
308	<p>In what month and year was the sterilization performed?</p>								
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></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 308/308A, 215 AND 231:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308/308A</p> <p>GO BACK TO 308/308A, 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>C 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>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2008.</p> <p>THEN SKIP TO _____ → 322</p>							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2008. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>C 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"> * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then? <p>IN COLUMN 2, 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"> * 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? * 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. 		
312	<p>CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH</p> <p>NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/></p>		→ 314
313	<p>Have you ever used anything or tried in any way to delay or avoid getting pregnant?</p>	<p>YES 1</p> <p>NO 2</p>	→ 324
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>	<p>NO CODE CIRCLED 00 → 324</p> <p>FEMALE STERILIZATION 01 → 317A</p> <p>MALE STERILIZATION 02 → 326</p> <p>IUD 03</p> <p>INJECTABLES 04</p> <p>IMPLANTS 05</p> <p>PILL 06</p> <p>MALE CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>STANDARD DAYS METHOD 11</p> <p>LACTATIONAL AMEN. METHOD 12 → 315A</p> <p>RHYTHM METHOD 13</p> <p>WITHDRAWAL 14</p> <p>OTHER MODERN METHOD 95 → 326</p> <p>OTHER TRADITIONAL METHOD 96</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
324	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2	→ 326
325	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</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>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER/POST ... B</p> <p>MOBILE HOSPITAL/CLINIC C</p> <p>FAMILY PLANNING CLINIC D</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER E</p> <p>OTHER PUBLIC</p> <p>SECTOR _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>MISSION HOSPITAL/CLINIC H</p> <p>PHARMACY I</p> <p>PRIVATE DOCTOR J</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER K</p> <p>MOBILE HOSPITAL/CLINIC L</p> <p>OTHER PRIVATE MEDICAL</p> <p>SECTOR _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP N</p> <p>CHURCH O</p> <p>FRIENDS/RELATIVES P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
326	In the last 12 months, were you visited by a fieldworker who talked to you about family planning?	YES 1 NO 2	
327	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES 1 NO 2	→ 401
328	Did any staff member at the health facility speak to you about family planning methods?	YES 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE & BREASTFEEDING

401	CHECK 224:	ONE OR MORE BIRTHS IN 2008 OR LATER <input type="checkbox"/>	NO BIRTHS IN 2008 OR LATER <input type="checkbox"/>	→ 461A
402	CHECK 215: ENTER IN THE TABLE THE LINE 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 the health of all 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 408) ← 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 408) ←	LATER 1 NO MORE 2 (SKIP TO 430) ←	LATER 1 NO MORE 2 (SKIP TO 430) ←
407	How much longer would you have liked 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
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 CLINICAL OFFICER B NURSE/MIDWIFE .. C OTHER PERSON TRADITIONAL BIRTH ATTENDANT . D COMMUNITY HEALTH WORKER E 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>_____ (NAME OF PLACE(S))</p> <p>_____ (NAME OF PLACE(S))</p>	<p>HOME YOUR HOME ... A OTHER HOME ... B</p> <p>PUBLIC SECTOR GOVT. HOSPITAL . C GOVT. HEALTH CENTER/POST. D MOBILE HOSPITAL/CLINIC E OTHER PUBLIC SECTOR _____ F (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC G MISSION HOSPITAL/CLINIC H OTHER PRIVATE MED. SECTOR _____ I (SPECIFY)</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"/> <input type="text"/></p> <p>DON'T KNOW 98</p>		
412	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>		
413	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once?</p> <p>Were you weighed?</p> <p>Was your blood pressure measured?</p> <p>Did you give a urine sample?</p> <p>Did you give a blood sample?</p>	<p>YES NO</p> <p>WEIGHT ... 1 2</p> <p>BP 1 2</p> <p>URINE 1 2</p> <p>BLOOD ... 1 2</p>		
413A	<p>During this pregnancy were you offered counselling and testing for the virus that causes AIDS?</p>	<p>YES 1 NO 2 DON'T KNOW 8</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 NO 2 DON'T KNOW 8</p>		
414A	<p>Did you discuss a birth preparedness plan with a health provider?</p>	<p>YES 1 NO 2 (SKIP TO 415) ←</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
414B	Did the birth preparedness plan include a discussion about: Where you will deliver the baby? What you will do if a complication arises? Who will be there to help you during birth?	YES NO DELIVERY . 1 2 COMPLICA- TION ... 1 2 HELP 1 2		
414C	Did you use the birth plan?	YES 1 NO 2		
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 418) ← DON'T KNOW 8		
416	During this pregnancy, how many times did you get this 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 other 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"/>		
421	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	YES 1 NO 2 (SKIP TO 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 drug for intestinal worms?	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 _____		
424	During this pregnancy, did you take any drugs to keep you from getting malaria?	YES 1 NO 2 (SKIP TO 430) ← DON'T KNOW 8				
425	What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR A CHLOROQUINE ... B OTHER _____ X (SPECIFY) DON'T KNOW Z				
426	CHECK 425: DRUGS TAKEN FOR MALARIA PREVENTION.	CODE 'A' CODE CIRCLED A' NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/> (SKIP TO 430) ←				
427	How many times did you take (SP/Fansidar) during this pregnancy?	TIMES <input type="text"/>				
428	CHECK 409: ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE 'A', OTHER <input type="checkbox"/> 'B' OR 'C' CIRCLED <input type="checkbox"/> (SKIP TO 430) ←				
429	Did you get the (SP/Fansidar) during any antenatal care visit, during another visit to a health facility or from another source?	ANTENATAL VISIT .. 1 ANOTHER FACILITY VISIT 2 OTHER SOURCE ... 6				
430	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8			VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
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"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> DON'T KNOW ... 99998			KG FROM CARD 1 <input type="text"/> . <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> DON'T KNOW ... 99998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> DON'T KNOW ... 99998

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____												
433	<p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p>HEALTH PERSONNEL DOCTOR A CLINICAL OFFICE. B NURSE/MIDWIFE . . C</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . D RELATIVE/FRIEND . E OTHER _____ X (SPECIFY) NO ONE ASSISTED . Y</p>	<p>HEALTH PERSONNEL DOCTOR A CLINICAL OFFICE. B NURSE/MIDWIFE . . C</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . D RELATIVE/FRIEND . E OTHER _____ X (SPECIFY) NO ONE ASSISTED . Y</p>	<p>HEALTH PERSONNEL DOCTOR A CLINICAL OFFICE. B NURSE/MIDWIFE . . C</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . D RELATIVE/FRIEND . E OTHER _____ X (SPECIFY) NO ONE ASSISTED . Y</p>												
434	<p>Where did you give birth to (NAME)?</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE - LAST BIRTH)</p> <p>_____ (NAME OF PLACE - NEXT TO LAST)</p> <p>_____ (NAME OF PLACE SECOND FROM - LAST BIRTH)</p>	<p>HOME YOUR HOME . . . 11 (SKIP TO 437A) ← OTHER HOME . . . 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL . 21 GOVT. HEALTH CENTER/POST . 22 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 31 MISSION HOSPITAL/ CLINIC 32 OTHER PRIVATE SECTOR _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 437A) ← </p>	<p>HOME YOUR HOME . . . 11 (SKIP TO 448) ← OTHER HOME . . . 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL . 21 GOVT. HEALTH CENTER/POST . 22 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 31 MISSION HOSPITAL/ CLINIC 32 OTHER PRIVATE SECTOR _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 448) ← </p>	<p>HOME YOUR HOME . . . 11 (SKIP TO 448) ← OTHER HOME . . . 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL . 21 GOVT. HEALTH CENTER/POST . 22 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 31 MISSION HOSPITAL/ CLINIC 32 OTHER PRIVATE SECTOR _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 448) ← </p>												
434A	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" data-bbox="758 1467 861 1545"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS 2 <table border="1" data-bbox="758 1545 861 1624"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS 3 <table border="1" data-bbox="758 1624 861 1702"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW 998</p>														
435	<p>Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>												
436	<p>I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?</p>	<p>YES 1 (SKIP TO 439) ← NO 2</p>														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____				
437	Did anyone check on your health after you left the facility?	YES 1 (SKIP TO 439) ← NO 2 (SKIP TO 442) ←						
437A	Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED.	COST TOO MUCH . . . A FACILITY NOT OPEN . B TOO FAR/ NO TRANS- PORTATION . . . C DON'T TRUST FACILITY/POOR QUALITY SERVICE. D NO FEMALE PROVID- ER AT FACILITY . . E HUSBAND/FAMILY DID NOT ALLOW . . F SHORT LABOUR . . G NOT NECESSARY . . H NOT CUSTOMARY . . I OTHER _____ (SPECIFY) X						
438	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?	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 CLINICAL OFFICER 12 NURSE/MIDWIFE . 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . 21 COMMUNITY/VILLAGE HEALTH WORKER . . . 22 OTHER _____ 96 (SPECIFY)						
440	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="758 1547 860 1599"><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" data-bbox="758 1606 860 1657"><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" data-bbox="758 1664 860 1715"><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						

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
443	<p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HRS AFTER BIRTH .. 1 <table border="1" data-bbox="758 230 861 286"><tr><td></td><td></td></tr></table></p> <p>DAYS AFTER BIRTH .. 2 <table border="1" data-bbox="758 286 861 342"><tr><td></td><td></td></tr></table></p> <p>WKS AFTER BIRTH .. 3 <table border="1" data-bbox="758 342 861 398"><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW ... 998</p>								
444	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR 11 CLINICAL OFFICER 12 NURSE/MIDWIFE . 13</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 21 COMMUNITY/VILLAGE HEALTH WORKER ... 22</p> <p>OTHER _____ 96 (SPECIFY)</p>								
445	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME YOUR HOME ... 11 OTHER HOME ... 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL . 21 GOVT. HEALTH CENTER/POST. 22 MOBILE HOSPITAL/CLINIC 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC 31 MISSION HOSPITAL/CLINIC 32 OTHER PRIVATE SECTOR _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>								
446	<p>In the first two months after delivery, did you receive a vitamin A dose like (this/any of these)?</p> <p>SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>								

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
447	Has your menstrual period returned since the birth of (NAME)?	YES 1 (SKIP TO 449) ← NO 2 (SKIP TO 450) ←		
448	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 452) ←	YES 1 NO 2 (SKIP TO 452) ←
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
450	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- PREGNANT NANT <input type="checkbox"/> OR <input type="checkbox"/> UNSURE (SKIP TO 452) ←		
451	Have you had sexual intercourse since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 453) ←		
452	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	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
454	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 460) (GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 461A)		
455	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ... 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>		
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) ←		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
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 <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 461A)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 461A)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 461A)
459	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 460) ← NO 2		
459A	For how many months did you breastfeed (NAME)?	MONTHS . . . <input type="text"/> <input type="text"/> STILL BF 95 NEVER BF 97 DON'T KNOW . . . 98	MONTHS . . . <input type="text"/> <input type="text"/> STILL BF 95 NEVER BF 97 DON'T KNOW . . . 98	MONTHS . . . <input type="text"/> <input type="text"/> STILL BF 95 NEVER BF 97 DON'T KNOW . . . 98
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 461A.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 461A.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 461A.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
461A	Sometimes a woman can have a problem of constant leakage of urine or stool from her vagina during the day and night. This problem usually occurs after a difficult childbirth, but may also occur after a sexual assault or after pelvic surgery. Have you ever experienced a constant leakage of urine or stool from your vagina during the day and night?	YES 1 NO 2	→ 461D
461B	Have you ever heard of this problem?	YES 1 NO 2	
461C	CHECK 224: ONE OR MORE BIRTHS IN 2008 OR LATER <input type="checkbox"/> → 501 NO BIRTHS IN 2008 OR LATER <input type="checkbox"/> → 556		
461D	Did this problem start after you delivered a baby or had a stillbirth?	AFTER DELIVERED BABY 1 AFTER HAD STILLBIRTH 2 NEITHER 3	→ 461F
461E	Did this problem start after a normal labor and delivery, or after a very difficult labor and delivery?	NORMAL LABOR/DELIVERY 1 VERY DIFFICULT LABOR/DELIVERY . 2	→ 461G
461F	What do you think caused this problem?	SEXUAL ASSAULT 1 PELVIC SURGERY 2 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	→ 461H
461G	How many days after (CAUSE OF PROBLEM FROM 461C OR 461E) did the leakage start?	NUMBER OF DAYS AFTER DELIVERY/OTHER EVENT <input type="text"/> <input type="text"/> (ENTER 90 IF 90 DAYS OR MORE)	
461H	Have you sought treatment for this condition?	YES 1 NO 2	→ 461K
461I	Why have you not sought treatment? PROBE AND RECORD ALL MENTIONED.	DO NOT KNOW CAN BE FIXED A DO NOT KNOW WHERE TO GO B TOO EXPENSIVE C TOO FAR D POOR QUALITY OF CARE E COULD NOT GET PERMISSION F EMBARRASSMENT G PROBLEM DISAPPEARED H OTHER _____ X (SPECIFY)	

461J	CHECK 224: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ONE OR MORE BIRTHS IN 2008 OR LATER <input type="checkbox"/> </div> <div style="text-align: center;"> NO BIRTHS IN 2008 OR LATER <input type="checkbox"/> </div> </div>		<div style="display: flex; justify-content: space-between;"> → 501 → 556 </div>
461K	From whom did you last seek treatment?	HEALTH PROFESSIONAL DOCTOR 1 NURSE/MIDWIFE 2 OTHER PERSON COMMUNITY/VILLAGE HEALTH WORKER 3 OTHER _____ 6 (SPECIFY)	
461L	Did you have an operation to fix the problem?	YES 1 NO 2	
461M	Did the treatment stop the leakage completely? IF NO: Did the treatment reduce the leakage?	YES, STOPPED COMPLETELY 1 NOT STOPPED BUT REDUCED 2 NOT STOPPED AT ALL 3 DID NOT RECEIVE TREATMENT 4	
461N	CHECK 224: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ONE OR MORE BIRTHS IN 2008 OR LATER <input type="checkbox"/> </div> <div style="text-align: center;"> NO BIRTHS IN 2008 OR LATER <input type="checkbox"/> </div> </div>		<div style="display: flex; justify-content: space-between;"> → 501 → 556 </div>

SECTION 5. CHILD IMMUNIZATION AND HEALTH AND CHILD'S AND WOMAN'S NUTRITION

501	ENTER IN THE TABLE THE LINE 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).																																																																																																																																														
502	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER																																																																																																																																											
503	FROM 212 AND 216	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 card where (NAME'S) vaccinations are written down? 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	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	YES 1 (SKIP TO 509) ← NO 2																																																																																																																																											
506	<p>(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. (3) IF MORE THAN TWO VITAMIN 'A' DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES.</p> <table border="1"> <thead> <tr> <th></th> <th colspan="3">LAST BIRTH</th> <th colspan="3">NEXT-TO-LAST BIRTH</th> <th colspan="3">SECOND-FROM-LAST BIRTH</th> </tr> <tr> <th></th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>OPV 0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>OPV 1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>OPV 2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>OPV 3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>OPV 4</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HepB+Hib 1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HepB+Hib 2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HepB+Hib 3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MEASLES</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A1 (MOST RECENT)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A2 (2nd MOST RECENT)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>				LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH				DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	BCG										OPV 0										OPV 1										OPV 2										OPV 3										OPV 4										DPT-HepB+Hib 1										DPT-HepB+Hib 2										DPT-HepB+Hib 3										MEASLES										VITAMIN A1 (MOST RECENT)										VITAMIN A2 (2nd MOST RECENT)									
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507	CHECK 506:	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 511)	OTHER <input type="checkbox"/>	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 511)	OTHER <input type="checkbox"/>	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 511)	OTHER <input type="checkbox"/>																																																																																																																																								

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
508	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-4, DHH 1-3 AND/OR MEASLES VACCINES.	YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ← NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ← NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ← NO 2 (SKIP TO 511) ← DON'T KNOW 8
509	Did (NAME) ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES 1 NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 511) ← DON'T KNOW 8
510	Please tell me if (NAME) received any of the following vaccinations:			
510A	A BCG vaccination against tuberculosis, that is, an injection in the arm that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
510B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 510E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510E) ← DON'T KNOW 8
510C	Was the first polio vaccine received in the first two weeks after birth or later?	FIRST 2 WEEKS ... 1 LATER 2	FIRST 2 WEEKS ... 1 LATER 2	FIRST 2 WEEKS ... 1 LATER 2
510D	How many times was the polio vaccine received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
510E	A DPT-HepB+Hib vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 510G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510G) ← DON'T KNOW 8
510F	How many times was a DPT-HepB+Hib vaccination received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
510G	A measles injection or that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
511	Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
512	In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like (this/any of these)? SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS.	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	Was (NAME) given any drug for intestinal worms in the last six months?	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	Has (NAME) had diarrhoea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 525) ←	YES 1 NO 2 (SKIP TO 525) ←	YES 1 NO 2 (SKIP TO 525) ←
515	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
516	Now I would like to know how much (NAME) was given to drink during the diarrhoea (including breastmilk). 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
517	When (NAME) had diarrhoea, 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
518	Did you seek advice or treatment for the diarrhoea from any source?	YES 1 NO 2 (SKIP TO 521B) ←	YES 1 NO 2 (SKIP TO 521B) ←	YES 1 NO 2 (SKIP TO 521B) ←

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>_____ (NAME OF PLACE - LAST BIRTH)</p> <p>_____ (NAME OF PLACE - NEXT TO LAST)</p> <p>_____ (NAME OF PLACE SECOND FROM - LAST BIRTH)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL . A</p> <p>GOVT HEALTH CENTER/POST . B</p> <p>MOBILE HOSPITAL/CLINIC C</p> <p>COMMUNITY BASED AGENT/ FIELDWORKER . D</p> <p>OTHER PUBLIC SECTOR _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC G</p> <p>MISSION HOSPITAL/CLINIC H</p> <p>PHARMACY I</p> <p>PVT. DOCTOR J</p> <p>MOBILE HOSPITAL/CLINIC K</p> <p>COMMUNITY BASED AGENT/ FIELDWORKER . L</p> <p>OTHER PRIVATE SECTOR _____ M (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP N</p> <p>TRADITIONAL PRACTITIONER . O</p> <p>MARKET P</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL . A</p> <p>GOVT HEALTH CENTER/POST . B</p> <p>MOBILE HOSPITAL/CLINIC C</p> <p>COMMUNITY BASED AGENT/ FIELDWORKER . D</p> <p>OTHER PUBLIC SECTOR _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC G</p> <p>MISSION HOSPITAL/CLINIC H</p> <p>PHARMACY I</p> <p>PVT. DOCTOR J</p> <p>MOBILE HOSPITAL/CLINIC K</p> <p>COMMUNITY BASED AGENT/ FIELDWORKER . L</p> <p>OTHER PRIVATE SECTOR _____ M (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP N</p> <p>TRADITIONAL PRACTITIONER . O</p> <p>MARKET P</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL . A</p> <p>GOVT HEALTH CENTER/POST . B</p> <p>MOBILE HOSPITAL/CLINIC C</p> <p>COMMUNITY BASED AGENT/ FIELDWORKER . D</p> <p>OTHER PUBLIC SECTOR _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC G</p> <p>MISSION HOSPITAL/CLINIC H</p> <p>PHARMACY I</p> <p>PVT. DOCTOR J</p> <p>MOBILE HOSPITAL/CLINIC K</p> <p>COMMUNITY BASED AGENT/ FIELDWORKER . L</p> <p>OTHER PRIVATE SECTOR _____ M (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP N</p> <p>TRADITIONAL PRACTITIONER . O</p> <p>MARKET P</p> <p>OTHER _____ X (SPECIFY)</p>
520	CHECK 519:	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE</p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>(SKIP TO 521A) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE</p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>(SKIP TO 521A) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE</p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>(SKIP TO 521A) ←</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"/>
521A	<p>How many days after the diarrhoea began did you first seek advice or treatment for (NAME)?</p> <p>IF THE SAME DAY, RECORD '00'.</p>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
521B	Does (NAME) still have diarrhoea?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
522	Was he/she given any of the following to drink at any time since he/she started having the diarrhoea: a) A fluid made from a special packet called ORS packet? b) Homemade fluid?	<p style="text-align: center;">YES NO DK</p> FLUID FROM ORS PKT .. 1 2 8 HOMEMADE FLUID ... 1 2 8	<p style="text-align: center;">YES NO DK</p> FLUID FROM ORS PKT .. 1 2 8 HOMEMADE FLUID ... 1 2 8	<p style="text-align: center;">YES NO DK</p> FLUID FROM ORS PKT .. 1 2 8 HOMEMADE FLUID ... 1 2 8
523	Was anything (else) given to treat the diarrhoea?	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 diarrhoea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY . B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY) ... C UNKNOWN PILL OR SYRUP ... D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC. F UNKNOWN INJECTION ... G (IV) INTRAVENOUS . H HOME REMEDY/ HERBAL MEDICINE I OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY . B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY) ... C UNKNOWN PILL OR SYRUP ... D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC. F UNKNOWN INJECTION ... G (IV) INTRAVENOUS . H HOME REMEDY/ HERBAL MEDICINE I OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY . B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY) ... C UNKNOWN PILL OR SYRUP ... D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC. F UNKNOWN INJECTION ... G (IV) INTRAVENOUS . H HOME REMEDY/ HERBAL MEDICINE I 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 difficult 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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
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) ←
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 breastmilk) 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
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
533	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 536B) ←	YES 1 NO 2 (SKIP TO 536B) ←	YES 1 NO 2 (SKIP TO 536B) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
534	<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>_____ (NAME OF PLACE - LAST BIRTH)</p> <p>_____ (NAME OF PLACE - NEXT TO LAST)</p> <p>_____ (NAME OF PLACE SECOND FROM - LAST BIRTH)</p>	<p>PUBLIC SECTOR GOVT. HOSPITAL . A GOVT HEALTH CENTER/POST . B MOBILE HOSPITAL/ CLINIC C COMMUNITY BASED AGENT/ FIELDWORKER . D OTHER PUBLIC SECTOR _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC G MISSION HOSPITAL/ CLINIC H PHARMACY I PVT. DOCTOR J MOBILE HOSPITAL/ CLINIC K COMMUNITY BASED AGENT/ FIELDWORKER . L OTHER PRIVATE SECTOR _____ M (SPECIFY)</p> <p>OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER . O MARKET P</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR GOVT. HOSPITAL . A GOVT HEALTH CENTER/POST . B MOBILE HOSPITAL/ CLINIC C COMMUNITY BASED AGENT/ FIELDWORKER . D OTHER PUBLIC SECTOR _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC G MISSION HOSPITAL/ CLINIC H PHARMACY I PVT. DOCTOR J MOBILE HOSPITAL/ CLINIC K COMMUNITY BASED AGENT/ FIELDWORKER . L OTHER PRIVATE SECTOR _____ M (SPECIFY)</p> <p>OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER . O MARKET P</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR GOVT. HOSPITAL . A GOVT HEALTH CENTER/POST . B MOBILE HOSPITAL/ CLINIC C COMMUNITY BASED AGENT/ FIELDWORKER . D OTHER PUBLIC SECTOR _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC G MISSION HOSPITAL/ CLINIC H PHARMACY I PVT. DOCTOR J MOBILE HOSPITAL/ CLINIC K COMMUNITY BASED AGENT/ FIELDWORKER . L OTHER PRIVATE SECTOR _____ M (SPECIFY)</p> <p>OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER . O MARKET P</p> <p>OTHER _____ X (SPECIFY)</p>
535	CHECK 534:	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 536A) ←</p>	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 536A) ←</p>	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 536A) ←</p>
536	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 534.</p>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
536A	<p>How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.</p>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
536B	Is (NAME) still sick with a (fever/cough)?	<p>FEVER A COUGH B NO, NEITHER C DON'T KNOW Z</p>	<p>FEVER A COUGH B NO, NEITHER C DON'T KNOW Z</p>	<p>FEVER A COUGH B NO, NEITHER C DON'T KNOW Z</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
537	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8	YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8	YES 1 NO 2 (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8
538	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B AMODIAQUINE . C QUININE D COARTEM/ACT . E ARTEMETHER... F ASUNATE/ ARTESUNATE . G ARTEETHER ... H OTHER ANTI- MALARIAL _____ I (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... J INJECTION ... K OTHER DRUGS ASPRIN L PARACETAMOL (PANADOL) M ACETA- MINOPHEN ... N IBUPROFEN ... O OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B AMODIAQUINE . C QUININE D COARTEM/ACT . E ARTEMETHER... F ASUNATE/ ARTESUNATE . G ARTEETHER ... H OTHER ANTI- MALARIAL _____ I (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... J INJECTION ... K OTHER DRUGS ASPRIN L PARACETAMOL (PANADOL) M ACETA- MINOPHEN ... N IBUPROFEN ... O OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B AMODIAQUINE . C QUININE D COARTEM/ACT . E ARTEMETHER... F ASUNATE/ ARTESUNATE . G ARTEETHER ... H OTHER ANTI- MALARIAL _____ I (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... J INJECTION ... K OTHER DRUGS ASPRIN L PARACETAMOL (PANADOL) M ACETA- MINOPHEN ... N IBUPROFEN ... O OTHER _____ X (SPECIFY) DON'T KNOW Z

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
538A	CHECK 538: ANY CODE A-K CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 539)	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 539)	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 539)
538B	Did you already have (NAME OF DRUG FROM 538) at home when the child became ill? ASK SEPARATELY FOR EACH OF THE DRUGS 'A' THROUGH 'K' THAT THE CHILD IS RECORDED AS HAVING TAKEN IN 538. IF YES FOR ANY DRUG, CIRCLE CODE FOR THAT DRUG. IF NO FOR ALL DRUGS, CIRCLE 'Y'.	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A CHLOROQUINE . . B AMODIAQUINE . . C QUININE D COARTEM/ACT . . E ARTEMETHER . . . F ASUNATE/ ARTESUNATE . . G ARTEETHER . . . H OTHER ANTI-MALARIAL _____ (SPECIFY) I ANTIBIOTIC DRUGS PILL/SYRUP . . . J INJECTION . . . K NO DRUGS AT HOME. Y DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A CHLOROQUINE . . B AMODIAQUINE . . C QUININE D COARTEM/ACT . . E ARTEMETHER . . . F ASUNATE/ ARTESUNATE . . G ARTEETHER . . . H OTHER ANTI-MALARIAL _____ (SPECIFY) I ANTIBIOTIC DRUGS PILL/SYRUP . . . J INJECTION . . . K NO DRUGS AT HOME. Y DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A CHLOROQUINE . . B AMODIAQUINE . . C QUININE D COARTEM/ACT . . E ARTEMETHER . . . F ASUNATE/ ARTESUNATE . . G ARTEETHER . . . H OTHER ANTI-MALARIAL _____ (SPECIFY) I ANTIBIOTIC DRUGS PILL/SYRUP . . . J INJECTION . . . K NO DRUGS AT HOME. Y DON'T KNOW Z
539	CHECK 538: ANY CODE A-I CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
540	CHECK 538: SP/FANSIDAR ('A') GIVEN	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 542)	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 542)	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 542)
541	How long after the fever started did (NAME) first take (SP/Fansidar)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8
541A	For how many days did (NAME) take the (SP/Fansidar)? IF 7 DAYS OR MORE, RECORD 7.	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
542	CHECK 538: CHLOROQUINE ('B') GIVEN	CODE 'B' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 544) ←	CODE 'B' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 544) ←	CODE 'B' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 544) ←
		CODE 'B' NOT CIRCLED CIRCLED <input type="checkbox"/>	CODE 'B' NOT CIRCLED CIRCLED <input type="checkbox"/>	CODE 'B' NOT CIRCLED CIRCLED <input type="checkbox"/>
543	How long after the fever started did (NAME) first take chloroquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8
543A	For how many days did (NAME) take the chloroquine? IF 7 DAYS OR MORE, RECORD 7.	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8
544	CHECK 538: AMODIAQUINE ('C') GIVEN	CODE 'C' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 546) ←	CODE 'C' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 546) ←	CODE 'C' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 546) ←
		CODE 'C' NOT CIRCLED CIRCLED <input type="checkbox"/>	CODE 'C' NOT CIRCLED CIRCLED <input type="checkbox"/>	CODE 'C' NOT CIRCLED CIRCLED <input type="checkbox"/>
545	How long after the fever started did (NAME) first take amodiaquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8
545A	For how many days did (NAME) take the amodiaquine? IF 7 DAYS OR MORE, RECORD 7.	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8
546	CHECK 538: QUININE ('D') GIVEN	CODE 'D' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 548) ←	CODE 'D' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 548) ←	CODE 'D' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 548) ←
		CODE 'D' NOT CIRCLED CIRCLED <input type="checkbox"/>	CODE 'D' NOT CIRCLED CIRCLED <input type="checkbox"/>	CODE 'D' NOT CIRCLED CIRCLED <input type="checkbox"/>
547	How long after the fever started did (NAME) first take quinine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
547A	For how many days did (NAME) take the quinine? IF 7 DAYS OR MORE, RECORD 7.	DAYS <input type="text"/> DON'T KNOW ... 8	DAYS <input type="text"/> DON'T KNOW ... 8	DAYS <input type="text"/> DON'T KNOW ... 8
548	CHECK 538: COARTEM/ACT ('E') GIVEN	CODE 'E' CODE 'E' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 549B) ←	CODE 'E' CODE 'E' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 549B) ←	CODE 'E' CODE 'E' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 549B) ←
549	How long after the fever started did (NAME) first take coartem/ACT?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8
549A	For how many days did (NAME) take the coartem/ACT (COMBINATION WITH ARTEMISININ)? IF 7 DAYS OR MORE, RECORD 7.	DAYS <input type="text"/> DON'T KNOW ... 8	DAYS <input type="text"/> DON'T KNOW ... 8	DAYS <input type="text"/> DON'T KNOW ... 8
549B	CHECK 538: ARTEMETHER ('F') GIVEN	CODE 'F' CODE 'F' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 549E) ←	CODE 'F' CODE 'F' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 549E) ←	CODE 'F' CODE 'F' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 549E) ←
549C	How long after the fever started did (NAME) first take artemether?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8
549D	For how many days did (NAME) take the artemether? IF 7 DAYS OR MORE, RECORD 7.	DAYS <input type="text"/> DON'T KNOW ... 8	DAYS <input type="text"/> DON'T KNOW ... 8	DAYS <input type="text"/> DON'T KNOW ... 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
550	CHECK 538: OTHER ANTIMALARIAL ('I') GIVEN	CODE 'I' CIRCLED <input type="checkbox"/> CODE 'I' NOT CIRCLED <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	CODE 'I' CIRCLED <input type="checkbox"/> CODE 'I' NOT CIRCLED <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	CODE 'I' CIRCLED <input type="checkbox"/> CODE 'I' NOT CIRCLED <input type="checkbox"/> ↓ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
551	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8
551A	For how many days did (NAME) take the (OTHER ANTIMALARIAL)? IF 7 DAYS OR MORE, RECORD 7.	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8
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
553	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2008 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 554</p> <p>_____</p> <p style="text-align: center;">(NAME)</p>	<p style="text-align: right;">→ 556</p>
554	<p>The last time (NAME FROM 553) passed stool, what was done to dispose off the stool?</p>	<p>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)</p>
555	<p>CHECK 522(a), ALL COLUMNS:</p> <p>NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/></p> <p style="text-align: center;">↓</p>	<p>ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> → 557</p>
556	<p>Have you ever heard of a special product called ORS packet you can get for the treatment of diarrhoea?</p>	<p>YES 1 NO 2</p>
557	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>HAS AT LEAST ONE CHILD BORN IN 2011 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 558)</p> <p>_____</p> <p style="text-align: center;">(NAME)</p>	<p>DOES NOT HAVE ANY CHILDREN BORN IN 2011 OR LATER AND LIVING WITH HER <input type="checkbox"/> → 601</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			
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"/>	
	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 Provita, Delight, Cerelac, Soya Porridge?	h	1	2	8
	i) Bread, rice, noodles, porridge, nshima or other foods made from grains?	i	1	2	8
	j) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?	j	1	2	8
	k) White potatoes, manioc, cassava, or any other foods made from roots?	k	1	2	8
	l) Any dark green, leafy vegetables, cassava leaves, rape, sweet potato leaves?	l	1	2	8
	m) Ripe mangoes, paw paw, apricot, watermelon?	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, pork, lamb, goat, chicken, or duck?	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 caterpillars, other insects or other small protein foods?	u	1	2	8
	v) Any other solid, semi-solid, or soft food?	v	1	2	8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
559	CHECK 558 (CATEGORIES "g" THROUGH "v"): NOT A SINGLE <input type="checkbox"/> "YES" ↓ AT LEAST ONE <input type="checkbox"/> "YES"	→ 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	→ 601
561	How many times did (NAME FROM 557) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="checkbox"/> DON'T KNOW 8	

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	<input type="checkbox"/> → 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	<input type="checkbox"/> → 612
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> → 609
604	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
606	Does your husband/partner have other wives or does he live with other women as if married?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 609
607	Including yourself, in total, how many wives or partners does your husband live with now as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/> DON'T KNOW 98	
608	Are you the first, second, ... wife/partner?	RANK <input type="text"/> <input type="text"/>	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	<input type="checkbox"/> → 609B
609A	CHECK 603: IS RESPONDENT CURRENTLY WIDOWED? NOT ASKED OR CURRENTLY DIVORCED/SEPARATED <input type="checkbox"/> _____ CURRENTLY WIDOWED <input type="checkbox"/> _____		<input type="checkbox"/> → 610 <input type="checkbox"/> → 609D
609B	CHECK 603: IS RESPONDENT CURRENTLY WIDOWED? CURRENTLY WIDOWED <input type="checkbox"/> _____ NOT ASKED <input type="checkbox"/> ↓ CURRENTLY DIVORCED/SEPARATED <input type="checkbox"/> _____		<input type="checkbox"/> → 609D <input type="checkbox"/> → 610
609C	How did your previous marriage or union end?	DEATH 1 DIVORCE 2 SEPARATION 3	<input type="checkbox"/> → 610
609D	To whom did most of your late husband's property go?	RESPONDENT 1 OTHER WIFE 2 SPOUSE'S CHILDREN 3 SPOUSE'S FAMILY 4 NO PROPERTY 5 OTHER _____ 6 (SPECIFY)	<input type="checkbox"/> → 610
609E	Did you receive any of your late husband's assets or valuables?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
610	<p>CHECK 609:</p> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> <p>In what month and year did you start living with your husband/partner?</p> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>Now I would like to ask about when you started living with your first husband/partner. In what month and year was that?</p>	<p>MONTH <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	→ 612
611	How old were you when you first started living with him?	AGE <input type="text"/>	
CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.			
613	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95</p>	→ 613C → 613C
613A	CHECK 103: AGE <input type="text"/> 15-24 → AGE <input type="text"/> 25-49 →		→ 628
613B	Do you intend to wait until you get married to have sexual intercourse for the first time?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	→ 628
613C	CHECK 103: AGE <input type="text"/> 15-24 → AGE <input type="text"/> 25-49 →		→ 614
613D	The <u>first</u> time you had sexual intercourse, was a female or male condom used?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/DON'T REMEMBER ... 8</p>	
613E	How old was the person you first had sexual intercourse with?	<p>AGE OF PARTNER <input type="text"/></p> <p>DON'T KNOW 98</p>	→ 614
613F	Was this person older than you, younger than you, or about the same age as you?	<p>OLDER 1</p> <p>YOUNGER 2</p> <p>ABOUT THE SAME AGE 3</p> <p>DON'T KNOW/DON'T REMEMBER ... 8</p>	→ 614
613G	Would you say this person was ten or more years older than you or less than ten years older than you?	<p>TEN OR MORE YEARS OLDER 1</p> <p>LESS THAN TEN YEARS OLDER ... 2</p> <p>OLDER, UNSURE HOW MUCH 3</p>	
614	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.		
615	<p>When was the <u>last</u> time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p> <p>IF LESS THAN 1 DAY RECORD "00" DAYS.</p>	<p>DAYS AGO 1 <input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/></p>	→ 627

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
616	When was the last time you had sexual intercourse with this person?		DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/>
617	The last time you had sexual intercourse with (this/second/third) person, was a female or male condom used?	YES 1 NO 2 (SKIP TO 619) ←	YES 1 NO 2 (SKIP TO 619) ←	YES 1 NO 2 (SKIP TO 619) ←
618	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
619	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	HUSBAND 1 LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE 4 CLIENT/SEX WORKER . . 5 OTHER _____ 6 (SPECIFY) (SKIP TO 622) ←	HUSBAND 1 LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE 4 CLIENT/SEX WORKER . . 5 OTHER _____ 6 (SPECIFY) (SKIP TO 622) ←	HUSBAND 1 LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE 4 CLIENT/SEX WORKER . . 5 OTHER _____ 6 (SPECIFY) (SKIP TO 622) ←
620	CHECK 609:	MARRIED ONLY <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> (SKIP TO 622) ↓	MARRIED ONLY <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> (SKIP TO 622) ↓	MARRIED ONLY <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> (SKIP TO 622) ↓
621	CHECK 613:	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 623) ↓	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 623) ↓	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 623) ↓
622	How long ago did you first have sexual intercourse with (this/second/third) person?	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>
623	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE "95".	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
624	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98
624A	The last time you had sexual intercourse with (this/second/third) person, did you or this person drink alcohol?	YES 1 NO 2 (SKIP TO 625) ←	YES 1 NO 2 (SKIP TO 625) ←	YES 1 NO 2 (SKIP TO 626) ←
624B	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4
625	Apart from (this person/these two people), have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 616 ← IN NEXT COLUMN) NO 2 (SKIP TO 627) ←	YES 1 (GO BACK TO 616 ← IN NEXT COLUMN) NO 2 (SKIP TO 627) ←	
626	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS LAST 12 MONTHS . . . <input type="text"/> <input type="text"/> DON'T KNOW . . . 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
627	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>	<p>NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>													
628	CHECK PRESENCE OF OTHERS DURING THIS SECTION	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>CHILDREN <10</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MALE ADULTS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FEMALE ADULTS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	CHILDREN <10	1	2	MALE ADULTS	1	2	FEMALE ADULTS	1	2	
	YES	NO													
CHILDREN <10	1	2													
MALE ADULTS	1	2													
FEMALE ADULTS	1	2													
629	Do you know of a place where a person can get male condoms?	<p>YES 1</p> <p>NO 2</p>	→ 632												
630	<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> <p>_____</p> <p style="text-align: center;">(NAME OF PLACE(S))</p> <p>_____</p> <p style="text-align: center;">(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER/POST ... B</p> <p>MOBILE HOSPITAL/CLINIC C</p> <p>FAMILY PLANNING CLINIC D</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER E</p> <p>OTHER PUBLIC SECTOR _____ F</p> <p style="text-align: center;">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>MISSION HOSPITAL/CLINIC H</p> <p>PHARMACY I</p> <p>PRIVATE DOCTOR J</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER K</p> <p>MOBILE HOSPITAL/CLINIC L</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ M</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP N</p> <p>CHURCH O</p> <p>FRIENDS/RELATIVES P</p> <p>OTHER _____ X</p> <p style="text-align: center;">(SPECIFY)</p>													
631	If you wanted to, could you yourself get a male condom?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>													
632	Do you know of a place where a person can get female condoms?	<p>YES 1</p> <p>NO 2</p>	→ 701												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
633	<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> <p>_____</p> <p>(NAME OF PLACE(S))</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER/POST ... B</p> <p>MOBILE HOSPITAL/CLINIC C</p> <p>FAMILY PLANNING CLINIC D</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER E</p> <p>OTHER PUBLIC SECTOR _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>MISSION HOSPITAL/CLINIC H</p> <p>PHARMACY I</p> <p>PRIVATE DOCTOR J</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER K</p> <p>MOBILE HOSPITAL/CLINIC L</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP N</p> <p>CHURCH O</p> <p>FRIENDS/RELATIVES P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
634	<p>If you wanted to, could you yourself get a female condom?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	<p>CHECK 704:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY . D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE</p> <p>LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED ... J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>SIDE EFFECTS/HEALTH CONCERNS O</p> <p>LACK OF ACCESS/TOO FAR P</p> <p>COSTS TOO MUCH Q</p> <p>PREFERRED METHOD</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"/></p> <p>↓</p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>↓</p> <p>YES, CURRENTLY USING <input type="checkbox"/></p>		→ 712
711	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 711B → 712
711A	Which contraceptive method would you prefer to use?	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>IUD 03</p> <p>INJECTABLES 04</p> <p>IMPLANTS 05</p> <p>PILL 06</p> <p>MALE CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>STANDARD DAYS METHOD 11</p> <p>LACTATIONAL AMEN. METHOD 12</p> <p>RHYTHM METHOD 13</p> <p>WITHDRAWAL 14</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>UNSURE 98</p>	→ 712

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
711B	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED 11 FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX ... 22 MENOPAUSAL/HYSTERECTOMY . 23 SUBFECUND/INFECUND 24 WANTS AS MANY CHILDREN AS POSSIBLE 26 OPPOSITION TO USE RESPONDENT OPPOSED 31 HUSBAND/PARTNER OPPOSED . 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 → 712 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR ... 53 COSTS TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER 96 (SPECIFY) DON'T KNOW 98													
711C	Would you ever use a contraceptive method if you were married?	YES 1 NO 2 DON'T KNOW 8													
712	CHECK 216: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> ↓ ↓ If you could go back to the time If you could choose exactly the you did not have any children number of children to have in and could choose exactly the your whole life, how many number of children to have in would that be? your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE 00 → 714 NUMBER <input type="text"/> <input type="text"/> OTHER 96 → 714 (SPECIFY)													
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?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)													
714	In the last few months have you:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>Heard about family planning on the radio?</td> <td style="text-align: right;">RADIO 1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Seen anything about family planning on the television?</td> <td style="text-align: right;">TELEVISION 1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Read about family planning in a newspaper or magazine?</td> <td style="text-align: right;">NEWSPAPER OR MAGAZINE ... 1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	Heard about family planning on the radio?	RADIO 1	2	Seen anything about family planning on the television?	TELEVISION 1	2	Read about family planning in a newspaper or magazine?	NEWSPAPER OR MAGAZINE ... 1	2	
	YES	NO													
Heard about family planning on the radio?	RADIO 1	2													
Seen anything about family planning on the television?	TELEVISION 1	2													
Read about family planning in a newspaper or magazine?	NEWSPAPER OR MAGAZINE ... 1	2													
715	In the last six months, have you listened to the following programmes on the radio?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>Your Health Matters</td> <td style="text-align: right;">YOUR HEALTH MATTERS 1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Other health related programmes</td> <td style="text-align: right;">OTHER 1</td> <td style="text-align: right;">2</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </table>		YES	NO	Your Health Matters	YOUR HEALTH MATTERS 1	2	Other health related programmes	OTHER 1	2		(SPECIFY)		
	YES	NO													
Your Health Matters	YOUR HEALTH MATTERS 1	2													
Other health related programmes	OTHER 1	2													
	(SPECIFY)														

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
715A	In the last six months, have you seen any of the following programmes on television? Your Health Matters Other health related programmes	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>YOUR HEALTH MATTERS</td> <td style="text-align: right;">.....</td> <td style="text-align: right;">1 2</td> </tr> <tr> <td>OTHER _____</td> <td></td> <td style="text-align: right;">1 2</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </table>		YES	NO	YOUR HEALTH MATTERS	1 2	OTHER _____		1 2		(SPECIFY)		
	YES	NO													
YOUR HEALTH MATTERS	1 2													
OTHER _____		1 2													
	(SPECIFY)														
716	CHECK 601: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 33%;"> YES, CURRENTLY MARRIED <input type="checkbox"/> </td> <td style="text-align: center; width: 33%;"> YES, LIVING WITH A MAN <input type="checkbox"/> </td> <td style="text-align: center; width: 33%;"> NO, NOT IN UNION <input type="checkbox"/> </td> </tr> </table>	YES, CURRENTLY MARRIED <input type="checkbox"/>	YES, LIVING WITH A MAN <input type="checkbox"/>	NO, NOT IN UNION <input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"></td> <td style="text-align: right;">→ 801</td> </tr> </table>		→ 801								
YES, CURRENTLY MARRIED <input type="checkbox"/>	YES, LIVING WITH A MAN <input type="checkbox"/>	NO, NOT IN UNION <input type="checkbox"/>													
	→ 801														
717	CHECK 304: CURRENT CONTRACEPTIVE METHOD? OTHER <input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">CIRCLED CODE B, G, OR N <input type="checkbox"/></td> <td style="text-align: right;">→ 718</td> </tr> <tr> <td>NOT ASKED <input type="checkbox"/></td> <td style="text-align: right;">→ 720</td> </tr> </table>	CIRCLED CODE B, G, OR N <input type="checkbox"/>	→ 718	NOT ASKED <input type="checkbox"/>	→ 720									
CIRCLED CODE B, G, OR N <input type="checkbox"/>	→ 718														
NOT ASKED <input type="checkbox"/>	→ 720														
717A	Does your (husband/partner) know that you are using a method of family planning?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">YES</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: right;">2</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: right;">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8							
YES	1														
NO	2														
DON'T KNOW	8														
718	Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">MAINLY RESPONDENT</td> <td style="text-align: right;">1</td> </tr> <tr> <td>MAINLY HUSBAND/PARTNER</td> <td style="text-align: right;">2</td> </tr> <tr> <td>JOINT DECISION</td> <td style="text-align: right;">3</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: right;">6</td> </tr> <tr> <td></td> <td style="text-align: center;">(SPECIFY)</td> </tr> </table>	MAINLY RESPONDENT	1	MAINLY HUSBAND/PARTNER	2	JOINT DECISION	3	OTHER _____	6		(SPECIFY)			
MAINLY RESPONDENT	1														
MAINLY HUSBAND/PARTNER	2														
JOINT DECISION	3														
OTHER _____	6														
	(SPECIFY)														
719	CHECK 304: NEITHER CODE A NOR CODE B IS CIRCLED NEITHER STERILIZED <input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">CODE A OR B CIRCLED HE OR SHE STERILIZED <input type="checkbox"/></td> <td style="text-align: right;">→ 801</td> </tr> </table>	CODE A OR B CIRCLED HE OR SHE STERILIZED <input type="checkbox"/>	→ 801											
CODE A OR B CIRCLED HE OR SHE STERILIZED <input type="checkbox"/>	→ 801														
720	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">SAME NUMBER</td> <td style="text-align: right;">1</td> </tr> <tr> <td>MORE CHILDREN</td> <td style="text-align: right;">2</td> </tr> <tr> <td>FEWER CHILDREN</td> <td style="text-align: right;">3</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: right;">8</td> </tr> </table>	SAME NUMBER	1	MORE CHILDREN	2	FEWER CHILDREN	3	DON'T KNOW	8					
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MORE CHILDREN	2														
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DON'T KNOW	8														

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	<p>CHECK 601 AND 602:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/></p>	<p>→ 803</p> <p>→ 807</p>	
802	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
803	Did your (last) (husband/partner) ever attend school?	YES 1 NO 2	→ 806
804	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3 DON'T KNOW 8	→ 806
805	What is the highest grade he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL RECORD "00".	GRADE <input type="text"/> <input type="text"/> DON'T KNOW 98	
806	<p>CHECK 801:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>What is your (husband's/partner's) occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) (husband's/partner's) occupation? That is, what kind of work did he mainly do?</p>	<p><input type="text"/> <input type="text"/></p> <p>_____</p> <p>_____</p> <p>_____</p>	
807	Aside from your own housework, have you done any work in the last seven days?	YES 1 NO 2	→ 811
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES 1 NO 2	→ 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?	<p><input type="text"/> <input type="text"/></p> <p>_____</p> <p>_____</p> <p>_____</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	
812A	Do you usually work at home or away from home?	HOME 1 AWAY 2	
813	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR . 2 ONCE IN A WHILE 3	
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 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 823
816	CHECK 814: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 819
817	Who usually decides how the money that you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 OTHER _____ 6 (SPECIFY)	
818	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER HAS NO EARNING 4 DON'T KNOW 8	→ 820
819	Who usually decides how your husband's/partner's earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 HUSBAND/PARTNER HAS NO EARNING 4 OTHER _____ 6 (SPECIFY)	
820	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6	
821	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
821A	Who usually makes decisions about making purchases for daily household needs?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6																									
822	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6																									
823	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																									
824	Do you own any land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																									
825	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="0"> <thead> <tr> <th></th> <th>PRES./ LISTEN.</th> <th>PRES./ NOT LISTEN.</th> <th>NOT PRES.</th> </tr> </thead> <tbody> <tr> <td>CHILDREN < 10</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER FEMALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.	CHILDREN < 10	1	2	3	HUSBAND	1	2	3	OTHER MALES	1	2	3	OTHER FEMALES	1	2	3					
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HUSBAND	1	2	3																								
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826	In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. CHILDREN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS FOOD</td> <td>1</td> <td>2</td> <td>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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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	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8	
903	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
904	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	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
905A	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES 1 NO 2 DON'T KNOW 8	
906	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
907	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
907A	Do you think your risk of getting infected with HIV is low, medium or high, or do you have no risk at all?	LOW 1 MEDIUM 2 HIGH 3 NO RISK 4 OTHER 6 DON'T KNOW 8	
908	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. 1 2 8 DURING DELIVERY ... 1 2 8 BREASTFEEDING ... 1 2 8	
909	CHECK 908: AT LEAST <input type="checkbox"/> ONE 'YES' ↓ OTHER <input type="checkbox"/> →		→ 910A
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	
910A	Have you heard about antiretroviral drugs (ARVs) that people infected with the AIDS virus can get from a doctor or a nurse to help them live longer?	YES 1 NO 2 DON'T KNOW 8	→ 911
910B	Do you know any one on antiretroviral therapy (ART) treatment?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
911	CHECK 208 AND 215: <p style="text-align: center;"> LAST BIRTH SINCE JANUARY 2011 <input type="checkbox"/> </p> <p style="text-align: center;"> LAST BIRTH BEFORE JANUARY 2011 <input type="checkbox"/> </p>	NO BIRTHS <input type="checkbox"/> → 926 <input type="checkbox"/> → 926																	
912	CHECK 408 FOR LAST BIRTH: <p style="text-align: center;"> HAD ANTENATAL CARE <input type="checkbox"/> </p> <p style="text-align: center;"> NO ANTENATAL CARE <input type="checkbox"/> </p>	<input type="checkbox"/> → 920																	
913	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
914	During any of the antenatal visits for your last birth, did anyone talk to you about: <p style="margin-left: 20px;"> Babies getting the AIDS virus from their mother? Things that you can do to prevent getting the AIDS virus? Getting tested for the AIDS virus? </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>AIDS FROM MOTHER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>THINGS TO DO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>TESTED FOR AIDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	AIDS FROM MOTHER	1	2	8	THINGS TO DO	1	2	8	TESTED FOR AIDS	1	2	8	
	YES	NO	DK																
AIDS FROM MOTHER	1	2	8																
THINGS TO DO	1	2	8																
TESTED FOR AIDS	1	2	8																
915	Were you offered a test for the AIDS virus as part of your antenatal care?	YES 1 NO 2																	
916	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	YES 1 NO 2	→ 920																
917	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER/POST ... 12 STAND-ALONE VCT CENTRE 13 FAMILY PLANNING CLINIC 14 MOBILE HOSPITAL/CLINIC 15 COMMUNITY BASED AGENT/FIELDWORKER 16 OTHER PUBLIC SECTOR _____ 17 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21 MISSION HOSPITAL/CLINIC..... 22 STAND-ALONE VCT CENTRE 23 MOBILE HOSPITAL/CLINIC 24 COMMUNITY BASED AGENT/FIELDWORKER 25 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) OTHER SOURCE PRISON 31 OTHER _____ 96 (SPECIFY)																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
918	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	→ 924
918A	Did you disclose your results to any of the following: 1 (Husband/Partner)? 2 Family member? 3 Religious leader? 4 Friend? 5 Any other?	YES NO HUSBAND/PARTNER 1 2 FAMILY MEMBER 1 2 RELIGIOUS LEADER 1 2 FRIEND 1 2 OTHER 1 2 (SPECIFY)	
919	All women are supposed to receive counselling after being tested. After you were tested, did you receive counselling?	YES 1 NO 2 DON'T KNOW 8	
919B	How many times were you tested in total at ANC?	TIMES TESTED <input type="text"/> <input type="text"/>	→ 924
920	CHECK 434 FOR LAST BIRTH: ANY CODE <input type="checkbox"/> OTHER <input type="checkbox"/> 21-36 CIRCLED ↓		→ 926
921	Between the time you went for delivery but before the baby was born, were you offered a test for the AIDS virus?	YES 1 NO 2	
922	I don't want to know the results, but were you tested for the AIDS virus at that time?	YES 1 NO 2	→ 926
923	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
924	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES 1 NO 2	→ 927
925	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95	→ 932
926	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→ 930
927	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95	
927A	For your most recent test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST 1 OFFERED AND ACCEPTED 2 REQUIRED 3	
928	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
929	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER/POST ... 12</p> <p>STAND-ALONE VCT CENTRE 13</p> <p>FAMILY PLANNING CLINIC 14</p> <p>MOBILE HOSPITAL/CLINIC 15</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER 16</p> <p>OTHER PUBLIC</p> <p>SECTOR _____ 17</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR 21</p> <p>MISSION HOSPITAL/CLINIC..... 22</p> <p>STAND-ALONE VCT CENTRE 23</p> <p>MOBILE HOSPITAL/CLINIC 24</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER 25</p> <p>OTHER PRIVATE MEDICAL</p> <p>SECTOR _____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>PRISON 31</p> <p>OTHER</p> <p>_____ 96</p> <p>(SPECIFY)</p>	<p>→ 932</p>
930	<p>Do you know of a place where people can go to get tested for the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 932</p>
931	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</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>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER/POST ... B</p> <p>STAND-ALONE VCT CENTRE C</p> <p>FAMILY PLANNING CLINIC D</p> <p>MOBILE HOSPITAL/CLINIC E</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER F</p> <p>OTHER PUBLIC</p> <p>SECTOR _____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR H</p> <p>MISSION HOSPITAL/CLINIC..... I</p> <p>STAND-ALONE VCT CENTRE J</p> <p>MOBILE HOSPITAL/CLINIC K</p> <p>COMMUNITY BASED</p> <p>AGENT/FIELDWORKER L</p> <p>OTHER PRIVATE MEDICAL</p> <p>SECTOR _____ M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>PRISON N</p> <p>OTHER</p> <p>_____ X</p> <p>(SPECIFY)</p>	
932	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
933	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DK/NOT SURE/DEPENDS 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 DK/NOT SURE/DEPENDS 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 DK/NOT SURE/DEPENDS 8	
935A	Do you personally know someone who has or is suspected to have the AIDS virus?	YES 1 NO 2	
935B	Do you agree or disagree with the following statement: "People with the AIDS virus should be blamed for bringing the disease into the community."	AGREE 1 DISAGREE 2 DON'T KNOW 8	
936	Should children aged 12-14 be taught about using a condom to avoid getting AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
936A	Should children aged 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid getting AIDS?	YES 1 NO 2 DON'T KNOW 8	
936B	Some individuals would choose not to go for HIV testing. Why in your opinion is this so? (CIRCLE ALL THAT ARE MENTIONED)	FEEL THEY ARE NOT AT RISK A FEAR OF RESULTS B FEAR OF STIGMA/DISCRIMINATION .. C DON'T KNOW WHERE TO GO D OTHER _____ X (SPECIFY)	
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	
938	CHECK 613: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 945A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
945A	Husbands and wives do not always agree on everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	YES 1 NO 2 DONT KNOW 8	
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 DONT KNOW 8	
946A	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	YES 1 NO 2 DONT KNOW 8	
947	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with women other than his wives?	YES 1 NO 2 DONT KNOW 8	
948	CHECK 601: CURRENTLY MARRIED/ <input type="checkbox"/> LIVING WITH A PARTNER ↓ NOT IN UNION <input type="checkbox"/> → 1000A		
949	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?	YES 1 NO 2 DEPENDS/NOT SURE 8	
950	Could you ask your (husband/partner) to use a condom if you wanted him to?	YES 1 NO 2 DEPENDS/NOT SURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1002A	<p>The last time you had an injection given to you by a trained health worker where did you go to get the injection?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER/POST ... 12</p> <p>MOBILE HOSPITAL/CLINIC 13</p> <p>OTHER PUBLIC SECTOR _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21</p> <p>MISSION HOSPITAL/CLINIC..... 22</p> <p>DENTAL CLINIC/OFFICE 23</p> <p>MOBILE HOSPITAL/CLINIC 24</p> <p>PHARMACY 25</p> <p>OFFICE OR HOME OF NURSE/ HEALTH WORKER 26</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 27</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>AT HOME 31</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</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>	
1004	<p>Do you currently smoke cigarettes?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1006
1005	<p>In the last 24 hours, how many cigarettes did you smoke?</p>	<p>CIGARETTES <input type="text"/> <input type="text"/></p>	
1006	<p>Do you currently smoke or use any (other) type of tobacco?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1007A
1007	<p>What (other) type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED.</p>	<p>PIPE A</p> <p>CHEWING TOBACCO B</p> <p>SNUFF C</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
1007A	<p>Do you drink alcohol?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1008
1007B	<p>In the last one week how many days did you drink alcohol?</p>	<p>NUMBER OF DAYS <input type="text"/> <input type="text"/></p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
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>Getting permission to go for advice or treatment?</p> <p>Getting money needed for advice or treatment?</p> <p>The distance to the health facility?</p> <p>Having to take transport?</p> <p>Not wanting to go alone?</p> <p>Concern that there may not be a female health provider?</p> <p>Concern that there may not be any health provider?</p> <p>Concern that there may be no drugs available?</p> <p>Rude attitude of health provider?</p>	<table> <thead> <tr> <th></th> <th>BIG PROB- LEM</th> <th>NOT A BIG PROB- LEM</th> </tr> </thead> <tbody> <tr> <td>PERMISSION TO GO ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>GETTING MONEY</td> <td>1</td> <td>2</td> </tr> <tr> <td>DISTANCE</td> <td>1</td> <td>2</td> </tr> <tr> <td>TAKING TRANSPORT ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>GO ALONE</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO FEMALE PROVIDER .</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO PROVIDER</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO DRUGS</td> <td>1</td> <td>2</td> </tr> <tr> <td>RUDE ATTITUDE ...</td> <td>1</td> <td>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	TAKING TRANSPORT ...	1	2	GO ALONE	1	2	NO FEMALE PROVIDER .	1	2	NO PROVIDER	1	2	NO DRUGS	1	2	RUDE ATTITUDE ...	1	2	
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1009	Are you covered by any health insurance or health scheme?	YES 1 NO 2	→ 1010A																														
1010	<p>What type of health (insurance/scheme)?</p> <p>RECORD ALL MENTIONED.</p>	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B SOCIAL SECURITY C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE . D LOW COST PRE-PAYMENT SCHEME/STANDARD E HIGH COST PRE-PAYMENT SCHEME/PREMIUM F OTHER X (SPECIFY)																															
1010A	CHECK 217: (YOUNGEST) CHILD <input type="checkbox"/> IS AGE 0-17 ↓ OTHER <input type="checkbox"/>		→ 1010C																														
1010B	<p>Now I would like to ask you about your own child(ren) who (is/are) under the age of 18.</p> <p>Have you made arrangements for someone to care for (him/her/them) in the event that you fall sick or are unable to care for (him/her/them)?</p>	YES 1 NO 2 UNSURE 8																															
1010C	(Besides your own child/children), are you the primary caregiver for any children under the age of 18?	YES 1 NO 2	→ 1101																														
1010D	Have you made arrangements for someone to care for this child/these children in the event that you fall sick or are unable to care for (him/her/them)?	YES 1 NO 2 UNSURE 8																															

SECTION 11. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1101	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/> <input type="text"/>						
1102	CHECK 1101: TWO OR MORE BIRTHS <input type="checkbox"/>	ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>						→ 1201
1103	How many births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>						
1104	What was the name given to your oldest (next oldest) brother or sister?	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____	
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1106	Is (NAME) still alive?	YES 1 NO 2 GO TO 1108 ↙ DK 8 GO TO (2) ↙	YES 1 NO 2 GO TO 1108 ↙ DK 8 GO TO (3) ↙	YES 1 NO 2 GO TO 1108 ↙ DK 8 GO TO (4) ↙	YES 1 NO 2 GO TO 1108 ↙ DK 8 GO TO (5) ↙	YES 1 NO 2 GO TO 1108 ↙ DK 8 GO TO (6) ↙	YES 1 NO 2 GO TO 1108 ↙ DK 8 GO TO (7) ↙	
1107	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (2)	<input type="text"/> <input type="text"/> GO TO (3)	<input type="text"/> <input type="text"/> GO TO (4)	<input type="text"/> <input type="text"/> GO TO (5)	<input type="text"/> <input type="text"/> GO TO (6)	<input type="text"/> <input type="text"/> GO TO (7)	
1108	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
1109	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)	
1110	Was (NAME) pregnant when she died?	YES 1 GO TO 1113 ↙ NO 2	YES 1 GO TO 1113 ↙ NO 2	YES 1 GO TO 1113 ↙ NO 2	YES 1 GO TO 1113 ↙ NO 2	YES 1 GO TO 1113 ↙ NO 2	YES 1 GO TO 1113 ↙ NO 2	
1111	Did (NAME) die during childbirth?	YES 1 GO TO 1113 ↙ NO 2	YES 1 GO TO 1113 ↙ NO 2	YES 1 GO TO 1113 ↙ NO 2	YES 1 GO TO 1113 ↙ NO 2	YES 1 GO TO 1113 ↙ NO 2	YES 1 GO TO 1113 ↙ NO 2	
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	
1113	How many live born children did (NAME) give birth to during her lifetime?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
IF NO MORE BROTHERS OR SISTERS, GO TO 1201								

1104	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1106	Is (NAME) still alive?	YES 1 NO 2 GO TO 1108 ↙ DK 8 GO TO (8) ↙	YES 1 NO 2 GO TO 1108 ↙ DK 8 GO TO (9) ↙	YES 1 NO 2 GO TO 1108 ↙ DK 8 GO TO (10) ↙	YES 1 NO 2 GO TO 1108 ↙ DK 8 GO TO (11) ↙	YES ... 1 NO ... 2 GO TO 1108 ↙ DK ... 8 GO TO (12) ↙	YES 1 NO 2 GO TO 1108 ↙ DK 8 GO TO (13) ↙
1107	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (8)	<input type="text"/> <input type="text"/> GO TO (9)	<input type="text"/> <input type="text"/> GO TO (10)	<input type="text"/> <input type="text"/> GO TO (11)	<input type="text"/> <input type="text"/> GO TO (12)	<input type="text"/> <input type="text"/> GO TO (13)
1108	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1109	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
1110	Was (NAME) pregnant when she died?	YES 1 GO TO 1113 ↙ NO 2	YES 1 GO TO 1113 ↙ NO 2	YES 1 GO TO 1113 ↙ NO 2	YES 1 GO TO 1113 ↙ NO 2	YES ... 1 GO TO 1113 ↙ NO ... 2	YES 1 GO TO 1113 ↙ NO 2
1111	Did (NAME) die during childbirth?	YES 1 GO TO 1113 ↙ NO 2	YES 1 GO TO 1113 ↙ NO 2	YES 1 GO TO 1113 ↙ NO 2	YES 1 GO TO 1113 ↙ NO 2	YES ... 1 GO TO 1113 ↙ NO ... 2	YES 1 GO TO 1113 ↙ NO 2
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES ... 1 NO ... 2	YES 1 NO 2
1113	How many live born children did (NAME) give birth to during her lifetime?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

IF NO MORE BROTHERS OR SISTERS, GO TO 1201

TICK HERE IF CONTINUATION SHEET USED

SECTION 12. DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																													
1201	<p>CHECK HOUSEHOLD QUESTIONNAIRE, QH21 AND COVER PAGE.</p> <p>WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/></p> <p>WOMAN NOT SELECTED <input type="checkbox"/></p>		1234																																													
1202	<p>CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.</p> <p>PRIVACY OBTAINED 1</p> <p>PRIVACY NOT POSSIBLE 2</p>		1233																																													
<p>READ TO THE RESPONDENT</p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Zambia. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions.</p>																																																
1203	<p>CHECK 601 AND 602:</p> <p>CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH HUSBAND/PARTNER) <input type="checkbox"/></p> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p>		1217																																													
1204	<p>First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) (husband/partner)?</p> <p>a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times?</p>	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>JEALOUS</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>ACCUSES</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>NOT MEET FRIENDS . . .</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>NO FAMILY</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>WHERE YOU ARE</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	JEALOUS	1	2	8	ACCUSES	1	2	8	NOT MEET FRIENDS . . .	1	2	8	NO FAMILY	1	2	8	WHERE YOU ARE	1	2	8																						
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NOT MEET FRIENDS . . .	1	2	8																																													
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WHERE YOU ARE	1	2	8																																													
1205	<p>Now I need to ask some more questions about your relationship with your (last) (husband/partner).</p> <p>A Did your (last) (husband/partner) ever:</p> <p>a) say or do something to humiliate you in front of others? b) threaten to hurt or harm you or someone you care about? c) insult you or make you feel bad about yourself?</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th> <th align="center">EVER</th> <th align="center">OFTEN</th> <th align="center">SOME-TIMES</th> <th align="center">NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a) YES</td> <td align="center">1 →</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>a) NO</td> <td align="center">2</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td align="center">↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b) YES</td> <td align="center">1 →</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>b) NO</td> <td align="center">2</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td align="center">↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c) YES</td> <td align="center">1 →</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>c) NO</td> <td align="center">2</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) YES	1 →	1	2	3	a) NO	2					↓				b) YES	1 →	1	2	3	b) NO	2					↓				c) YES	1 →	1	2	3	c) NO	2				
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1206	<p>A Did your (last) (husband/partner) ever do any of the following things to you:</p> <p>a) push you, shake you, or throw something at you?</p> <p>b) slap you?</p> <p>c) twist your arm or pull your hair?</p> <p>d) punch you with his fist or with something that could hurt you?</p> <p>e) kick you, drag you, or beat you up?</p> <p>f) try to choke you or burn you on purpose?</p> <p>g) threaten or attack you with a knife, gun, or other weapon?</p> <p>h) physically force you to have sexual intercourse with him when you did not want to?</p> <p>i) physically force you to perform any other sexual acts you did not want to?</p> <p>j) force you with threats or in any other way to perform sexual acts you did not want to?</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	YES	1 →	1	2	3	NO	2					↓				YES	1 →	1	2	3	NO	2					↓				YES	1 →	1	2	3	NO	2					↓				YES	1 →	1	2	3	NO	2					↓				YES	1 →	1	2	3	NO	2					↓				YES	1 →	1	2	3	NO	2					↓				YES	1 →	1	2	3	NO	2					↓				YES	1 →	1	2	3	NO	2					↓				
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1207	<p>CHECK 1206A (a-j):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>		<p>→ 1210</p>																																																																																																																													
1208	<p>How long after you first (got married/started living together) with your (last) (husband/partner) did (this/any of these things) first happen?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>NUMBER OF YEARS <input type="text"/> <input type="text"/></p> <p>BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95</p>																																																																																																																														
1209	<p>Did the following ever happen as a result of what your (last) (husband/partner) did to you:</p> <p>a) You had cuts, bruises, or aches?</p> <p>b) You had eye injuries, sprains, dislocations, or burns?</p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</p>	<p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p>																																																																																																																														

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
1210	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/partner) at times when he was not already beating or physically hurting you?	YES 1 NO 2	→ 1212																				
1211	In the last 12 months, how often have you done this to your (last) (husband/partner): often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3																					
1212	Does (did) your (last) (husband/partner) drink alcohol?	YES 1 NO 2	→ 1214																				
1213	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3																					
1214	Are (Were) you afraid of your (last) (husband/partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3																					
1215	<p>CHECK 609:</p> <p>MARRIED MORE THAN ONCE <input type="checkbox"/> MARRIED ONLY ONCE <input type="checkbox"/></p>		→ 1217																				
1216	<p>A So far we have been talking about the behaviour of your (current/last) (husband/partner). Now I want to ask you about the behaviour of any previous (husband/partner).</p> <p>a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically?</p> <p>b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?</p>	<p>B How long ago did this last happen?</p> <table border="1"> <thead> <tr> <th data-bbox="708 1084 734 1173">EVER</th> <th data-bbox="734 1084 855 1173">0 - 11 MONTHS AGO</th> <th data-bbox="855 1084 1023 1173">12+ MONTHS AGO</th> <th data-bbox="1023 1084 1337 1173">DONT REMEMBER</th> </tr> </thead> <tbody> <tr> <td data-bbox="708 1173 734 1209">YES</td> <td data-bbox="734 1173 855 1209">1 →</td> <td data-bbox="855 1173 1023 1209">1</td> <td data-bbox="1023 1173 1337 1209">2</td> </tr> <tr> <td data-bbox="708 1209 734 1245">NO</td> <td data-bbox="734 1209 855 1245">2 ↓</td> <td data-bbox="855 1209 1023 1245"></td> <td data-bbox="1023 1209 1337 1245">3</td> </tr> <tr> <td data-bbox="708 1245 734 1281">YES</td> <td data-bbox="734 1245 855 1281">1 →</td> <td data-bbox="855 1245 1023 1281">1</td> <td data-bbox="1023 1245 1337 1281">2</td> </tr> <tr> <td data-bbox="708 1281 734 1317">NO</td> <td data-bbox="734 1281 855 1317">2 ↓</td> <td data-bbox="855 1281 1023 1317"></td> <td data-bbox="1023 1281 1337 1317">3</td> </tr> </tbody> </table>	EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DONT REMEMBER	YES	1 →	1	2	NO	2 ↓		3	YES	1 →	1	2	NO	2 ↓		3	
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YES	1 →	1	2																				
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YES	1 →	1	2																				
NO	2 ↓		3																				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1217	<p>CHECK 601 AND 602:</p> <p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>From the time you were 15 years old has anyone other than (your/any) (husband/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically?</p> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?</p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	<p>→ 1220</p>
1218	<p>Who has hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER/STEP-MOTHER A</p> <p>FATHER/STEP-FATHER B</p> <p>SISTER/BROTHER C</p> <p>DAUGHTER/SON D</p> <p>OTHER RELATIVE E</p> <p>CURRENT BOYFRIEND F</p> <p>FORMER BOYFRIEND G</p> <p>MOTHER-IN-LAW H</p> <p>FATHER-IN-LAW I</p> <p>OTHER IN-LAW J</p> <p>TEACHER K</p> <p>EMPLOYER/SOMEONE AT WORK L</p> <p>POLICE/SOLDIER M</p> <p>OTHER _____ X (SPECIFY)</p>	
1219	<p>In the last 12 months, how often (has this person/have these persons) physically hurt you: often, only sometimes, or not at all?</p>	<p>OFTEN 1</p> <p>SOMETIMES 2</p> <p>NOT AT ALL 3</p>	
1220	<p>CHECK 201, 226, AND 230:</p> <p>EVER BEEN PREGNANT <input type="checkbox"/> (YES ON 201 OR 226 OR 230)</p> <p>NEVER BEEN PREGNANT <input type="checkbox"/></p>		<p>→ 1223</p>
1221	<p>Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 1223</p>
1222	<p>Who has done any of these things to physically hurt you while you were pregnant?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>CURRENT HUSBAND/PARTNER A</p> <p>MOTHER/STEP-MOTHER B</p> <p>FATHER/STEP-FATHER C</p> <p>SISTER/BROTHER D</p> <p>DAUGHTER/SON E</p> <p>OTHER RELATIVE F</p> <p>FORMER HUSBAND/PARTNER G</p> <p>CURRENT BOYFRIEND H</p> <p>FORMER BOYFRIEND I</p> <p>MOTHER-IN-LAW J</p> <p>FATHER-IN-LAW K</p> <p>OTHER IN-LAW L</p> <p>TEACHER M</p> <p>EMPLOYER/SOMEONE AT WORK N</p> <p>POLICE/SOLDIER O</p> <p>OTHER _____ X (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1223	CHECK 601 AND 602: EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/>		→ 1223B
1223A	Now I want to ask you about things that may have been done to you by someone other than (your/any) (husband/partner). At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1224 → 1225A
1223B	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1227
1224	Who was the person who was forcing you the first time?	CURRENT HUSBAND/PARTNER 01 FORMER HUSBAND/PARTNER 02 CURRENT/FORMER BOYFRIEND 03 FATHER/STEP-FATHER 04 BROTHER/STEP-BROTHER 05 OTHER RELATIVE 06 IN-LAW 07 OWN FRIEND/ACQUAINTANCE 08 FAMILY FRIEND 09 TEACHER 10 EMPLOYER/SOMEONE AT WORK 11 POLICE/SOLDIER 12 PRIEST/RELIGIOUS LEADER 13 STRANGER 14 OTHER _____ 96 (SPECIFY)	
1225	CHECK 601 AND 602: EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> In the last 12 months, has anyone other than (your/any) (husband/partner) physically forced you to have sexual intercourse when you did not want to? In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?	YES 1 NO 2	→ 1226
1225A	CHECK 1206A (h-j) and 1216A(b) AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/>		→ 1227
1226	CHECK 601 AND 602: EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) husband/partner? How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1227	CHECK 1206A (a-j), 1216A (a,b), 1217, 1221, 1223A, AND 1223B: AT LEAST ONE <input type="checkbox"/> NOT A SINGLE <input type="checkbox"/> 'YES' ↓ 'YES'		→ 1231
1228	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES 1 NO 2	→ 1230
1229	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY A HUSBAND'S/PARTNER'S FAMILY B CURRENT/FORMER HUSBAND/PARTNER C CURRENT/FORMER BOYFRIEND D FRIEND E NEIGHBOUR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION K OTHER _____ X (SPECIFY)	→ 1231
1230	Have you ever told any one about this?	YES 1 NO 2	
1231	As far as you know, did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8	

THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.

1232	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="0"> <thead> <tr> <th></th> <th>YES ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT ...</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT ...	1	2	3	FEMALE ADULT	1	2	3	
	YES ONCE	YES, MORE THAN ONCE	NO																
HUSBAND	1	2	3																
OTHER MALE ADULT ...	1	2	3																
FEMALE ADULT	1	2	3																
1233	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE _____ _____ _____																		
1234	RECORD THE TIME.	HOUR MINUTES	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>																

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY 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 FOAM OR JELLY
- K STANDARD DAYS
- L LACTATIONAL AMENORRHEA METHOD
- M RHYTHM METHOD
- N WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

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

			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					