

ZIMBABWE
2005 DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE

CENTRAL STATISTICAL OFFICE

IDENTIFICATION																
PLACE NAME _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER HOUSEHOLD NUMBER PROVINCE LARGE CITY/SMALL CITY/TOWN/RURAL (HARARE=1, SMALL CITY=2, TOWN=3, RURAL=4) NAME AND LINE NUMBER OF WOMAN _____	<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> </table>															

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></tr> <tr><td> </td><td> </td></tr> </table>								
NEXT VISIT: DATE	_____	_____		ID NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
TIME	_____	_____		RESULT <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td></tr> </table>								
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)												
LANGUAGE OF QUESTIONNAIRE: 1 SHONA 2 NDEBELE 3 ENGLISH LANGUAGE USED FOR INTERVIEW: A SHONA B NDEBELE C ENGLISH X OTHER TRANSLATOR USED 1 YES 2 NO												
SUPERVISOR	FIELD EDITOR		OFFICE EDITOR	KEYED BY								
NAME _____	NAME _____		NAME _____	NAME _____								
DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table>			DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table>				DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table>			DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table>		

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the Central Statistical Organization. We are conducting a national survey about the health of women, men and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The survey usually takes between 45 and 60 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

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

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

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED 1
↓

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE MONTH, RECORD '00' MONTHS.	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→ 104
103	Just before you moved here, where did you live? RECORD NAME AND CODE TYPE OF AREA. PROBE: Is that a city, town, communal land or resettlement area? _____ NAME OF PLACE	CITY 1 TOWN 2 COMMUNAL LAND 3 RESETTLEMENT AREA 4 OTHER RURAL AREA 5 ABROAD 6	
104	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS <input type="text"/> <input type="text"/> NONE 00	→ 106
105	In the last 12 months, have you been away from your home community for more than one month at a time?	YES 1 NO 2	
106	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	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
108	Have you ever attended school?	YES 1 NO 2	→ 112

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	What is the highest level of school you attended?	PRIMARY 1 SECONDARY 2 HIGHER 3	
110	What is the highest grade (number of years) you completed at that level?	GRADE/YEARS <input type="text"/> <input type="text"/>	
111	CHECK 109: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/> →		115
112	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
113	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	
114	CHECK 112: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED CODE '1' OR '5' CIRCLED <input type="checkbox"/> →		116
115	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
116	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
117	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
118	What is your religion?	TRADITIONAL 01 ROMAN CATHOLIC 02 PROTESTANT 03 PENTECOSTAL 04 APOSTOLIC SECT 05 OTHER CHRISTIAN 06 MUSLIM 07 NONE 08 OTHER 96 (SPECIFY)	→ 201
119	How often have you attended religious services in the past month? RECORD '00' IF DID NOT ATTEND DURING MONTH.	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW/NOT SURE 98	

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 currently 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="1224 331 1308 394"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME ... <table border="1" data-bbox="1224 401 1308 464"><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="1224 562 1308 625"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE . <table border="1" data-bbox="1224 632 1308 695"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Sometimes babies are born alive and die shortly after birth. 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="1224 884 1308 947"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD <table border="1" data-bbox="1224 953 1308 1016"><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 <table border="1" data-bbox="1224 1037 1308 1100"><tr><td></td><td></td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> →	PROBE AND CORRECT 201-208 AS NECESSARY.									
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> →		226								

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.									
212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	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	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS... 1 MONTHS 2 YEARS... 3	
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 NO... 2
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 NO... 2
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 NO... 2
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 NO... 2
06	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 NO... 2
07	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 NO... 2

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221	
What name was given to your next baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?	
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3 <input type="text"/>	YES ... 1 NO ... 2	
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3 <input type="text"/>	YES ... 1 NO ... 2	
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3 <input type="text"/>	YES ... 1 NO ... 2	
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3 <input type="text"/>	YES ... 1 NO ... 2	
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3 <input type="text"/>	YES ... 1 NO ... 2	
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?					YES ... 1 NO ... 2	1 2			
223	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>									
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2000 OR LATER. IF NONE, RECORD '0'.									<input type="text"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 1, 2000, ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE.		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 229
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/>	
228	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 LATER 2 NOT AT ALL 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 237
230	When did the last such pregnancy end?	MONTH <input type="text"/> YEAR <input type="text"/>	
231	CHECK 230: LAST PREGNANCY ENDED IN <input type="checkbox"/> JANUARY 2000 OR LATER LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JANUARY 2000		→ 237
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/>	
233	Have you ever had any other pregnancies that did not result in a live birth?	YES 1 NO 2	→ 237
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2000. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any pregnancies that terminated before 2000 that did not result in a live birth?	YES 1 NO 2	→ 237
236	When did the last such pregnancy that terminated before 2000 end?	MONTH <input type="text"/> YEAR <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
237	When did your last menstrual period start? <hr/> (DATE, IF GIVEN)	DAYS AGO 1 <table border="1" data-bbox="1230 142 1318 197"><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1" data-bbox="1230 197 1318 252"><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1" data-bbox="1230 252 1318 306"><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1" data-bbox="1230 306 1318 361"><tr><td></td><td></td></tr></table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY . 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996									
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	↘ 240								
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER 6 (SPECIFY) DON'T KNOW 8									
240	Are you the primary care giver for any children?	YES 1 NO 2	→ 301								
241	Are any of these children for whom you are the primary caregiver under the age of 18?	YES 1 NO 2	→ 301								
242	Now I would like to ask you about the children who are under the age of 18 and for whom you are the primary caregiver. Have you made arrangements for someone to care for these children in the event that you fall sick or are unable to care for them?	YES 1 NO 2 UNSURE 8									

SECTION 3. CONTRACEPTION

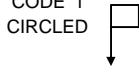
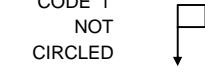
<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</p>			
301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2 ↘	Have you ever had an operation to avoid having any more children? YES 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2 ↘	Have you ever had a partner who had an operation to avoid having any more children? YES 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2 ↘	YES 1 NO 2
04	IUD (LOOP) Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2 ↘	YES 1 NO 2
05	INJECTION Women can have an injection by a health provider that stops them from becoming pregnant for one or more months	YES 1 NO 2 ↘	YES 1 NO 2
06	IMPLANT Women can have small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2 ↘	YES 1 NO 2
07	MALE CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2 ↘	YES 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2 ↘	YES 1 NO 2
11	LACTATIONAL AMENORRHEA METHOD (LAM)	YES 1 NO 2 ↘	YES 1 NO 2
12	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant	YES 1 NO 2 ↘	YES 1 NO 2
13	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2 ↘	YES 1 NO 2
14	EMERGENCY CONTRACEPTION (MORNING AFTER PILL/POSTINO 2) Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES 1 NO 2 ↘	YES 1 NO 2
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	YES 1 NO 2 YES 1 NO 2
303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/>		307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 306
305	ENTER '0' IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH.		→ 330
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN ... <input type="text"/> <input type="text"/>	
308	CHECK 302 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 311A
309	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 322
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 322
311	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 PILL C IUD D INJECTION E IMPLANT F MALE CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMEN. METHOD ... K RHYTHM METHOD L WITHDRAWAL M OTHER _____ X (SPECIFY)	→ 316 → 315 → 319A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.		
312	May I see the package of pills you are using? RECORD NAME OF BRAND.	PACKAGE SEEN 01 PACKAGE NOT SEEN 02	→ 313A
313	MARK CODE FOR BRAND NAME.	OVRETTE 01 LO-FEMENAL 02 MICRONOR 03 MICRONOVUM 04 MARVELLON 05 DUOFEM 06 EXCLUTON 07 OTHER 96 (SPECIFY)	→ 314

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313A	Do you know the brand name of the pills you are using? RECORD NAME OF BRAND.	OVRETTE 01 LO-FEMENAL 02 MICRONOR 03 MICRONOVUM 04 MARVELLON 05 DUOFEM 06 EXCLUTON 07 OTHER 96 _____ (SPECIFY) DON'T KNOW 98	
314	How many pill cycles did you get the last time?	NUMBER OF CYCLES/PACKAGES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
315	The last time you obtained (CURRENT METHOD IN 311), how much did you pay in total, including the cost of the method and any consultation you may have had?	COST ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 999995 DON'T KNOW 999998	} 319A
316	In what facility did the sterilization take place? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR CENTRAL HOSPITAL 11 PROVINCIAL HOSPITAL 12 DISTRICT/RURAL HOSPITAL 13 ZNFC CLINIC 14 OTHER PUBLIC _____ 16 (SPECIFY) MISSION FACILITY 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ... 31 PRIVATE DOCTOR'S SURGERY... 32 OTHER PRIVATE DOCTOR _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)	
317	CHECK 311/311A: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> CODE 'A' CIRCLED <input type="checkbox"/> ↓ Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation? </div> <div style="text-align: center;"> CODE 'B' CIRCLED <input type="checkbox"/> ↓ Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation? </div> </div>	YES 1 NO 2 DON'T KNOW 8	
318	How much did you (your husband/partner) pay in total for the sterilization, including any consultation you (he) may have had?	COST ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 999995 DON'T KNOW 999998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP													
319	In what month and year was the sterilization performed?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> 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><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>													<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> → 320	
319A	In what month and year did you start using (CURRENT METHOD) continuously? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> 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><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>														
320	CHECK 319/319A, 215, 230 AND CALENDAR: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A GO BACK TO 319/319A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).		YES <input type="checkbox"/> NO <input type="checkbox"/>													
321	CHECK 319/319A: YEAR IS 2000 OR LATER <input type="checkbox"/> ↓ ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. ASK ABOUT SOURCE OF METHOD AT THE START OF USE AND ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN MONTH USE STARTED. THEN CONTINUE WITH 322.		YEAR IS 1999 OR EARLIER <input type="checkbox"/> ↓ ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 2000. THEN SKIP TO → 328													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
322	<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 2000. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 1: * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then?</p> <p>IN COLUMN 2, ENTER METHOD SOURCE CODE IN FIRST MONTH OF EACH USE.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 2: * Where did you obtain the method when you started using it? * Where did you get advice on how to use the method [for LAM, rhythm, or withdrawal]</p> <p>IN COLUMN 3, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 3: * Why did you stop using the (METHOD)? * Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?</p> <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:</p> <p>* How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.</p>		
323	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE.</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>NO CODE CIRCLED 00</p> <p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTION 05</p> <p>IMPLANT 06</p> <p>MALE CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>RHYTHM METHOD 12</p> <p>WITHDRAWAL 13</p> <p>OTHER METHOD 96</p>	<p>→ 330</p> <p>→ 332</p> <p>→ 329</p> <p>→ 326</p> <p>→ 332</p>
324	<p>You obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE). At the time you obtained the method, were you told about side effects or problems you might have with the method?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 326</p>
325	<p>Were you told what to do if you experienced side effects or problems?</p>	<p>YES 1</p> <p>NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
326	<p>CHECK 324:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>CODE '1' CIRCLED</p>  </div> <div style="text-align: center;"> <p>CODE '1' NOT CIRCLED</p>  </div> </div> <p>At that time, were you told about other methods of family planning that you could use?</p> <p>When you obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE), were you told about other methods of family planning that you could use?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 328</p>
327	<p>Were you ever told by a health or family planning worker about other methods of family planning that you could use?</p>	<p>YES 1</p> <p>NO 2</p>	
328	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTION 05</p> <p>IMPLANT 06</p> <p>MALE CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>RHYTHM METHOD 12</p> <p>WITHDRAWAL 13</p> <p>OTHER METHOD 96</p>	<p>→ 332</p> <p>→ 332</p>
329	<p>Where did you (or your partner) obtain (CURRENT METHOD) the last time?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/CLINIC 11</p> <p>RURAL/MUNICIPAL CLINIC ... 12</p> <p>RURAL HEALTH CENTRE 13</p> <p>ZNFPC CLINIC 14</p> <p>MOH MOBILE CLINIC 16</p> <p>ZNFPC CBD/DEPOT HOLDER 17</p> <p>OTHER PUBLIC 18</p> <p>(SPECIFY)</p> <p>MISSION FACILITY 21</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ... 31</p> <p>PHARMACY 32</p> <p>PRIVATE DOCTOR 33</p> <p>CBD 34</p> <p>OTHER PRIVATE DOCTOR 36</p> <p>(SPECIFY)</p> <p>RETAIL OUTLET</p> <p>GENERAL DEALER 41</p> <p>SUPERMARKET 42</p> <p>TUCK SHOP 43</p> <p>SERVICE STATION 44</p> <p>OTHER RETAIL 46</p> <p>(SPECIFY)</p> <p>OTHER PRIVATE SOURCE</p> <p>CHURCH 51</p> <p>FRIEND/RELATIVE 52</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	<p>→ 332</p>
330	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 332</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
331	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/CLINIC A</p> <p>RURAL/MUNICIPAL CLINIC B</p> <p>RURAL HEALTH CENTRE C</p> <p>ZNFPC CLINIC D</p> <p>MOH MOBILE CLINIC E</p> <p>ZNFPC CBD/DEPOT HOLDER F</p> <p>OTHER PUBLIC G</p> <p>(SPECIFY)</p> <p>MISSION FACILITY H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ... I</p> <p>PHARMACY J</p> <p>PRIVATE DOCTOR K</p> <p>CBD L</p> <p>OTHER PRIVATE DOCTOR M</p> <p>(SPECIFY)</p> <p>RETAIL OUTLET</p> <p>GENERAL DEALER N</p> <p>SUPERMARKET O</p> <p>TUCK SHOP P</p> <p>SERVICE STATION Q</p> <p>OTHER RETAIL R</p> <p>(SPECIFY)</p> <p>OTHER PRIVATE SOURCE</p> <p>CHURCH S</p> <p>FRIEND/RELATIVE T</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
332	In the last 12 months, were you visited by a CBD who talked to you about family planning?	YES 1 NO 2	
333	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES 1 NO 2	→ 335
334	Did any staff member at the health facility speak to you about family planning methods?	YES 1 NO 2	
335	CHECK 301 (07) KNOWS MALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/> →	337	
336	If a male condom is used correctly, do you think that it protects against pregnancy most of the time, only sometimes, or not at all?	MOST OF THE TIME 1 SOMETIMES 2 NOT AT ALL 3 DON'T KNOW/UNSURE 8	
337	CHECK 301 (08) KNOWS FEMALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/> →	401	
338	If a female condom is used correctly, do you think that it protects against pregnancy most of the time, only sometimes, or not at all?	MOST OF THE TIME 1 SOMETIMES 2 NOT AT ALL 3 DON'T KNOW/UNSURE 8	

SECTION 4 PREGNANCY, POSTNATAL CARE AND NUTRITION

401	CHECK 224: ONE OR MORE BIRTHS IN 2000 OR LATER <input type="checkbox"/> NO BIRTHS IN 2000 OR LATER <input type="checkbox"/> → 601			
402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2000 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)			
403	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER ... <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER ... <input type="text"/>	SECOND-FROM-LAST BIRTH LINE NUMBER ... <input type="text"/>
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 (SKIP TO 407) ← LATER 2 NOT AT ALL 3 (SKIP TO 407) ←	THEN 1 (SKIP TO 431) ← LATER 2 NOT AT ALL 3 (SKIP TO 431) ←	THEN 1 (SKIP TO 431) ← LATER 2 NOT AT ALL 3 (SKIP TO 431) ←
406	How much longer would you like to have waited?	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW ... 998	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW ... 998 (GO TO 431)	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW ... 998 (GO TO 431)
407	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B TRADITIONAL MIDWIFE TRAINED C UNTRAINED D UNSURE ABOUT TRAINING E OTHER X (SPECIFY) NO ONE Y (SKIP TO 414) ←		
408	Where did you receive antenatal care for this pregnancy? Anywhere else? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. RECORD ALL MENTIONED. _____ _____ (NAME OF PLACE(S))	HOME YOUR HOME A OTHER HOME B PUBLIC SECTOR CENTRAL HSP ... C PROVINCIAL HSP . D DIST/RURAL HSP. . E RURAL/MUNCPL CL. . F RURAL HLTH CNTR. . G OTHER PUBLIC _____ H (SPECIFY) MISSION FACILITY . . I PRIVATE MED. SECTOR PRIVATE HSP/CLC. J OTHER PRIV. MED. K OTHER X (SPECIFY)		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
409	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98		
410	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES ... <input type="text"/> <input type="text"/> DON'T KNOW 98		
411	As part of your antenatal care during this pregnancy, were any of the following done at least once? Were you weighed? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO WEIGHT 1 2 BP 1 2 URINE 1 2 BLOOD 1 2		
412	During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?	YES 1 NO 2 (SKIP TO 414) ← DON'T KNOW 8		
413	Were you told where to go if you had these complications?	YES 1 NO 2 DON'T KNOW ... 8		
414	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 417) ← DON'T KNOW ... 8		
415	During this pregnancy, how many times did you get this injection?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8		
416	CHECK 415:	2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 421) ← ↓		
417	Did you receive any tetanus injections at any time before this pregnancy?	YES 1 NO 2 (SKIP TO 421) ← DON'T KNOW 8		
418	How many times did you get a tetanus injection before this pregnancy? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8		
419	In what month and year did you receive the last tetanus injection before this pregnancy?	MONTH <input type="text"/> <input type="text"/> DK MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 421) ← DK YEAR 9998		
420	How many years ago did you receive that tetanus injection?	YEARS AGO <input type="text"/> <input type="text"/>		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
421	During this pregnancy, were you given or did you buy any iron/folic acid 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.	NUMBER OF DAYS ... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ... 998		
423	During this pregnancy, did you have difficulty with your vision during the daylight?	YES 1 NO 2 DON'T KNOW 8		
424	During this pregnancy, did you suffer from night blindness?	YES 1 NO 2 DON'T KNOW 8		
425	During this pregnancy, did you take any drugs to prevent you from getting malaria?	YES 1 NO 2 (SKIP TO 431) ← DON'T KNOW 8		
426	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 DELTAPRIM C OTHER _____ X (SPECIFY) DON'T KNOW Z		
427	CHECK 426: DRUGS TAKEN FOR MALARIA PREVENTION.	CODE 'A' CODE <input type="text"/> CIRCLED A' NOT <input type="text"/> <input type="checkbox"/> CIRCLED ↓ (SKIP TO 431) ←		
428	How many times did you take SP/Fansidar during this pregnancy?	NUMBER OF TIMES <input type="text"/> <input type="text"/>		
429	CHECK 407: ANTENATAL CARE FROM HEALTH PROFESSIONAL DURING PREGNANCY	CODES OTHER <input type="text"/> A' OR 'B' <input type="text"/> CIRCLED ↓ (SKIP TO 431) ←		
430	Did you get the SP/Fansidar during an antenatal visit, during another visit to a health facility or from some other source?	ANTENATAL VISIT 1 OTHER FACILITY VISIT 2 OTHER SOURCE . . . 3		
431	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
432	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 434) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 434) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 434) ← DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
433	How much did (NAME) weigh? ASK FOR HEALTH CARD. RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW . 99.998	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW . 99.998	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW . 99.998
434	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B TRADITIONAL MIDWIFE TRAINED C UNTRAINED D UNSURE ABOUT TRAINING E OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B TRADITIONAL MIDWIFE TRAINED C UNTRAINED D UNSURE ABOUT TRAINING E OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B TRADITIONAL MIDWIFE TRAINED C UNTRAINED D UNSURE ABOUT TRAINING E OTHER _____ X (SPECIFY) NO ONE Y
435	Where did you give birth to (NAME)? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME YOUR HOME 11 (SKIP TO 444) ← OTHER HOME 12 PUBLIC SECTOR CENTRAL HSP ... 21 PROVINCIAL HSP 22 DIST/RURAL HSP . 23 RURAL/MUNCL CL. . 24 RURAL HLTH CNTR. . 25 OTHER PUBLIC _____ (SPECIFY) 26 MISSION FACILITY . . 31 PRIVATE MED. SECTOR PRIVATE HSP/CLC. 41 OTHER PRIVATE MED. _____ 42 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 444) ←	HOME YOUR HOME 11 (SKIP TO 444) ← OTHER HOME 12 PUBLIC SECTOR CENTRAL HSP ... 21 PROVINCIAL HSP 22 DIST/RURAL HSP . 23 RURAL/MUNCL CL. . 24 RURAL HLTH CNTR. . 25 OTHER PUBLIC _____ (SPECIFY) 26 MISSION FACILITY . . 31 PRIVATE MED. SECTOR PRIVATE HSP/CLC. 41 OTHER PRIVATE MED. _____ 42 (SPECIFY) (SKIP TO 438) ← OTHER _____ 96 (SPECIFY) (SKIP TO 445) ←	HOME YOUR HOME 11 (SKIP TO 444) ← OTHER HOME 12 PUBLIC SECTOR CENTRAL HSP ... 21 PROVINCIAL HSP 22 DIST/RURAL HSP . 23 RURAL/MUNCL CL. . 24 RURAL HLTH CNTR. . 25 OTHER PUBLIC _____ (SPECIFY) 26 MISSION FACILITY . . 31 PRIVATE MED. SECTOR PRIVATE HSP/CLC. 41 OTHER PRIVATE MED. _____ 42 (SPECIFY) (SKIP TO 438) ← OTHER _____ 96 (SPECIFY) (SKIP TO 445) ←
436	How many hours after your labor pains began, did you get to the facility? IF MORE THAN 24 HOURS RECORD '25'. RECORD '00' IF LESS THAN ONE HOUR.	HOURS <input type="text"/> <input type="text"/> 25 HOURS OR MORE 25 DON'T KNOW 98		
437	How long after you arrived at the facility, did a health professional check on you? IF MORE THAN 24 HOURS RECORD '25'. RECORD '00' IF LESS THAN ONE HOUR.	HOURS <input type="text"/> <input type="text"/> 25 HOURS OR MORE 25 DON'T KNOW 98		
438	Was (NAME) delivered by caesarean section?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____	
439	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . 1 <input type="text"/> <input type="text"/> DAYS .. 2 <input type="text"/> <input type="text"/> WEEKS . 3 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	HOURS . 1 <input type="text"/> <input type="text"/> DAYS .. 2 <input type="text"/> <input type="text"/> WEEKS . 3 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	HOURS . 1 <input type="text"/> <input type="text"/> DAYS .. 2 <input type="text"/> <input type="text"/> WEEKS . 3 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	
440	Before you were discharged after (NAME) was born, did any health personnel check on your health?	YES 1 NO 2 (SKIP TO 443) ←	YES 1 (SKIP TO 455) ← NO 2 (SKIP TO 443) ←	YES 1 (SKIP TO 455) ← NO 2 (SKIP TO 443) ←	
441	How many hours, days or weeks after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . 1 <input type="text"/> <input type="text"/> DAYS .. 2 <input type="text"/> <input type="text"/> WEEKS . 3 <input type="text"/> <input type="text"/> DON'T KNOW ... 998			
442	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE .. 12 TRADITIONAL MIDWIFE TRAINED 21 UNTRAINED 22 UNSURE ABOUT TRAINING 23 OTHER _____ (SPECIFY) 96 (SKIP TO 453) ←			
443	After you were discharged, did any health care provider or a traditional birth attendant check on your health?	YES 1 (SKIP TO 446) ← NO 2 (SKIP TO 453) ←	YES 1 (SKIP TO 455) ← NO 2	YES 1 (SKIP TO 455) ← NO 2	
444	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 TRANSPORTATION C DON'T TRUST FACILITY/POOR QUALITY SERVICE . D NO FEMALE PROVIDER AT FACILITY ... E HUSBAND/FAMILY DID NOT ALLOW . F NOT NECESSARY ... G NOT CUSTOMARY ... H OTHER _____ (SPECIFY) X			
445	After (NAME) was born did a health professional or a traditional birth attendant check on your health?	YES 1 NO 2 (SKIP TO 449) ←	YES 1 NO 2 (SKIP TO 455) ←	YES 1 NO 2 (SKIP TO 455) ←	
446	How many hours, days or weeks after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . 1 <input type="text"/> <input type="text"/> DAYS .. 2 <input type="text"/> <input type="text"/> WEEKS . 3 <input type="text"/> <input type="text"/> DON'T KNOW ... 998			

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____												
447	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE .. 12 TRADITIONAL MIDWIFE TRAINED 21 UNTRAINED 22 UNSURE ABOUT TRAINING 23 OTHER _____ (SPECIFY) 96														
448	Where did this first check of (NAME) take place? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR CENTRAL HSP ... 21 PROVINCIAL HSP . 22 DIST/RURAL HSP . 23 RURAL/MUNCPL CL...24 RURAL HLTH CNTR.. 25 OTHER PUBLIC _____ 26 (SPECIFY) MISSION FACILITY .. 31 PRIVATE MED. SECTOR PRIVATE HSP/CLC. 41 OTHER PRIVATE 42 _____ (SPECIFY) OTHER _____ 96 (SPECIFY)														
448A	CHECK 443:	YES NOT ASKED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 453)														
449	In the two months after (NAME) was born, did a health care provider or traditional birth attendant check on his/her health?	YES 1 NO 2 (SKIP TO 453) ← DON'T KNOW 8														
450	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS .. 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS.. 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW ... 998														
451	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE .. 12 TRADITIONAL MIDWIFE TRAINED 21 UNTRAINED 22 UNSURE ABOUT TRAINING 23 OTHER _____ (SPECIFY) 96														

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
452	Where did this first check of (NAME) take place? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR CENTRAL HSP ... 21 PROVINCIAL HSP . 22 DIST/RURAL HSP . 23 RURAL/MUNCL CL... 24 RURAL HLTH CNTR. . 25 OTHER PUBLIC _____ 26 (SPECIFY) MISSION FACILITY .. 31 PRIVATE MED. SECTOR PRIVATE HSP/CLC. 41 OTHER PRIVATE 42 _____ (SPECIFY) OTHER _____ 96 (SPECIFY)		
453	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW AMPULE/CAPSULE/ SYRUP.	YES 1 NO 2		
454	Has your period returned since the birth of (NAME)?	YES 1 (SKIP TO 456) ← NO 2 (SKIP TO 457) ←		
455	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 459) ←	YES 1 NO 2 (SKIP TO 459) ←
456	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
457	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT NANT OR <input type="checkbox"/> UNSURE <input type="checkbox"/> (SKIP TO 459) ←		
458	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 460) ←		
459	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations? PROBE FOR LOCAL BELIEFS AND PRACTICES.	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
460	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 467) ←	YES 1 NO 2 (SKIP TO 467) ←	YES 1 NO 2 (SKIP TO 467) ←
461	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ... 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	IMMEDIATELY ... 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	IMMEDIATELY ... 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
462	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 464) ←	YES 1 NO 2 (SKIP TO 464) ←	YES 1 NO 2 (SKIP TO 464) ←
463	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 HONEY I OTHER _____ X (SPECIFY)	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 HONEY I OTHER _____ X (SPECIFY)	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 HONEY I OTHER _____ X (SPECIFY)
464	CHECK 404: IS CHILD LIVING?	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 466) ←	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 466) ←	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 466) ←
465	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 468) ← NO 2	YES 1 (SKIP TO 470) ← NO 2	YES 1 (SKIP TO 470) ← NO 2
466	For how many months did you breastfeed (NAME)?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW ... 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW ... 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW ... 98
467	CHECK 404: IS CHILD LIVING?	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 470) (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 472)	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 470) (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 472)	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 470) (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 472)
468	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS <input type="text"/> <input type="text"/>		
469	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYTIME FEEDINGS <input type="text"/> <input type="text"/>		
470	Did (NAME) drink anything from a feeding bottle 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
471		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 472.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 472.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 472.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
472	<p>CHECK 215 AND 218:</p> <p>HAS AT LEAST ONE CHILD BORN IN 2002 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>DOES NOT HAVE ANY CHILDREN BORN IN 2002 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 473</p> <p>_____</p> <p>(NAME)</p>				501
473	<p>Now I would like to ask you about the food (NAME FROM 472) and you ate yesterday during the day or at night, either separately or combined with other foods.</p> <p>ASK ABOUT EACH FOOD TYPE. FOR THOSE ITEMS WHERE INFORMATION IS SOUGHT FOR BOTH THE CHILD AND THE MOTHER, ASK ABOUT THE CHILD FIRST AND THEN THE MOTHER.</p> <p>a. Commercially produced infant formula?</p> <p>b. Any maize or meal-meal porridge or gruel?</p> <p>c. Any Celerac, Proneuro, or other commercially fortified baby food?</p> <p>d. Any sadza, bread, rice, noodles, or any foods made from grains?</p> <p>e. Any pumpkin, carrots, squash, or yams or sweet potatoes that are yellow or orange inside?</p> <p>f. Any white potatoes, white yams, manioc, cassava, or any other foods made from roots?</p> <p>g. Any dark, green, leafy vegetables such as spinach, pumpkin or okra leaves?</p> <p>h. Any ripe mangoes or paw paw?</p> <p>i. Any other fruits or vegetables?</p> <p>j. Any liver, kidney, heart or other organ meats?</p> <p>k. Any beef, pork, lamb, goat, rabbit or any game meat.</p> <p>l. Any chicken, duck or other birds?</p> <p>m. Any eggs?</p> <p>n. Any fresh or dried fish or shellfish?</p> <p>o. Any foods made from cowpeas, beans, other peas, or lentils?</p> <p>p. Any peanut butter or other food from nuts?</p> <p>q. Any cheese, yogurt, or milk products?</p> <p>r. Any foods made with other oil, fat, or butter?</p> <p>s. Any sugary foods such as pastries, cakes, chocolates, sweets, or candies?</p> <p>t. Any other solid or semi-solid food?</p> <p>u. Plain water?</p> <p>v. Milk, such as tinned, powdered, or fresh animal milk?</p> <p>w. Any sugary drinks such as mahewu, sodas or fruit juices?</p> <p>x. Tea or coffee?</p> <p>y. Any other liquids?</p>	473A CHILD Yesterday, during the day or night, did (NAME FROM 473) eat/drink:	473B MOTHER And you yourself, yesterday during the day or night, did you eat/drink:		
		YES NO DK	YES NO DK		
		a. 1 2 8			
		b. 1 2 8			
		c. 1 2 8			
		d. 1 2 8	1 2 8		
		e. 1 2 8	1 2 8		
		f. 1 2 8	1 2 8		
		g. 1 2 8	1 2 8		
		h. 1 2 8	1 2 8		
		i. 1 2 8	1 2 8		
		j. 1 2 8	1 2 8		
		k. 1 2 8	1 2 8		
		l. 1 2 8	1 2 8		
		m. 1 2 8	1 2 8		
		n. 1 2 8	1 2 8		
		o. 1 2 8	1 2 8		
		p. 1 2 8	1 2 8		
		q. 1 2 8	1 2 8		
		r. 1 2 8	1 2 8		
		s. 1 2 8	1 2 8		
		t. 1 2 8	1 2 8		
		u. 1 2 8	1 2 8		
		v. 1 2 8	1 2 8		
		w. 1 2 8	1 2 8		
		x. 1 2 8	1 2 8		
		y. 1 2 8	1 2 8		

474	CHECK 473A: AT LEAST ONE "YES" <input type="checkbox"/> ↓	NOT A SINGLE "YES" <input type="checkbox"/>	→ 501
475	How many times did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="checkbox"/> DON'T KNOW 8	

SECTION 5. IMMUNIZATION AND CHILD HEALTH

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2000 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	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER	NEXT-TO-LAST BIRTH LINE NUMBER	SECOND-FROM-LAST BIRTH LINE 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 561)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 561)	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 561)								
504	Has (NAME) ever received a vitamin A dose like this? SHOW AMPULE/ CAPSULE/SYRUP.	YES 1 NO 2 (SKIP TO 506) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 506) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 506) ← DON'T KNOW 8								
505	How many months ago did (NAME) take the last dose?	MONTHS AGO DON'T KNOW 98	MONTHS AGO DON'T KNOW 98	MONTHS AGO DON'T KNOW 98								
506	Do you have a child health card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 508) ← YES, NOT SEEN 2 (SKIP TO 510) ← NO CARD 3	YES, SEEN 1 (SKIP TO 508) ← YES, NOT SEEN 2 (SKIP TO 510) ← NO CARD 3	YES, SEEN 1 (SKIP TO 508) ← YES, NOT SEEN 2 (SKIP TO 510) ← NO CARD 3								
507	Did you ever have a child health card for (NAME)?	YES 1 (SKIP TO 510) ← NO 2	YES 1 (SKIP TO 510) ← NO 2	YES 1 (SKIP TO 510) ← NO 2								
508	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.											
		LAST BIRTH DAY MONTH YEAR	NEXT-TO-LAST BIRTH DAY MONTH YEAR	SECOND-FROM-LAST BIRTH DAY MONTH YEAR								
	BCG	<table border="1" style="width:100%; height:15px;"><tr><td></td><td></td><td></td><td></td></tr></table>					BCG	<table border="1" style="width:100%; height:15px;"><tr><td></td><td></td><td></td><td></td></tr></table>				
	POLIO 1	<table border="1" style="width:100%; height:15px;"><tr><td></td><td></td><td></td><td></td></tr></table>					P1	<table border="1" style="width:100%; height:15px;"><tr><td></td><td></td><td></td><td></td></tr></table>				
	POLIO 2	<table border="1" style="width:100%; height:15px;"><tr><td></td><td></td><td></td><td></td></tr></table>					P2	<table border="1" style="width:100%; height:15px;"><tr><td></td><td></td><td></td><td></td></tr></table>				
	POLIO 3	<table border="1" style="width:100%; height:15px;"><tr><td></td><td></td><td></td><td></td></tr></table>					P3	<table border="1" style="width:100%; height:15px;"><tr><td></td><td></td><td></td><td></td></tr></table>				
	POLIO 4 BOOSTER	<table border="1" style="width:100%; height:15px;"><tr><td></td><td></td><td></td><td></td></tr></table>					P4	<table border="1" style="width:100%; height:15px;"><tr><td></td><td></td><td></td><td></td></tr></table>				
	DPT 1	<table border="1" style="width:100%; height:15px;"><tr><td></td><td></td><td></td><td></td></tr></table>					D1	<table border="1" style="width:100%; height:15px;"><tr><td></td><td></td><td></td><td></td></tr></table>				
	DPT 2	<table border="1" style="width:100%; height:15px;"><tr><td></td><td></td><td></td><td></td></tr></table>					D2	<table border="1" style="width:100%; height:15px;"><tr><td></td><td></td><td></td><td></td></tr></table>				
	DPT 3	<table border="1" style="width:100%; height:15px;"><tr><td></td><td></td><td></td><td></td></tr></table>					D3	<table border="1" style="width:100%; height:15px;"><tr><td></td><td></td><td></td><td></td></tr></table>				
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	HEPATITIS B 1	<table border="1" style="width:100%; height:15px;"><tr><td></td><td></td><td></td><td></td></tr></table>					HB1	<table border="1" style="width:100%; height:15px;"><tr><td></td><td></td><td></td><td></td></tr></table>				
	HEPATITIS B 2	<table border="1" style="width:100%; height:15px;"><tr><td></td><td></td><td></td><td></td></tr></table>					HB2	<table border="1" style="width:100%; height:15px;"><tr><td></td><td></td><td></td><td></td></tr></table>				
	HEPATITIS B 3	<table border="1" style="width:100%; height:15px;"><tr><td></td><td></td><td></td><td></td></tr></table>					HB3	<table border="1" style="width:100%; height:15px;"><tr><td></td><td></td><td></td><td></td></tr></table>				
	MEASLES 1	<table border="1" style="width:100%; height:15px;"><tr><td></td><td></td><td></td><td></td></tr></table>					MEA1	<table border="1" style="width:100%; height:15px;"><tr><td></td><td></td><td></td><td></td></tr></table>				
	MEASLES 2	<table border="1" style="width:100%; height:15px;"><tr><td></td><td></td><td></td><td></td></tr></table>					MEA2	<table border="1" style="width:100%; height:15px;"><tr><td></td><td></td><td></td><td></td></tr></table>				
	VITAMIN A (MOST RECENT)	<table border="1" style="width:100%; height:15px;"><tr><td></td><td></td><td></td><td></td></tr></table>					VIT A	<table border="1" style="width:100%; height:15px;"><tr><td></td><td></td><td></td><td></td></tr></table>				
	VITAMIN A (2nd MOST RECENT)	<table border="1" style="width:100%; height:15px;"><tr><td></td><td></td><td></td><td></td></tr></table>					VIT A	<table border="1" style="width:100%; height:15px;"><tr><td></td><td></td><td></td><td></td></tr></table>				

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
509	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 1-3, DPT 1-4, HEPATITIS B 1-3 AND/OR MEASLES 1-2 VACCINES	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508) (SKIP TO 520) ← NO 2 (SKIP TO 520) ← DON'T KNOW 8	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508) (SKIP TO 520) ← NO 2 (SKIP TO 520) ← DON'T KNOW 8	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508) (SKIP TO 520) ← NO 2 (SKIP TO 520) ← DON'T KNOW 8
510	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES 1 NO 2 (SKIP TO 522) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 522) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 522) ← DON'T KNOW 8
511	Please tell me if (NAME) received any of the following vaccinations:			
511A	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
512	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 515) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 515) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 515) ← DON'T KNOW 8
514	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"/>
515	A DPT vaccination, that is, an injection given in the right thigh, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 517) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 517) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 517) ← DON'T KNOW 8
516	How many times?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
517	A hepatitis B vaccination, that is, an injection given in the left thigh?	YES 1 NO 2 (SKIP TO 519) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 519) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 519) ← DON'T KNOW 8
518	How many times?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
519	An injection to prevent measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
520	Were any of the vaccinations (NAME) received during the last two years given as part of a national immunization day campaign?	YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW 8	YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW 8	YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
522	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8
523	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
524	Now I would like to know how much (NAME) was given to drink during the diarrhea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she offered 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
525	When (NAME) had diarrhea, 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 offered 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
526	Did you seek advice or treatment for the diarrhea from any source?	YES 1 NO 2 (SKIP TO 531) ←	YES 1 NO 2 (SKIP TO 531) ←	YES 1 NO 2 (SKIP TO 531) ←
527	Where did you seek advice or treatment? Anywhere else? IF SOURCE IS A HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. RECORD ALL PLACES MENTIONED. _____ (NAME OF PLACE(S))	PUBLIC SECTOR CENTRAL HSP A PROVINCIAL HSP .. B DIST/RURAL HSP. . C RURAL HLTH CNTR. . D MUNCPL CLINIC . E VILLAGE COMMUNITY/ HEALTH WORKER F OTHER PUBLIC _____ G (SPECIFY) MISSION FACILITY .. H PRIVATE SECTOR PRIVATE HSP/CLC . I PRIVATE DOCTOR . H PHARMACY J OTHER PRIVATE MED. _____ K (SPECIFY) OTHER SOURCE SHOP L TRADITIONAL PRACTITIONER .. M OTHER _____ X (SPECIFY)	PUBLIC SECTOR CENTRAL HSP A PROVINCIAL HSP .. B DIST/RURAL HSP. . C RURAL HLTH CNTR. . D MUNCPL CLINIC . E VILLAGE COMMUNITY/ HEALTH WORKER F OTHER PUBLIC _____ G (SPECIFY) MISSION FACILITY .. H PRIVATE SECTOR PRIVATE HSP/CLC . I PRIVATE DOCTOR . H PHARMACY J OTHER PRIVATE MED. _____ K (SPECIFY) OTHER SOURCE SHOP L TRADITIONAL PRACTITIONER .. M OTHER _____ X (SPECIFY)	PUBLIC SECTOR CENTRAL HSP A PROVINCIAL HSP .. B DIST/RURAL HSP. . C RURAL HLTH CNTR. . D MUNCPL CLINIC . E VILLAGE COMMUNITY/ HEALTH WORKER F OTHER PUBLIC _____ G (SPECIFY) MISSION FACILITY .. H PRIVATE SECTOR PRIVATE HSP/CLC . I PRIVATE DOCTOR . H PHARMACY J OTHER PRIVATE MED. _____ K (SPECIFY) OTHER SOURCE SHOP L TRADITIONAL PRACTITIONER .. M OTHER _____ X (SPECIFY)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
528	CHECK 527:	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 530) ←	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 530) ←	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 530) ←
529	Where did you first seek advice or treatment? USE LETTER CODE FROM 527.	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>
530	How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
531	Does (NAME) still have diarrhea?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
532	Was he/she given any of the following to drink at any time since he/she started having the diarrhea: a. An ORS satchet b. A homemade sugar-salt-water solution (SSS)? c. Any other liquid?	YES NO DK ORS 1 2 8 SUGAR-SALT-WATER .. 1 2 8 OTHER LIQUID .. 1 2 8	YES NO DK ORS 1 2 8 SUGAR-SALT-WATER .. 1 2 8 OTHER LIQUID .. 1 2 8	YES NO DK ORS 1 2 8 SUGAR-SALT-WATER .. 1 2 8 OTHER LIQUID .. 1 2 8
533	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8
534	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B OTHER TYPE OF PILL/SYRUP C UNKNOWN PILL/SYRUP D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC G UNKNOWN F INJECTION G (IV) INTRAVENOUS H HOME REMEDY/ HERBAL MED-ICINE I OTHER X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B OTHER TYPE OF PILL/SYRUP C UNKNOWN PILL/SYRUP D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC G UNKNOWN F INJECTION G (IV) INTRAVENOUS H HOME REMEDY/ HERBAL MED-ICINE I OTHER X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B OTHER TYPE OF PILL/SYRUP C UNKNOWN PILL/SYRUP D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC G UNKNOWN F INJECTION G (IV) INTRAVENOUS H HOME REMEDY/ HERBAL MED-ICINE I OTHER X (SPECIFY)
535	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
536	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 539) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 539) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 539) ← DON'T KNOW 8
537	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES 1 NO 2 (SKIP TO 540) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 540) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 540) ← DON'T KNOW 8
538	When (NAME) had this illness, did he/she have a problem in the chest or a blocked or runny nose?	CHEST 1 NOSE 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 540) ←	CHEST 1 NOSE 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 540) ←	CHEST 1 NOSE 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 540) ←
539	CHECK 535: HAD FEVER?	"YES" <input type="checkbox"/> OTHER <input type="checkbox"/> ↓ (SKIP TO 557) ←	"YES" <input type="checkbox"/> OTHER <input type="checkbox"/> ↓ (SKIP TO 557) ←	"YES" <input type="checkbox"/> OTHER <input type="checkbox"/> ↓ (SKIP TO 557) ←
540	Now I would like to know how much (NAME) was given to drink during the (fever/cough/rapid breathing). Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she offered 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
541	When (NAME) had (fever/cough/rapid breathing), 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 offered 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
542	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 547) ←	YES 1 NO 2 (SKIP TO 547) ←	YES 1 NO 2 (SKIP TO 547) ←

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
543	Where did you seek advice or treatment? Anywhere else? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR CENTRAL HSP A PROVINCIAL HSP . . . B DIST/RURAL HSP. . . C RURAL HLTH CNTR. . D MUNCPL CLINIC . . . E VILLAGE COMMUNITY/ HEALTH WORKER . . F OTHER PUBLIC _____ G (SPECIFY) MISSION FACILITY . . H PRIVATE SECTOR PRIVATE HSP/CLC . . I PRIVATE DOCTOR . . H PHARMACY J OTHER PRIVATE _____ K MED. _____ K (SPECIFY) OTHER SOURCE SHOP L TRADITIONAL PRACTITIONER . . M OTHER _____ X (SPECIFY)	PUBLIC SECTOR CENTRAL HSP A PROVINCIAL HSP . . . B DIST/RURAL HSP. . . C RURAL HLTH CNTR. . D MUNCPL CLINIC . . . E VILLAGE COMMUNITY/ HEALTH WORKER . . F OTHER PUBLIC _____ G (SPECIFY) MISSION FACILITY . . H PRIVATE SECTOR PRIVATE HSP/CLC . . I PRIVATE DOCTOR . . H PHARMACY J OTHER PRIVATE _____ K MED. _____ K (SPECIFY) OTHER SOURCE SHOP L TRADITIONAL PRACTITIONER . . M OTHER _____ X (SPECIFY)	PUBLIC SECTOR CENTRAL HSP A PROVINCIAL HSP . . . B DIST/RURAL HSP. . . C RURAL HLTH CNTR. . D MUNCPL CLINIC . . . E VILLAGE COMMUNITY/ HEALTH WORKER . . F OTHER PUBLIC _____ G (SPECIFY) MISSION FACILITY . . H PRIVATE SECTOR PRIVATE HSP/CLC . . I PRIVATE DOCTOR . . H PHARMACY J OTHER PRIVATE _____ K MED. _____ K (SPECIFY) OTHER SOURCE SHOP L TRADITIONAL PRACTITIONER . . M OTHER _____ X (SPECIFY)
544	CHECK 543:	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 546) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 546) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 546) ←
545	Where did you first seek advice or treatment? USE LETTER CODE FROM 543.	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>
546	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS <input type="text"/>	DAYS <input type="text"/>	DAYS <input type="text"/>
547	Is (NAME) still sick with a (fever/cough)?	FEVER ONLY 1 COUGH ONLY 2 BOTH COUGH AND FEVER 3 NO, NEITHER 4 DON'T KNOW 8	FEVER ONLY 1 COUGH ONLY 2 BOTH COUGH AND FEVER 3 NO, NEITHER 4 DON'T KNOW 8	FEVER ONLY 1 COUGH ONLY 2 BOTH COUGH AND FEVER 3 NO, NEITHER 4 DON'T KNOW 8
548	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (SKIP TO 557) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 557) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 557) ← DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
549	What drugs did (NAME) take? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE . . . B QUININE C COMBINATION WITH ARTEMISININ . . D OTHER ANTI- MALARIAL E ANTIBIOTIC COTRAMOXAZOLE F ERYTHROMYCINE G AMOXICILLIN H AMPICILLIN I CHLORAMPHENOCOL J OTHER ANTIBIOTIC K OTHER DRUGS ASPIRIN L ACETAMINOPHEN M IBUPROFEN N OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE . . . B QUININE C COMBINATION WITH ARTEMISININ . . D OTHER ANTI- MALARIAL E ANTIBIOTIC COTRAMOXAZOLE F ERYTHROMYCINE G AMOXICILLIN H AMPICILLIN I CHLORAMPHENOCOL J OTHER ANTIBIOTIC K OTHER DRUGS ASPIRIN L ACETAMINOPHEN M IBUPROFEN N OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE . . . B QUININE C COMBINATION WITH ARTEMISININ . . D OTHER ANTI- MALARIAL E ANTIBIOTIC COTRAMOXAZOLE F ERYTHROMYCINE G AMOXICILLIN H AMPICILLIN I CHLORAMPHENOCOL J OTHER ANTIBIOTIC K OTHER DRUGS ASPIRIN L ACETAMINOPHEN M IBUPROFEN N OTHER _____ X (SPECIFY) DON'T KNOW Z
550	Did you already have (NAME OF DRUG FROM 549) at home when the child became ill? IF YES, CIRCLE CODE FOR THAT DRUG. ASK SEPARATELY FOR EACH DRUG GIVEN IN 549.	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE . . . B QUININE C COMBINATION WITH ARTEMISININ . . C OTHER ANTI- MALARIAL E ANTIBIOTIC COTRAMOXAZOLE F ERYTHROMYCINE G AMOXICILLIN H AMPICILLIN I CHLORAMPHENOCOL J OTHER ANTIBIOTIC K OTHER DRUGS ASPIRIN L ACETAMINOPHEN M IBUPROFEN N OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE . . . B QUININE C COMBINATION WITH ARTEMISININ . . D OTHER ANTI- MALARIAL E ANTIBIOTIC COTRAMOXAZOLE F ERYTHROMYCINE G AMOXICILLIN H AMPICILLIN I CHLORAMPHENOCOL J OTHER ANTIBIOTIC K OTHER DRUGS ASPIRIN L ACETAMINOPHEN M IBUPROFEN N OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE . . . B QUININE C COMBINATION WITH ARTEMISININ . . D OTHER ANTI- MALARIAL E ANTIBIOTIC COTRAMOXAZOLE F ERYTHROMYCINE G AMOXICILLIN H AMPICILLIN I CHLORAMPHENOCOL J OTHER ANTIBIOTIC K OTHER DRUGS ASPIRIN L ACETAMINOPHEN M IBUPROFEN N OTHER _____ X (SPECIFY) DON'T KNOW Z
551	CHECK 549: SP/FANSIDAR	CODE 'A' CODE 'A' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 554) <input type="checkbox"/>	CODE 'A' CODE 'A' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 554) <input type="checkbox"/>	CODE 'A' CODE 'A' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 554) <input type="checkbox"/>
552	How long after the fever started did (NAME) first take SP/Fansidar?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVEF 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVEF 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVEF 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____	
553	For how many days did (NAME) take the SP/Fansidar? IF 7 OR MORE DAYS, RECORD '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	
554	CHECK 549: CHLOROQUINE	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 557)	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 557)	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 557)	
555	How long after the fever started did (NAME) first take chloroquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8	
556	For how many days did (NAME) take chloroquine? IF 7 OR MORE DAYS, RECORD '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	
557	CHECK 535: HAD FEVER	"YES" <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 561)	"YES" <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 561)	"YES" <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 561)	
558	Did (NAME) get any injection or suppository for the (fever/cough/rapid breathing)?	INJECTION A SUPPOSITORY B NONE Y DON'T KNOW Z	INJECTION A SUPPOSITORY B NONE Y DON'T KNOW Z	INJECTION A SUPPOSITORY B NONE Y DON'T KNOW Z	
559	Was anything else done about (NAME'S) fever?	YES 1 NO 2 (SKIP TO 561) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 561) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 561) DON'T KNOW 8	
560	What was done about (NAME'S) fever?	CONSULTED TRADITIONAL HEALER A GAVE TEPID SPONGING B GAVE HERBS C OTHER Y (SPECIFY) DON'T KNOW Z (GO BACK TO 503 IN NEXT COLUMN; IF NO MORE BIRTHS, GO TO 561)	CONSULTED TRADITIONAL HEALER A GAVE TEPID SPONGING B GAVE HERBS C OTHER Y (SPECIFY) DON'T KNOW Z (GO BACK TO 503 IN NEXT COLUMN; IF NO MORE BIRTHS, GO TO 561)	CONSULTED TRADITIONAL HEALER A GAVE TEPID SPONGING B GAVE HERBS C OTHER Y (SPECIFY) DON'T KNOW Z (GO BACK TO 503 IN NEXT COLUMN; IF NO MORE BIRTHS, GO TO 561)	
561	CHECK 215 AND 218, ALL ROWS: ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/>	NUMBER OF CHILDREN BORN IN 2000 OR LATER LIVING WITH THE RESPONDENT			601
562	The last time (NAME OF YOUNGEST CHILD) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THREW INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER 96 (SPECIFY) DON'T KNOW 98			

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	→ 605
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	→ 604
603	ENTER '0' IN COLUMN 4 OF CALENDAR IN THE MONTH OF INTERVIEW, AND IN EACH MONTH BACK TO JANUARY 2000. _____ →		619
604	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 610
605	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
606	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"/>	
607	Besides yourself, does your husband/partner have other wives, does he live with other women as if married, or does he maintain a small house?	YES 1 NO 2 DON'T KNOW 8	→ 610
608	How many other wives or partners does your husband live with now?	NUMBER OF OTHER WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/> DON'T KNOW 98	
609	Are you the first, second, ... wife?	RANK <input type="text"/> <input type="text"/>	
610	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
611	CHECK 610: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> <p>↓</p> <p>In what month and year did you start living with your husband/partner?</p> </div> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>↓</p> <p>Now I would like to ask about when you married or began living with a man as if married for the very <u>first</u> time.</p> <p>In what month and year did you <u>first</u> marry or start living with a man as if married?</p> </div> </div>	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	→ 613
612	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
613	<p>DETERMINE MONTHS MARRIED OR LIVING WITH A MAN SINCE JANUARY 2000. ENTER 'X' IN COLUMN 4 OF CALENDAR FOR EACH MONTH MARRIED OR LIVING WITH A MAN, AND ENTER 'O' FOR EACH MONTH NOT MARRIED/NOT LIVING WITH A MAN, SINCE JANUARY 2000.</p> <p>FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.</p> <p>FOR WOMEN NOT CURRENTLY IN UNION: PROBE FOR DATE WHEN LAST UNION STARTED AND FOR TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.</p>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
614	CHECK 604: NOT ASKED OR NOT WIDOWED <input type="checkbox"/>	WIDOWED <input type="checkbox"/>	617
615	CHECK 610. MARRIED MORE THAN ONCE <input type="checkbox"/>	MARRIED ONLY ONCE <input type="checkbox"/>	619
616	How did your previous marriage or union end?	DEATH/WIDOWHOOD 1 DIVORCE/SEPARATION 2	619
617	To whom did most of your late husband's property go?	RESPONDENT 1 OTHER WIFE 2 SPOUSE'S CHILDREN 3 SPOUSE'S FAMILY 4 OTHER 5 (SPECIFY) NO PROPERTY 6	619
618	Did you receive any of your late husband's assets or valuables?	YES 1 NO 2	
619	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
620	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you had sexual intercourse for the very first time?	NEVER 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	622 622
621	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES 1 NO 2 DON'T KNOW/UNSURE 8	647
622	CHECK 107: 15-24 YEARS OLD <input type="checkbox"/> 25-49 YEARS OLD <input type="checkbox"/>		627
623	The <u>first</u> time you had sexual intercourse, was a condom used?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
624	How old was the person you first had sexual intercourse with?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	627
625	Was this person older than you, younger than you, or about the same age as you?	OLDER 1 YOUNGER 2 ABOUT THE SAME AGE 3 DON'T KNOW/DON'T REMEMBER 8	627
626	Would you say this person was ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER ... 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	
627	When was the <u>last</u> time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	629 641

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
628	When was the last time you had sexual intercourse with this (second or third) person?		DAYS ... 1 <input type="text"/> MONTHS... 2 <input type="text"/> YEARS... 3 <input type="text"/>	DAYS ... 1 <input type="text"/> MONTHS... 2 <input type="text"/> YEARS... 3 <input type="text"/>
629	The last time you had sexual intercourse with this (second/ third) person, was a condom used?	YES 1 NO 2 (SKIP TO 631) ←	YES 1 NO 2 (SKIP TO 631) ←	YES 1 NO 2 (SKIP TO 631) ←
630	What was the main reason you used a condom on that occasion?	PREVENT STD/HIV .. 1 PREVENT PREGNANCY ... 2 PREVENT BOTH ... 3 PARTNER INSISTED 4 OTHER 6 (SPECIFY) DON'T KNOW 8	PREVENT STD/HIV .. 1 PREVENT PREGNANCY ... 2 PREVENT BOTH ... 3 PARTNER INSISTED 4 OTHER 6 (SPECIFY) DON'T KNOW 8	PREVENT STD/HIV .. 1 PREVENT PREGNANCY ... 2 PREVENT BOTH ... 3 PARTNER INSISTED 4 OTHER 6 (SPECIFY) DON'T KNOW 8
631	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 633) ←	YES 1 NO 2 (SKIP TO 633) ←	YES 1 NO 2 (SKIP TO 633) ←
632	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPNDNT ONLY 1 PARTNER ONLY .. 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPNDNT ONLY 1 PARTNER ONLY .. 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPNDNT ONLY 1 PARTNER ONLY .. 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4
633	What was your relationship to this person with whom you had sexual intercourse? IF RESPONDENT IS GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '02' IF NO, CIRCLE '03'	SPOUSE 01 (SKIP TO 638) ← LIVE-IN PARTNER .. 02 BOYFRIEND NOT LIVING WITH RESPONDENT .. 03 CASUAL ACQUAINTANCE .04 COMMERCIAL SEX WORKER .. 05 OTHER96 (SPECIFY)	SPOUSE 01 (SKIP TO 638) ← LIVE-IN PARTNER .. 02 BOYFRIEND NOT LIVING WITH RESPONDENT .. 03 CASUAL ACQUAINTANCE .04 COMMERCIAL SEX WORKER .. 05 OTHER96 (SPECIFY)	SPOUSE 01 (SKIP TO 638) ← LIVE-IN PARTNER .. 02 BOYFRIEND NOT LIVING WITH RESPONDENT .. 03 CASUAL ACQUAINTANCE .04 COMMERCIAL SEX WORKER .. 05 OTHER96 (SPECIFY)
634	For how long (have you had/did you have) sexual relations with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS ... 1 <input type="text"/> MONTHS . 2 <input type="text"/> YEARS .. 3 <input type="text"/>	DAYS ... 1 <input type="text"/> MONTHS . 2 <input type="text"/> YEARS .. 3 <input type="text"/>	DAYS ... 1 <input type="text"/> MONTHS . 2 <input type="text"/> YEARS .. 3 <input type="text"/>
635	CHECK 107:	15-24 Y. OLD <input type="text"/> 25-49 Y. OLD <input type="text"/> (SKIP TO 639) ↓	15-24 Y. OLD <input type="text"/> 25-49 Y. OLD <input type="text"/> (SKIP TO 639) ↓	15-24 Y. OLD <input type="text"/> 25-49 Y. OLD <input type="text"/> (SKIP TO 639) ↓
636	How old is this person?	AGE OF PARTNER <input type="text"/> (SKIP TO 639) ← DON'T KNOW 98	AGE OF PARTNER <input type="text"/> (SKIP TO 639) ← DON'T KNOW 98	AGE OF PARTNER <input type="text"/> (SKIP TO 639) ← DON'T KNOW 98
637	Is this person older than you, younger than you, or about the same age?	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 639) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 639) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 639) ←
638	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3
639	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 628) ← IN NEXT COLUMN) NO 2 (SKIP TO 641) ←	YES 1 (GO BACK TO 628) ← IN NEXT COLUMN) NO 2 (SKIP TO 641) ←	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
640	<p>In total, with how many different people have you had sexual intercourse in the last 12 months?</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 LAST 12 MONTHS <input type="text"/> <input type="text"/></p> <p>DONT KNOW 98</p>	
641	<p>In total, how many different people have you had sexual intercourse with 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>DONT KNOW 98</p>	
642	<p>CHECK 629 COLUMN 1 (CONDOM USE WITH LAST SEXUAL PARTNER)</p> <p>YES <input type="checkbox"/> NO OR BLANK <input type="checkbox"/></p>		647
643	<p>You told me you used a condom the last time you had sexual intercourse.</p> <p>What brand of condom did you use that time?</p>	<p>MALE CONDOMS</p> <p>CHOICE ASSORTED 1</p> <p>DUREX 2</p> <p>ECSTASY 3</p> <p>PROTECTA 4</p> <p>PUBLIC SECTOR DIST. (BLUE CONDOM OR KAREX... 5</p> <p>ROUGH RIDER 6</p> <p>OTHER 7</p> <p>(SPECIFY)</p> <p>MALE CONDOM, DK ... 8</p> <p>FEMALE CONDOMS</p> <p>CARE 9</p> <p>OTHER 10</p> <p>(SPECIFY)</p> <p>FEMALE CONDOM, DK 12</p>	
644	<p>How many condoms did you (your spouse/partner) get that time?</p>	<p>NUMBER <input type="text"/> <input type="text"/></p> <p>DONT KNOW 98</p>	
645	<p>How much did the condom(s) cost?</p>	<p>COST ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>FREE 995</p> <p>DONT KNOW 998</p>	
646	<p>From where was the condom obtained?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE.</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____ (NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/CLINIC 11</p> <p>RURAL/MUNICIPAL CLINIC ... 12</p> <p>RURAL HEALTH CENTRE 13</p> <p>ZNFPC CLINIC 14</p> <p>MOH MOBILE CLINIC 15</p> <p>ZNFPC CBD/DEPOT HOLDER ... 16</p> <p>VILLAGE/FARM HEALTH WORKER 17</p> <p>OTHER PUBLIC 18</p> <p>(SPECIFY)</p> <p>MISSION FACILITY 21</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ... 31</p> <p>PHARMACY 32</p> <p>PRIVATE DOCTOR 33</p> <p>CBD 34</p> <p>OTHER PRIVATE DOCTOR 35</p> <p>(SPECIFY)</p> <p>RETAIL OUTLET</p> <p>GENERAL DEALER 41</p> <p>SUPERMARKET 42</p> <p>TUCK SHOP 43</p> <p>SERVICE STATION 44</p> <p>OTHER RETAIL 45</p> <p>(SPECIFY)</p> <p>OTHER PRIVATE SOURCE</p> <p>CHURCH 46</p> <p>FRIEND/RELATIVE 47</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DONT KNOW/NOT SURE 98</p>	651 647

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
647	CHECK 301 (07) KNOWS MALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		651
648	Do you know of any place where a person can get a male condom?	YES 1 NO 2	651
649	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ _____ (NAME OF PLACE(S)) Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL/CLINIC A RURAL/MUNICIPAL CLINIC B RURAL HEALTH CENTRE C ZNFPC CLINIC D MOH MOBILE CLINIC E ZNFPC CBD/DEPOT F VILLAGE/FARM HEALTH WORKER G OTHER PUBLIC H (SPECIFY) MISSION FACILITY I PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ... J PHARMACY K PRIVATE DOCTOR L CBD M OTHER PRIVATE DOCTOR N (SPECIFY) RETAIL OUTLET GENERAL DEALER O SUPERMARKET P TUCK SHOP Q SERVICE STATION R OTHER RETAIL S (SPECIFY) OTHER PRIVATE SOURCE CHURCH T FRIEND/RELATIVE U OTHER X (SPECIFY)	
650	If you wanted to, could you yourself get a male condom?	YES 1 NO 2 DON'T KNOW/UNSURE 8	
651	CHECK 301 (08) KNOWS FEMALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		701

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
652	Do you know of any place where a person can get a female condom?	YES 1 NO 2	→ 701
653	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/CLINIC A RURAL/MUNICIPAL CLINIC ... B RURAL HEALTH CENTRE C ZNFCP CLINIC D MOH MOBILE CLINIC E ZNFCP CBD/DEPOT F VILLAGE/FARM HEALTH WORKER G OTHER PUBLIC H (SPECIFY)</p> <p>MISSION FACILITY I</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ... J PHARMACY K PRIVATE DOCTOR L CBD M OTHER PRIVATE DOCTOR N (SPECIFY)</p> <p>RETAIL OUTLET</p> <p>GENERAL DEALER O SUPERMARKET P TUCK SHOP Q SERVICE STATION R OTHER RETAIL S (SPECIFY)</p> <p>OTHER PRIVATE SOURCE</p> <p>CHURCH T FRIEND/RELATIVE U OTHER X (SPECIFY)</p>	
654	If you wanted to, could you yourself get a female condom?	YES 1 NO 2 DONT KNOW/UNSURE 8	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		713
702	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW: AND PREGNANT 4 AND NOT PREGNANT OR UNSURE 5	→ 704 → 713 → 709 → 708
703	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 YEARS 2 SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	→ 708 → 713 → 708
704	CHECK 226 NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		709
705	CHECK 310: NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		713
706	CHECK 703: NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		709

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	<p>CHECK 702:</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>SUBFECUND/INFECUND E</p> <p>POSTPARTUM AMENORRHEIC F</p> <p>BREASTFEEDING G</p> <p>FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS O</p> <p>FEAR OF SIDE EFFECTS P</p> <p>LACK OF ACCESS/TOO FAR Q</p> <p>COSTS TOO MUCH R</p> <p>INCONVENIENT TO USE S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES T</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	
708	<p>CHECK 310:</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>		→ 713
709	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 711
710	<p>Which contraceptive method would you prefer to use?</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>MALE CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>RHYTHM METHOD 12</p> <p>WITHDRAWAL 13</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>UNSURE 98</p>	→ 713

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
716	CHECK 601: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→ 722
717	CHECK 311/311A: NEITHER CODE B, G, NOR L CIRCLED, BUT ANY OTHER CODE(S) CIRCLED <input type="checkbox"/> CODE B, G, OR L CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/>		→ 719 → 721
718	Does your husband/partner know that you are using a method of family planning?	YES 1 NO 2 DONT KNOW 8	→ 720
719	Would you say that using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 8 OTHER 6 (SPECIFY)	
720	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 722
721	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DONT KNOW 8	
722	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: She knows her husband has a sexually transmitted disease? She knows her husband has sex with other women? She is tired or not in the mood?	YES NO DK HAS STD 1 2 8 OTHER WOMEN 1 2 8 TIRED/NOT IN MOOD 1 2 8	
723	When a wife knows her husband has a sexually transmitted disease, is she justified in asking that he use a condom?	YES 1 NO 2 DONT KNOW 8	
724	CHECK 601: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 801
725	Can you say no to your husband/partner if you do not want to have sexual intercourse?	YES 1 NO 2 DEPENDS/UNSURE 8	
726	Could you ask your husband/partner to use a condom if you wanted him to?	YES 1 NO 2 DEPENDS/UNSURE 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	<p>How old was your husband/partner on his last birthday?</p>	<p>AGE IN COMPLETED YEARS <input type="text"/></p>	
803	<p>Did your (last) husband/partner ever attend school?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 806</p>
804	<p>What was the highest level of school he attended: primary, secondary, or higher?</p>	<p>PRIMARY 1</p> <p>SECONDARY 2</p> <p>HIGHER 3</p> <p>DON'T KNOW 8</p>	<p>→ 806</p>
805	<p>What was the highest (grade/form/year) he completed at that level?</p>	<p>GRADE <input type="text"/></p> <p>DON'T KNOW 98</p>	
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"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	
807	<p>Aside from your own housework, have you done any work in the last seven days?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 811</p>
808	<p>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?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 811</p>
809	<p>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?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 811</p>
810	<p>Have you done any work in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 818</p>
811	<p>What is your occupation, that is, what kind of work do you mainly do?</p>	<p><input type="text"/></p>	
812	<p>CHECK 811:</p> <p>WORKS IN AGRICULTURE <input type="checkbox"/></p> <p>DOES NOT WORK IN AGRICULTURE <input type="checkbox"/></p>		<p>→ 814</p>
813	<p>Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?</p>	<p>OWN LAND 1</p> <p>FAMILY LAND 2</p> <p>RENTED LAND 3</p> <p>SOMEONE ELSE'S LAND 4</p>	
814	<p>Do you do this work for a member of your family, for someone else, or are you self-employed?</p>	<p>FOR FAMILY MEMBER 1</p> <p>FOR SOMEONE ELSE 2</p> <p>SELF-EMPLOYED 3</p>	
815	<p>Do you usually work at home or away from home?</p>	<p>HOME 1</p> <p>AWAY 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
816	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	
817	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	→ 823
818	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT CURRENTLY MARRIED <input type="checkbox"/>		→ 824
819	CHECK 817: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 822
820	Who decides how the money you earn will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 OTHER 6	
821	Would you say that the money that you bring into the household is more than what your husband/partner brings in, less than what he brings in, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER DOESNT BRING IN ANY MONEY 4 DONT KNOW 8	→ 823
822	Who decides how your husband's/partner's earnings will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 OTHER 6	
823	Who usually makes the following decisions: mainly you, mainly your husband/partner, you and you husband/partner jointly, or someone else? Who usually makes decisions about health care for yourself? Who usually makes decisions about making major household purchases? Who usually makes decisions about making purchases for daily household needs? Who usually makes decisions about visits to your family or relatives?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5	
824	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES/ PRES/ NOT LISTEN. NOT PRES LISTEN. CHILDREN < 10 1 2 8 HUSBAND 1 2 8 OTHER MALES 1 2 8 OTHER FEMALES ... 1 2 8	
825	Now I would like your opinion about married couples. Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: 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?	YES NO DK GOES OUT 1 2 8 NEGL. CHILDREN ... 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNS FOOD 1 2 8	

SECTION 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 HIV or an illness called AIDS?	YES 1 NO 2	→ 1001
902	Can people reduce their chances of getting HIV, the virus that causes AIDS, by having just one sex partner who is not infected and who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
903	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
904	Can people reduce their chances of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
905	Can people get HIV by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
906	Can people reduce their chance of getting HIV by abstaining from sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	
907	Can people get HIV because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
908	Is there anything (else) a person can do to avoid or reduce the chances of getting HIV?	YES 1 NO 2 DON'T KNOW 8	↳ 910
909	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER ... C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES ... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS . G AVOID SEX WITH PERSONS WHO INJECT DRUGS H AVOID BLOOD TRANSFUSIONS ... I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES . K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER . N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
910	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 DON'T KNOW 8	
911	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DON'T KNOW 8	
912	Can HIV 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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
913	CHECK 912: AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/> → 915																	
914	Are there any special medications that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
915	Is there any special medication that people infected with HIV can get from a doctor or a nurse?	YES 1 NO 2 DON'T KNOW 8																	
916	CHECK 215: LAST BIRTH SINCE <input type="checkbox"/> JANUARY 2002 ↓	NO BIRTHS <input type="checkbox"/> → 926 LAST BIRTH BEFORE <input type="checkbox"/> JANUARY 2002 → 926																	
917	CHECK 407: YES, <input type="checkbox"/> PERSON SEEN ↓	NO ONE <input type="checkbox"/> → 926																	
918	During any of the antenatal visits for that pregnancy, did anyone talk to you about: Babies getting HIV from their mother? Things that you can do to prevent getting HIV? Getting tested for HIV?	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>HIV FROM MOTHER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>THINGS TO DO</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TESTED FOR HIV</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	HIV FROM MOTHER	1	2	8	THINGS TO DO	1	2	8	TESTED FOR HIV	1	2	8	
	YES	NO	DK																
HIV FROM MOTHER	1	2	8																
THINGS TO DO	1	2	8																
TESTED FOR HIV	1	2	8																
919	Were you tested for HIV as part of your antenatal care?	YES 1 NO 2	→ 925																
920	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																	
921	Did you get the results of the test?	YES 1 NO 2																	
922	Where was the test done? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE SOURCE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR CENTRAL HOSPITAL 11 PROVINCIAL HOSPITAL 12 DISTRICT/RURAL HOSPITAL 13 RURAL HEALTH CENTRE 14 MUNICIPAL CLINIC 15 OTHER PUBLIC 16 (SPECIFY) MISSION FACILITY 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 NEW START CENTRE 32 OTHER PRIVATE VCT CENTRE 33 (SPECIFY) OTHER PRIVATE DOCTOR 36 (SPECIFY) OTHER 96 (SPECIFY)																	
923	Have you been tested for HIV since that time you were tested during your pregnancy?	YES 1 NO 2	→ 933																
924	When was the last time you were tested for HIV?	LESS THAN 12 MONTHS AGO 1 12 - 23 MONTHS AGO 2 2 OR MORE YEARS AGO 3	→ 928																
925	Were you offered a test for HIV as part of your antenatal care?	YES 1 NO 2																	
926	Have you ever been tested to see if you have been infected with HIV?	YES 1 NO 2	→ 933																
927	When was the last time you were tested?	LESS THAN 12 MONTHS AGO 1 12 - 23 MONTHS AGO 2 2 OR MORE YEARS AGO 3																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
928	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST 1 OFFERED AND ACCEPTED 2 REQUIRED 3	
929	Did you get the results of the test?	YES 1 NO 2	
930	Where was the test done? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR CENTRAL HOSPITAL 11 PROVINCIAL HOSPITAL 12 DISTRICT/RURAL HOSPITAL 13 RURAL HEALTH CENTRE 14 MUNICIPAL CLINIC 15 OTHER PUBLIC 16 (SPECIFY) MISSION FACILITY 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 NEW START CENTRE 32 OTHER PRIVATE VCT CENTRE 33 (SPECIFY) OTHER PRIVATE DOCTOR 36 (SPECIFY) OTHER 96 (SPECIFY)	
931	CHECK 921 AND 929: GOT THE RESULTS OF HIV TEST YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 936
932	Did you tell your husband/partner the result of your test?	YES 1 NO 2 NO HUSBAND/PARTNER 3	→ 936
933	What is the main reason you have not been tested for HIV?	CAN'T AFFORD IT 01 DON'T KNOW WHERE TO GO 02 TESTING SITE DIFFICULT TO GET TO 03 AFRAID OF TEST RESULT 04 FATALISTIC/NOTHING CAN BE DONE 05 CONCERNED ABOUT CONFIDENTIALITY 06 NO RISK/NOT SEXUALLY ACTIVE 07 OTHER 96 (SPECIFY) DON'T KNOW 98	→ 936
934	Do you know of a place where people can go to get tested for HIV, the virus that causes AIDS?	YES 1 NO 2	→ 936
935	Where is that? RECORD ALL SOURCES MENTIONED. IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ _____ (NAME OF PLACE(S)) Any other place?	PUBLIC SECTOR CENTRAL HOSPITAL A PROVINCIAL HOSPITAL B DISTRICT/RURAL HOSPITAL C RURAL HEALTH CENTRE D MUNICIPAL CLINIC E OTHER PUBLIC F (SPECIFY) MISSION FACILITY G PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC H NEW START CENTRE I OTHER PRIVATE VCT CENTRE J (SPECIFY) OTHER PRIVATE DOCTOR K (SPECIFY) OTHER X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
936	CHECK 601: CURRENTLY MARITAL STATUS CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	OTHER <input type="checkbox"/>	→ 939
937	Did your husband/partner ever have a test for HIV?	YES 1 NO 2 DON'T KNOW 8	→ 939
938	Did he tell you the result of his test?	YES 1 NO 2	
939	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DON'T KNOW 8	
940	If a member of your family got infected with HIV, would you want others to know about it?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
941	If a relative of yours became sick with HIV, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
942	If a female teacher has HIV 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	
942A	If a male teacher has HIV but is not sick, should he be allowed to continue teaching in the school?	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED 2 DK/NOT SURE/DEPENDS 8	
943	Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have HIV or AIDS?	YES 1 NO 2 DK ANYONE WITH AIDS 8	→ 948
944	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she is suspected to have HIV or AIDS?	YES 1 NO 2	
945	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have HIV or AIDS?	YES 1 NO 2	
946	CHECK 943, 944, AND 945 OTHER <input type="checkbox"/>	AT LEAST ONE 'YES' <input type="checkbox"/>	→ 948
947	Do you personally know someone who is suspected to have HIV or who has AIDS?	YES 1 NO 2	
948	Do you agree or disagree with the following statement: People with HIV should be ashamed of themselves.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	
949	Do you agree or disagree with the following statement: People with HIV should be blamed for bringing the disease into the community.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	
950	Do you agree or disagree with the following statement: In a marriage, it is possible for one partner to be infected with HIV and the other person not be infected.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	
951	Should children age 12-14 be taught about using a condom to avoid HIV infection?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
952	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid HIV infection?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	

SECTION 10. OTHER HEALTH CARE ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	<p>CHECK 901:</p> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p>	<p>YES 1</p> <p>NO 2</p>	
1002	<p>CHECK 620:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>		→ 1010
1003	<p>CHECK 1001:</p> <p>HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/></p> <p>HAS NOT HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/></p>		→ 1005
1004	<p>Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1005	<p>Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling, abnormal genital discharge?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1006	<p>Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1007	<p>CHECK 1004, 1005, AND 1006</p> <p>HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/></p> <p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></p>		→ 1010
1008	<p>The last time you had (PROBLEM FROM 1004/1005/1006), did you seek any kind of advice or treatment?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1010
1009	<p>Where did you go?</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>CENTRAL HOSPITAL A</p> <p>PROVINCIAL HOSPITAL B</p> <p>DISTRICT/RURAL HOSPITAL C</p> <p>RURAL HEALTH CENTRE D</p> <p>RURAL/MUNICIPAL CLINIC E</p> <p>VILLAGE/FARM HEALTH WORKER F</p> <p>OTHER PUBLIC G</p> <p>(SPECIFY)</p> <p>MISSION FACILITY H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC I</p> <p>PHARMACY J</p> <p>OTHER PRIVATE MEDICAL K</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP L</p> <p>RELATIVE/FRIEND M</p> <p>TRADITIONAL HEALER N</p> <p>OTHER X</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1010	CHECK 901 AND 1001 KNOWS ABOUT AIDS AND/OR OTHER STI <input type="checkbox"/> DOES NOT KNOW <input type="checkbox"/>		→ 1015
1011	CHECK 301 (07) KNOWS MALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 1013
1012	Some people use male condoms to prevent sexually transmitted diseases. If a male condom is used correctly, do you think that it protects against these diseases most of the time, only sometimes, or not at all?	MOST OF THE TIME 1 SOMETIMES 2 NOT AT ALL 3 DON'T KNOW/UNSURE 8	
1013	CHECK 301 (08) KNOWS FEMALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 1015
1014	Some people use female condoms to prevent sexually transmitted diseases. If a female condom is used correctly, do you think that it protects against these diseases most of the time, only sometimes, or not at all?	MOST OF THE TIME 1 SOMETIMES 2 NOT AT ALL 3 DON'T KNOW/UNSURE 8	
1015	Now I would like to ask some questions about medical care for yourself. Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not? Getting permission to go. Getting money needed for treatment. The distance to the health facility. Having to take transport. Not wanting to go alone. Concern that there may not be a female health provider. Concern that there may not be any health provider. Concern that there may not be drugs available.	BIG NOT A BIG PROB- PROB- LEM 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 HEALTH PROVIDER . 1 2 NO DRUGS AVAILABLE . 1 2	
1016	Do you have medical aid?	YES 1 NO 2	→ 1018
1017	What type of medical aid do you have?	PRIVATELY PURCHASED BY INDIVIDUAL 1 THROUGH EMPLOYER ONLY 2 PARTIALLY THROUGH EMPLOYER . 3 NONE 4 OTHER _____ 6 (SPECIFY) DON'T KNOW/UNSURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1018	<p>Now I would like to ask you some questions about any injections you have had in the last six months. Have you had an injection for any reason in the last six months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 94, OR DAILY FOR 3 MONTHS OR MORE, RECORD '95'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE 00 → 1022</p>	
1019	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 94, OR DAILY FOR 3 MONTHS OR MORE, RECORD '95'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE 00 → 1022</p>	
1020	<p>The last time you had an injection given to you by a health worker, where did you go to get the injection?</p>	<p>PUBLIC SECTOR</p> <p>CENTRAL HOSPITAL 11</p> <p>PROVINCIAL HOSPITAL 12</p> <p>DISTRICT/RURAL HOSPITAL 13</p> <p>RURAL HEALTH CENTRE 14</p> <p>MUNICIPAL CLINIC 15</p> <p>OTHER PUBLIC 16</p> <p>_____ (SPECIFY)</p> <p>MISSION FACILITY 21</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 31</p> <p>NEW START CENTRE 32</p> <p>OTHER PRIVATE</p> <p>VCT CENTRE .. _____ 33</p> <p>_____ (SPECIFY)</p> <p>OTHER PRIVATE</p> <p>DOCTOR _____ 34</p> <p>_____ (SPECIFY)</p> <p>OTHER _____ 96</p> <p>_____ (SPECIFY)</p>	
1021	<p>Did the person who gave you that injection 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>	
1022	<p>Do you currently smoke cigarettes?</p>	<p>YES 1</p> <p>NO 2 → 1024</p>	
1023	<p>In the last 24 hours, how many cigarettes did you smoke?</p>	<p>CIGARETTES <input type="text"/> <input type="text"/></p>	
1024	<p>Do you currently smoke or use any other type of tobacco?</p>	<p>YES 1</p> <p>NO 2 → 1026</p>	
1025	<p>What (other) type of tobacco do you currently smoke or use?</p> <p>PROBE: Any other?</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>	
1026	<p>Now I would like to ask you some questions about tuberculosis.</p> <p>Have you ever heard of an illness called tuberculosis or TB?</p>	<p>YES 1</p> <p>NO 2 → 1101</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1027	<p>How does tuberculosis spread from one person to another?</p> <p>PROBE: Any other ways?</p> <p>RECORD ALL MENTIONED.</p>	<p>THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS ... B THROUGH TOUCHING A PERSON WITH TB C THROUGH FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
1028	<p>Can tuberculosis be cured?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	
1029	<p>If a member of your family got tuberculosis, would you want others to know about it?</p>	<p>YES 1 NO 2 DON'T KNOW/NOT SURE/ DEPENDS 8</p>	

Section 11: DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
1101	CHECK COVER PAGE OF WOMAN'S QUESTIONNAIRE. WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/> → WOMAN NOT SELECTED <input type="checkbox"/> →		GO TO 1201																												
1102	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED. PRIVACY OBTAINED 1 → ABSOLUTELY NOT POSSIBLE 2 →		1138																												
	<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. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Zimbabwe. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.</p>																														
1103	CHECK 601 AND 602: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> → FORMERLY MARRIED/LIVED WITH A MAN (READ IN PAST TENSE) <input type="checkbox"/> → NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> →		1117																												
1104	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?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) He (is/was) jealous or angry if you (talk/talked) to other men?</td> <td>JEALOUS 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) He frequently (accuses/accused) you of being unfaithful?</td> <td>ACCUSES 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) He (does/did) not permit you to meet your female friends?</td> <td>NOT MEET FRIENDS 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) He (tries/tried) to limit your contact with your family?</td> <td>NO FAMILY 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) He (insists/insisted) on knowing where you (are/were) at all times?</td> <td>WHERE YOU ARE 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) He (does/did) not trust you with any money?</td> <td>MONEY 1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) He (is/was) jealous or angry if you (talk/talked) to other men?	JEALOUS 1	2	8	b) He frequently (accuses/accused) you of being unfaithful?	ACCUSES 1	2	8	c) He (does/did) not permit you to meet your female friends?	NOT MEET FRIENDS 1	2	8	d) He (tries/tried) to limit your contact with your family?	NO FAMILY 1	2	8	e) He (insists/insisted) on knowing where you (are/were) at all times?	WHERE YOU ARE 1	2	8	f) He (does/did) not trust you with any money?	MONEY 1	2	8	
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1105	A (Does/did) your (last) husband/partner ever:	<table border="0"> <thead> <tr> <th></th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT AT ALL</th> </tr> </thead> <tbody> <tr> <td>a) say or do something to humiliate you in front of others?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2 3</td> </tr> <tr> <td>b) threaten to hurt or harm you or someone close to you?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2 3</td> </tr> <tr> <td>c) insult you or make you feel bad about yourself?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2 3</td> </tr> </tbody> </table>		OFTEN	SOME-TIMES	NOT AT ALL	a) say or do something to humiliate you in front of others?	YES 1 → NO 2 ↓	1	2 3	b) threaten to hurt or harm you or someone close to you?	YES 1 → NO 2 ↓	1	2 3	c) insult you or make you feel bad about yourself?	YES 1 → NO 2 ↓	1	2 3	<p>CHECK 601: ASK ONLY IF RESPONDENT IS CURRENTLY MARRIED/LIVING WITH A MAN, SEPERATED, OR DIVORCED. EXCLUDE WIDOWED WOMEN.</p> <p>How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>												
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1106A	(Does/did) your (last) husband/partner ever do any of the following things to you: a) push you, shake you, throw something at you, or twist your arm or pull your hair? b) slap you? c) punch you with his fist or with something that could hurt you, kick you, drag you, or beat you up? d) try to choke you or burn you on purpose? e) threaten you with a knife, gun, or any other weapon? f) attack you with a knife, gun, or any other weapon? g) physically force you to have sexual intercourse with him? h) force you to perform any other sexual acts?	1106B CHECK 601: ASK ONLY IF RESPONDENT IS CURRENTLY MARRIED/LIVING WITH A MAN SEPERATED, OR DIVORCED. EXCLUDE WIDOWED WOMEN. How often did this happen during the last 12 months: often, only sometimes, or not at all? OFTEN SOME-TIMES NOT AT ALL 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 ↓	
1107	CHECK 1106A (a-h): AT LEAST ONE 'YES' <input type="checkbox"/> ALL ANSWERS ARE 'NO' <input type="checkbox"/>		1114A
1108	How long after you first got married to/started living with your (last) husband/partner did this (any of these things) first happen to you? IF LESS THAN ONE YEAR, RECORD '00'.	NUMBER OF YEARS <input type="text"/> <input type="text"/> BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95	→ 1110
1109	How long before you got married to/started living with your (last) husband/partner did this (any of these things) first happen to you?	WEEKS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> DON'T KNOW 98	
1110	Does (did) your husband/partner drink alcohol or use other intoxicating substances?	YES 1 NO 2	→ 1113
1111	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3	
1112	When he has (had) been drinking or using other intoxicating substances, how often do (did) these things happen to you?	OFTEN 1 SOMETIMES 2 NEVER 3	
1113	Did the following ever happen as a result of what your (last) husband/partner did to you: a) You had cuts, bruises or aches? b) You had eye injuries, sprains, dislocations, or burns? c) You had deep wounds, broken bones, broken teeth, or any other serious injury? d) You were late or unable to go to work?	YES 1 NO 2 YES 1 NO 2 YES 1 NO 2 YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																													
1114A	Have you ever done any of the following to your husband/partner at times when he was not already emotionally or physically hurting you?	1114B CHECK 601: ASK ONLY IF RESPONDENT IS CURRENTLY MARRIED/LIVING WITH A MAN SEPERATED, OR DIVORCED. EXCLUDE WIDOWED WOMEN. How often did this happen during the last 12 months: often, only sometimes, or not at all? <table border="0"> <tr> <td></td> <td></td> <td>SOME-TIMES</td> <td>OFTEN</td> <td>NOT AT ALL</td> </tr> <tr> <td>a) say or do something to humiliate him in front of others?</td> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td></td> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b) threaten to hurt or harm him or someone close to him?</td> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td></td> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c) insult him or make him feel bad about himself?</td> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td></td> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>d) hit, slapped, kicked, or done anything else to physically hurt him?</td> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td></td> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> </table>			SOME-TIMES	OFTEN	NOT AT ALL	a) say or do something to humiliate him in front of others?	YES 1 →	1	2	3		NO 2 ↓				b) threaten to hurt or harm him or someone close to him?	YES 1 →	1	2	3		NO 2 ↓				c) insult him or make him feel bad about himself?	YES 1 →	1	2	3		NO 2 ↓				d) hit, slapped, kicked, or done anything else to physically hurt him?	YES 1 →	1	2	3		NO 2 ↓				
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1115	CHECK 1114A a, b, c and d: AT LEAST ONE 'YES' FOR ANY OF a, b, c, or d <input type="checkbox"/> ALL ANSWERS ARE 'NO' FOR EACH OF a, b, c, and d <input type="checkbox"/>		1117																																													
1116	Have you done any of these things to your husband/partner in the last 12 months?	YES 1 NO 2																																														
1117	CHECK 601 AND 602: <table border="0"> <tr> <td>EVER MARRIED/LIVED WITH A MAN</td> <td>NEVER MARRIED/ NEVER LIVED WITH A MAN</td> </tr> <tr> <td>From the time you were 15 years old has anyone other than your (current/last) husband/partner ever:</td> <td>From the time you were 15 years old has anyone ever:</td> </tr> </table> 1117a. slapped, hit, kicked, or done anything to physically hurt you? 1117b. insulted, humiliated, or done anything to emotionally hurt you?	EVER MARRIED/LIVED WITH A MAN	NEVER MARRIED/ NEVER LIVED WITH A MAN	From the time you were 15 years old has anyone other than your (current/last) husband/partner ever:	From the time you were 15 years old has anyone ever:	<table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td>REFUSED TO ANSWER/ NO ANSWER</td> <td>3</td> </tr> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td>REFUSED TO ANSWER/ NO ANSWER</td> <td>3</td> </tr> </table>	YES	1	NO	2	REFUSED TO ANSWER/ NO ANSWER	3	YES	1	NO	2	REFUSED TO ANSWER/ NO ANSWER	3	1117b 1120A																													
EVER MARRIED/LIVED WITH A MAN	NEVER MARRIED/ NEVER LIVED WITH A MAN																																															
From the time you were 15 years old has anyone other than your (current/last) husband/partner ever:	From the time you were 15 years old has anyone ever:																																															
YES	1																																															
NO	2																																															
REFUSED TO ANSWER/ NO ANSWER	3																																															
YES	1																																															
NO	2																																															
REFUSED TO ANSWER/ NO ANSWER	3																																															
1118	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	<table border="0"> <tr><td>MOTHER/STEP-MOTHER</td><td>A</td></tr> <tr><td>FATHER/STEP-FATHER</td><td>B</td></tr> <tr><td>SISTER/BROTHER</td><td>C</td></tr> <tr><td>DAUGHTER/SON</td><td>D</td></tr> <tr><td>OTHER RELATIVE</td><td>E</td></tr> <tr><td>FORMER HUSBAND/PARTNER ..</td><td>F</td></tr> <tr><td>CURRENT BOYFRIEND</td><td>G</td></tr> <tr><td>FORMER BOYFRIEND</td><td>H</td></tr> <tr><td>MOTHER-IN-LAW</td><td>I</td></tr> <tr><td>FATHER-IN-LAW</td><td>J</td></tr> <tr><td>OTHER IN-LAW</td><td>K</td></tr> <tr><td>TEACHER</td><td>L</td></tr> <tr><td>EMPLOYER/SOMEONE AT WORK .</td><td>M</td></tr> <tr><td>POLICE/SOLDIER</td><td>N</td></tr> <tr><td>OTHER _____</td><td>X</td></tr> <tr><td>(SPECIFY)</td><td></td></tr> </table>	MOTHER/STEP-MOTHER	A	FATHER/STEP-FATHER	B	SISTER/BROTHER	C	DAUGHTER/SON	D	OTHER RELATIVE	E	FORMER HUSBAND/PARTNER ..	F	CURRENT BOYFRIEND	G	FORMER BOYFRIEND	H	MOTHER-IN-LAW	I	FATHER-IN-LAW	J	OTHER IN-LAW	K	TEACHER	L	EMPLOYER/SOMEONE AT WORK .	M	POLICE/SOLDIER	N	OTHER _____	X	(SPECIFY)															
MOTHER/STEP-MOTHER	A																																															
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EMPLOYER/SOMEONE AT WORK .	M																																															
POLICE/SOLDIER	N																																															
OTHER _____	X																																															
(SPECIFY)																																																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1120A	CHECK 201, 226 and 229: EVER BEEN PREGNANT/GIVEN BIRTH YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 1123
1121	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	→ 1123
1122	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER A MOTHER/STEP-MOTHER B FATHER/STEP-FATHER C SISTER/BROTHER D DAUGHTER/SON E OTHER RELATIVE F FORMER HUSBAND/PARTNER G CURRENT BOYFRIEND H FORMER BOYFRIEND I MOTHER-IN-LAW J FATHER-IN-LAW K OTHER IN-LAW L TEACHER M EMPLOYER/SOMEONE AT WORK N POLICE/SOLDIER O OTHER _____ X (SPECIFY)	
1123	CHECK 620: EVER HAD SEX? HAS EVER HAD SEX <input type="checkbox"/> NEVER HAD SEX <input type="checkbox"/>		→ 1128
1124	The first time you had sexual intercourse, would you say that you had it because you wanted to, or because you were forced to have it against your will?	WANTED TO 1 FORCED TO 2 REFUSED TO ANSWER/ NO RESPONSE 3	
1125	CHECK 601 AND 602: EVER MARRIED/LIVED WITH A MAN In the last 12 months, has anyone other than your (current/last) husband/partner forced you to have sexual intercourse against your will? NEVER MARRIED/ NEVER LIVED WITH A MAN In the last 12 months has anyone forced you to have sexual intercourse against your will?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	
1126	CHECK 1124 AND 1125: 1124 = '1' OR '3' <input type="checkbox"/> OTHER <input type="checkbox"/> AND 1125 = '2' OR '3'		→ 1129
1127	CHECK 1106A(g) and 1106A(h): 1106A(g) IS NOT '1' <input type="checkbox"/> OTHER <input type="checkbox"/> AND 1106A(h) IS NOT '1'		→ 1131
1128	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?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1131
1129	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
1130	Who was the person who forced you at that time?	CURRENT HUSBAND/PARTNER . 01 FORMER HUSBAND/PARTNER . . 02 CURRENT/FORMER BOYFRIEND . . 03 FATHER 04 STEP FATHER 05 OTHER RELATIVE 06 IN-LAW 07 OWN FRIEND/ACQUAINTANCE . . 08 FAMILY FRIEND 09 TEACHER 10 EMPLOYER/SOMEONE AT WORK . . 13 POLICE/SOLDIER 11 PRIEST/RELIGIOUS LEADER 12 STRANGER 14 OTHER _____ . 96 (SPECIFY)	
1131	CHECK1106A (a-h), 1117a-b, 1125 AND 1128: AT LEAST ONE <input type="checkbox"/> 'YES' NOT A SINGLE <input type="checkbox"/> 'YES' →		1136
1132	Have you ever tried to seek help to stop (the/these) person(s) from doing this to you again?	YES 1 NO 2	→ 1134
1133	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY A HUSBAND/PARTNER'S FAMILY B CURRENT/LAST/LATE HUSBAND/PARTNER C CURRENT/FORMER BOYFRIEND D FRIEND E NEIGHBOR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION . . . K OTHER _____ X (SPECIFY)	→ 1136
1134	What is the main reason you did not seek help?	DON'T KNOW WHO TO GO TO 01 NO USE/FATALISTIC 02 PART OF LIFE 03 AFRAID OF DIVORCE/DESERTION . . 04 AFRAID OF FURTHER ABUSE 05 AFRAID OF GETTING PERSON ABUSING HER IN TROUBLE 06 EMBARASSED 07 DON'T WANT TO DISGRACE FAMILY . 08 OTHER _____ 96 (SPECIFY)	
1135	Have you ever told any one else about this?	YES 1 NO 2	
1136	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.

1137	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="1"> <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															
1138	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE	<hr/> <hr/> <hr/>																

SECTION 12. MATERNAL AND ADULT MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1201	<p>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.</p> <p>How many children did your mother give birth to, including you?</p>	NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/> <input type="text"/>						
1202	<p>CHECK 1201:</p> <p>TWO OR MORE BIRTHS <input type="checkbox"/></p> <p>ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/></p>							1214
1203	<p>How many of these births did your mother have before you were born?</p>	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>						
1204	<p>What was the name given to your oldest (next oldest) brother or sister?</p>	(1)	(2)	(3)	(4)	(5)	(6)	
1205	<p>Is (NAME) male or female?</p>	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1206	<p>Is (NAME) still alive?</p>	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (2)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (3)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (4)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (5)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (6)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (7)) ←	
1207	<p>How old is (NAME)?</p>	<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)	
1208	<p>How many years ago did (NAME) die?</p>	<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"/>	
1209	<p>How old was (NAME) when he/she died?</p>	<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)	
1210	<p>Was (NAME) pregnant when she died?</p>	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	
1211	<p>Did (NAME) die during childbirth?</p>	YES ... 1 (GO TO 1214) ← NO ... 2	YES ... 1 (GO TO 1214) ← NO ... 2	YES ... 1 (GO TO 1214) ← NO ... 2	YES ... 1 (GO TO 1214) ← NO ... 2	YES ... 1 (GO TO 1214) ← NO ... 2	YES ... 1 (GO TO 1214) ← NO ... 2	
1212	<p>Did (NAME) die within two months after the end of a pregnancy or childbirth?</p>	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
1213	<p>Was (NAME)'S death due to an accident or violence?</p>	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
<p>IF NO MORE BROTHERS OR SISTERS, GO TO 1214.</p>								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
1204	What was the name given to your oldest (next oldest) brother or sister?	(7)	(8)	(9)	(10)	(11)	(12)
1205	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
1206	Is (NAME) still alive?	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (8)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (9)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (10)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (11)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (12)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (13)) ←
1207	How old is (NAME)?	<input type="text"/> GO TO (8)	<input type="text"/> GO TO (9)	<input type="text"/> GO TO (10)	<input type="text"/> GO TO (11)	<input type="text"/> GO TO (12)	<input type="text"/> GO TO (13)
1208	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"/>
1209	How old was (NAME) when he/she died?	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
1210	Was (NAME) pregnant when she died?	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2
1211	Did (NAME) die during childbirth?	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2
1212	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
1213	Was (NAME)'S death due to an accident or violence?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2
IF NO MORE BROTHERS OR SISTERS, GO TO 1214.							
1214	RECORD THE TIME.	HOURS <input type="text"/>					MINUTES: <input type="text"/>

SECTION 13. ANTHROPOMETRY, ANAEMIA AND HIV TESTING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
ANTHROPOMETRY			
1301	RECORD WEIGHT IN KILOGRAMS.	WEIGHT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
1302	RECORD HEIGHT IN CENTIMETERS.	HEIGHT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
1303	RECORD RESULT FOR ANTHROPOMETRIC MEASUREMENT. (SPECIFY)	MEASURED 1 REFUSED 2 ABSENT 3 OTHER 6	
CONSENT FOR ANAEMIA AND HIV TESTS FOR NEVER-MARRIED YOUTH AGE 15-17			
ASK CONSENT FOR THE ANEMIA AND HIV TESTS. FOR NEVER-IN-UNION RESPONDENTS AGE 15-17, YOU MUST FIRST OBTAIN THE CONSENT OF A PARENT OR OTHER ADULT RESPONSIBLE FOR THE YOUTH AT THE TIME OF YOUR VISIT.			
1304	CHECK 106: AGE AGE 15-17 <input type="checkbox"/> AGE 18-49 <input type="checkbox"/> → 1310		
1305	CHECK 601 AND 602: RESPONDENT NEVER EVER-MARRIED AND NEVER LIVED TOGETHER WITH A MAN CODE 3 IN BOTH QUESTIONS 601 AND 602 <input type="checkbox"/> CODE 1 OR CODE 2 IN QUESTION 601 OR IN QUESTION 602 <input type="checkbox"/> → 1310		
1306	CHECK HOUSEHOLD SCHEDULE (COLUMN 1) AND RECORD LINE NUMBER OF THE PARENT OR OTHER ADULT FROM WHOM CONSENT WILL BE REQUESTED. IF PARENT OR OTHER RESPONSIBLE ADULT IS NOT IN A HOUSEHOLD MEMBER, WRITE "00"	LINE NUMBER OF PARENT/OTHER ADULT <input type="text"/> <input type="text"/>	
1307	READ THE ANAEMIA CONSENT STATEMENT TO THE PARENT OR ADULT RESPONSIBLE FOR THE CHILD. As part of this survey, we are trying to find out more about anaemia, that is, low blood levels, in men, women, and children. To know more about this problem in Zimbabwe, we are asking people in this survey all over the country to take a test. For the test, I will take a few drops of blood from (NAME OF ADOLESCENT'S) finger. The test uses clean and completely safe equipment that is used only once and then thrown away. The blood will be tested with new equipment. The result will be given to (NAME) right after the test is done. We will not tell anyone else the results of the test. Do you have any questions? You can say yes or you can say no; it is up to you. If you say yes, it will help the country to develop programs to fight the problem of anaemia. Do you agree that (NAME) may give blood for the anaemia test? CIRCLE CODE AND SIGN. FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE.	CONSENT OF PARENT/OTHER ADULT FOR ANEMIA TEST CONSENTED 1 SIGN REFUSED 2 PARENT/ADULT NOT PRESENT . 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1308	<p>READ THE HIV CONSENT STATEMENT TO THE PARENT OR ADULT RESPONSIBLE FOR THE CHILD.</p> <p>We are also asking people in this survey to help us find out how big the HIV problem is in Zimbabwe. We would like (NAME OF ADOLESCENT) to take part in the HIV test by allowing us to collect a few more drops of blood from her finger.</p> <p>This blood will be tested later in the laboratory. We will not keep any name with the blood. Because there will be no name with the blood when it is tested, we will not be able to give (NAME) the result of the test and no one will be able to trace the test back to (NAME).</p> <p>If (NAME) wants to know her HIV status, I can tell (NAME) where to go to get tested for HIV.</p> <p>Do you have any questions?</p> <p>You can say yes or you can say no; it is up to you. If you say yes, it will help the country to develop programs to fight the problem of HIV and AIDS.</p> <p>Do you agree that (NAME) may give blood for the HIV test? CIRCLE CODE AND SIGN. FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE.</p>	<p>CONSENT OF PARENT/OTHER ADULT FOR HIV TEST</p> <p>CONSENT _____ . . . 1 SIGN</p> <p>REFUSED 2</p> <p>PARENT/ADULT NOT PRESENT . . 8</p>	<p>1310</p>

1309	<p>READ THE BLOOD STORAGE CONSENT STATEMENT TO THE PARENT OR ADULT RESPONSIBLE FOR THE CHILD.</p> <p>Some of the blood that (NAME) gives may be left after the HIV test. We would like to keep that blood at the laboratory to use for other tests later on.</p> <p>Again, you can say yes or you can say no; it is up to you. If you say yes, it may help the country later to develop programs to fight HIV/AIDS and other health problems.</p> <p>Will you agree that we do other tests on (NAME'S) blood later? CIRCLE CODE AND SIGN</p> <p>FURTHER DISCUSS STORAGE PROCESS TO PUT RESPONDENT AT EASE.</p>	<p>CONSENT OF PARENT/OTHER ADULT FOR STORAGE OF BLOOD</p> <p>CONSENT _____ . . . 1 SIGN</p> <p>REFUSED 2</p>	
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RESPONDENT CONSENT FOR ANAEMIA AND HIV TESTS			
ASK CONSENT FOR THE ANEMIA AND HIV TESTS FROM RESPONDENT. FOR NEVER-IN-UNION RESPONDENTS AGE 15-17, ASK FOR CONSENT ONLY IF PARENT OR OTHER ADULT RESPONSIBLE FOR THE YOUTH AT THE TIME OF YOUR VISIT HAS GRANTED CONSENT OR THE PARENT OR OTHER ADULT WAS NOT PRESENT.			
1310	CHECK 1304 AND 1305: RESPONDENT'S AGE AND UNION STATUS		
	<p>AGE 15-17 AND NEVER-IN-UNION <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>		1312
1311	CHECK 1307: PARENTAL/ADULT CONSENT FOR ANEMIA TEST		
	<p>CONSENT FOR ANAEMIA TEST OBTAINED FROM PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT <input type="checkbox"/></p> <p>PARENT/OTHER ADULT NOT PRESENT <input type="checkbox"/></p> <p>PARENT/OTHER ADULT REFUSED <input type="checkbox"/></p>		1313

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1312	<p>READ THE ANAEMIA CONSENT STATEMENT TO THE RESPONDENT.</p> <p>As part of this survey, we are trying to find out more about anaemia, that is, low blood levels, in men, women, and children.</p> <p>To know more about this problem in Zimbabwe, we are asking people in this survey all over the country to take a test. For the test, I will take a few drops of blood from your finger.</p> <p>The test uses clean and completely safe equipment that is used only once and then thrown away. The blood will be tested with new equipment. The result will be given to you right after the test is done. We will not tell anyone else the results of the test.</p> <p>Do you have any questions?</p> <p>You can say yes or you can say no; it is up to you. If you say yes, it will help the country to develop programs to fight the problem of anaemia.</p> <p>Do you agree to give blood for the anaemia test? CIRCLE CODE AND SIGN. FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE. CIRCLE CODE AND SIGN.</p> <p>FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE.</p>	<p>CONSENT _____ . . . 1 (SIGN)</p> <p>REFUSED 2</p>	
1313	<p>CHECK 1304 AND 1305: RESPONDENT'S AGE AND UNION STATUS</p> <p>AGE 15-17 AND NEVER-IN-UNION <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/> → 1315</p>		
1314	<p>CHECK 1308: PARENTAL/ADULT CONSENT FOR HIV TEST</p> <p>CONSENT FOR HIV TEST OBTAINED FROM PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT <input type="checkbox"/></p> <p>PARENT/OTHER ADULT NOT PRESENT <input type="checkbox"/></p> <p>PARENT/OTHER ADULT REFUSED <input type="checkbox"/> → 1317</p>		
1315	<p>READ THE HIV CONSENT STATEMENT TO THE RESPONDENT.</p> <p>We are also asking people in this survey to help us find out how big the HIV problem is in Zimbabwe. We would like you to take part in the HIV test by allowing us to collect a few more drops of blood from your finger.</p> <p>This blood will be tested later in the laboratory. We will not keep any name with the blood. Because there will be no name with the blood when it is tested, we will not be able to give you the result of the test and no one will be able to trace the test back to you.</p> <p>If you want to know your HIV status, I can tell you where to go to get tested for HIV.</p> <p>Do you have any questions?</p> <p>You can say yes or you can say no; it is up to you. If you say yes, it will help the country to develop programs to fight the problem of HIV and AIDS.</p> <p>Do you agree to give blood for the HIV test? CIRCLE CODE AND SIGN. FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE. CIRCLE CODE AND SIGN.</p> <p>FURTHER DISCUSS HIV TESTING PROCESS TO PUT RESPONDENT AT EASE.</p>	<p>CONSENT _____ . . . 1 (SIGN)</p> <p>REFUSED 2 → 1317</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1316	<p>READ THE BLOOD STORAGE CONSENT STATEMENT TO THE RESPONDENT.</p> <p>Some of the blood that you give may be left after the HIV test. We would like to keep that blood at the laboratory to use for other tests later on.</p> <p>Again, you can say yes or you can say no; it is up to you. If you say yes, it may help the country later to develop programs to fight HIV/AIDS and other health problems.</p> <p>Will you agree that we do other tests on your blood later? CIRCLE CODE AND SIGN</p> <p>FURTHER DISCUSS STORAGE PROCESS TO PUT RESPONDENT AT EASE.</p>	<p>CONSENT _____ . . . 1 (SIGN)</p> <p>REFUSED 2</p>	
1317	<p>May I provide you with an informational brochure about voluntary HIV testing from the nearest facility offering VCT? PROVIDE BROCHURE TO ALL RESPONDENTS WHO WANT IT.</p>	<p>ACCEPTED 1</p> <p>REFUSED 2</p>	
1318	<p>CHECK 1307, 1308, 1312 AND 1315 AND INDICATE THE TESTS FOR WHICH CONSENT HAS BEEN GRANTED.</p> <p>IF BOTH REFUSED, COMPLETE QUESTIONS 1320 AND 1322.</p>	<p>CONSENTED TO BOTH 1</p> <p>ANAEMIA TEST ONLY 2</p> <p>HIV TEST ONLY 3</p> <p>BOTH REFUSED 4</p>	
1319	<p>FOR ALL RESPONDENTS WHERE CONSENT WAS OBTAINED, FOLLOW INSTRUCTIONS FOR PASTING THE BAR CODE LABELS AND TAKING THE DBS SPECIMEN.</p>	<p>PASTE FIRST LABEL HERE</p> <div data-bbox="862 953 1289 1125" style="border: 1px solid black; height: 80px; margin: 10px 0;"></div> <p>PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD TRANSMITTAL FORM.</p>	
1320	<p>OUTCOME OF HIV TEST</p>	<p>BLOOD SPECIMEN COLLECTED 1</p> <p>REFUSED 2</p> <p>ABSENT 3</p> <p>TECHNICAL PROBLEM 4</p> <p>OTHER _____ 6 (SPECIFY)</p>	
1321	<p>RECORD HEMOGLOBIN LEVEL</p>	<p>G/DL <input type="text"/> <input type="text"/> . <input type="text"/></p>	
1322	<p>OUTCOME OF ANAEMIA TEST</p>	<p>BLOOD SPECIMEN COLLECTED 1</p> <p>REFUSED 2</p> <p>ABSENT 3</p> <p>TECHNICAL PROBLEM 4</p> <p>OTHER _____ 6 (SPECIFY)</p>	<p>→ 1326</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1323	CHECK 226 RECORD IF RESPONDENT IS CURRENTLY PREGNANT OR OR NOT.	WOMAN PREGNANT 1 WOMAN NOT PREGNANT/ NOT SURE 2	
1324	<p data-bbox="272 239 1206 285">CHECK 1321: THE CUTOFF POINT IS 9 G/DL FOR PREGNANT WOMEN AND 7 G/DL FOR WOMEN WHO ARE NOT PREGNANT (OR WHO DON'T KNOW IF THEY ARE PREGNANT).</p> <div style="display: flex; justify-content: space-between;"> <div data-bbox="272 300 714 441"> <p data-bbox="310 300 552 346">HEMOGLOBIN LEVEL BELOW THE CUTOFF POINT</p> <div style="text-align: center;"> <input data-bbox="592 310 625 342" type="checkbox"/> ↓ </div> <p data-bbox="272 369 714 441">GIVE EACH WOMAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND CONTINUE WITH 1325.</p> </div> <div data-bbox="803 300 1247 441"> <p data-bbox="938 300 1180 369">HEMOGLOBIN LEVEL AT OR ABOVE CUTOFF</p> <div style="text-align: center;"> <input data-bbox="1125 310 1157 342" type="checkbox"/> ↓ </div> <p data-bbox="803 369 1247 441">GIVE EACH WOMAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND PROCEED TO 1326.</p> </div> </div>		
1325	<p data-bbox="272 470 1206 539">We detected a low level of hemoglobin in your blood. This indicates that you have developed severe anaemia, which is a serious health problem. We would like to inform the clinic at _____ about your condition. This will assist you in obtain help.</p> <p data-bbox="272 588 919 634">AGREES TO REFERRAL? YES 1 NO 2</p>		
1326	THANK THE RESPONDENT.		

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:

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

INFORMATION TO BE CODED FOR EACH COLUMN

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS
- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 PILL
- 4 IUD
- 5 INJECTION
- 6 IMPLANT
- 7 MALE CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM/JELLY
- K LACTATIONAL AMEN. METHOD
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER _____
(SPECIFY)

COL. 2: SOURCE OF CONTRACEPTION

- 1 GOVT. HOSPITAL/CLINIC
- 2 RURAL/MUNICIPAL CLINIC
- 3 RURAL HEALTH CENTRE
- 4 ZNFPC CLINIC
- 5 MOH MOBILE CLINIC
- 6 ZNFPC CBD/DEPOT HOLDER
- 7 OTHER PUBLIC _____
(SPECIFY)
- 8 MISSION FACILITY
- A PRIVATE HOSPITAL/CLINIC
- B PHARMACY
- C PRIVATE DOCTOR
- D GENERAL DEALER
- E SUPERMARKET
- F TUCK SHOP
- G SERVICE STATION
- H OTHER RETAIL _____
(SPECIFY)
- J OTHER PRIVATE
MEDICAL _____
(SPECIFY)
- K CHURCH
- L FRIEND/RELATIVE
- X OTHER _____
(SPECIFY)

COL. 3: DISCONTINUATION OF CONTRACEPTIVE USE

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

COL. 4: MARRIAGE/UNION

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

			1	2	3	4				
2	04	APR	01					01	APR	2
0	03	MAR	02					02	MAR	0
0	02	FEB	03					03	FEB	0
6	01	JAN	04					04	JAN	6
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12	DEC	05						05	DEC	
11	NOV	06						06	NOV	
10	OCT	07						07	OCT	
09	SEP	08						08	SEP	
2	08	AUG	09					09	AUG	2
0	07	JUL	10					10	JUL	0
0	06	JUN	11					11	JUN	0
5	05	MAY	12					12	MAY	5
04	APR	13						13	APR	
03	MAR	14						14	MAR	
02	FEB	15						15	FEB	
01	JAN	16						16	JAN	
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12	DEC	17						17	DEC	
11	NOV	18						18	NOV	
10	OCT	19						19	OCT	
09	SEP	20						20	SEP	
2	08	AUG	21					21	AUG	2
0	07	JUL	22					22	JUL	0
0	06	JUN	23					23	JUN	0
4	05	MAY	24					24	MAY	4
04	APR	25						25	APR	
03	MAR	26						26	MAR	
02	FEB	27						27	FEB	
01	JAN	28						28	JAN	
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12	DEC	29						29	DEC	
11	NOV	30						30	NOV	
10	OCT	31						31	OCT	
09	SEP	32						32	SEP	
2	08	AUG	33					33	AUG	2
0	07	JUL	34					34	JUL	0
0	06	JUN	35					35	JUN	0
3	05	MAY	36					36	MAY	3
04	APR	37						37	APR	
03	MAR	38						38	MAR	
02	FEB	39						39	FEB	
01	JAN	40						40	JAN	
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12	DEC	41						41	DEC	
11	NOV	42						42	NOV	
10	OCT	43						43	OCT	
09	SEP	44						44	SEP	
2	08	AUG	45					45	AUG	2
0	07	JUL	46					46	JUL	0
0	06	JUN	47					47	JUN	0
2	05	MAY	48					48	MAY	2
04	APR	49						49	APR	
03	MAR	50						50	MAR	
02	FEB	51						51	FEB	
01	JAN	52						52	JAN	
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12	DEC	53						53	DEC	
11	NOV	54						54	NOV	
10	OCT	55						55	OCT	
09	SEP	56						56	SEP	
2	08	AUG	57					57	AUG	2
0	07	JUL	58					58	JUL	0
0	06	JUN	59					59	JUN	0
1	05	MAY	60					60	MAY	1
04	APR	61						61	APR	
03	MAR	62						62	MAR	
02	FEB	63						63	FEB	
01	JAN	64						64	JAN	
<hr/>										
12	DEC	65						65	DEC	
11	NOV	66						66	NOV	
10	OCT	67						67	OCT	
09	SEP	68						68	SEP	
2	08	AUG	69					69	AUG	2
0	07	JUL	70					70	JUL	0
0	06	JUN	71					71	JUN	0
0	05	MAY	72					72	MAY	0
04	APR	73						73	APR	
03	MAR	74						74	MAR	
02	FEB	75						75	FEB	
01	JAN	76						76	JAN	

