



DEMOGRAPHIC AND HEALTH SURVEYS
WOMAN'S QUESTIONNAIRE
Zimbabwe
ZIMSTAT

FORMATTING DATE: 12 June 2015



IDENTIFICATION

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER

| | | |
|--|--|--|
| | | |
| | | |

HOUSEHOLD NUMBER

| | | |
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| | | |

NAME AND LINE NUMBER OF WOMAN _____

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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> | | | | | | |
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| 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> | | | | | | |
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| RESULT* | _____ | _____ | _____ | YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table> | | | | | | |
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| NEXT VISIT: DATE | _____ | _____ | | INT. NO. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table> | | | | | | |
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| TIME | _____ | _____ | | RESULT* <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr></table> | | | | | | |
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| | | | | | | | | | | |
| | | | | TOTAL NUMBER OF VISITS <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**

| | |
|---|---|
| 0 | 1 |
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 LANGUAGE OF INTERVIEW**

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 TRANSLATOR USED (YES = 1, NO = 2)

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LANGUAGE OF QUESTIONNAIRE** **ENGLISH** **LANGUAGE CODES:
 01 ENGLISH 03 SHONA
 02 NDEBELE

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|--|--|--|--|---|--|--|--|--|--|--|
| SUPERVISOR _____ NAME <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> NUMBER | | | | OFFICE EDITOR _____ NAME <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> NUMBER | | | | KEYED BY _____ NAME <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> NUMBER | | |
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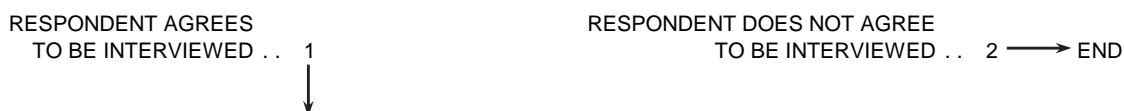
INTRODUCTION AND CONSENT

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

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

Do you have any questions?
Do you agree to participate in the survey? May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____



| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|-------|
| 101 | RECORD THE TIME. | HOURS <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 CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS. | YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96 | → 105 |
| 103 | Just before you moved here, did you live in an urban or rural area? | URBAN AREA 1 RURAL AREA 2 | |
| 104 | Before you moved here, which province did you live in? | BULAWAYO 00 HARARE 09 MANICALAND 01 MASHONALAND CENTRAL 02 MASHONALAND EAST 03 MASVINGO 08 MASHONALAND WEST 04 MATABELELAND NORTH 05 MATABELELAND SOUTH 06 MIDLANDS 07 OUTSIDE OF ZIMBABWE 96 | |
| 105 | In what month and year were you born? | MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998 | |
| 106 | How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT. | AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> | |
| 107 | Have you ever attended school? | YES 1 NO 2 | → 111 |

SECTION 1. RESPONDENT'S BACKGROUND

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|-------|
| 108 | What is the highest level of school you attended: primary, secondary, or higher? | PRIMARY 1 SECONDARY 2 HIGHER 3 | |
| 109 | What is the highest [GRADE/FORM/YEAR] you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'. | [GRADE/FORM/YEAR] <input type="text"/> <input type="text"/> | |
| 110 | CHECK 108: PRIMARY OR <input type="checkbox"/> SECONDARY ↓ | HIGHER <input type="checkbox"/> → 113 | |
| 111 | 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 PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5 | |
| 112 | CHECK 111: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED ↓ | CODE '1' OR '5' <input type="checkbox"/> → 114 | |
| 113 | Do you read a newspaper or magazine at least once a week, less than once a week or not at all? | AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3 | |
| 114 | Do you listen to the radio at least once a week, less than once a week or not at all? | AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3 | |
| 115 | Do you watch television at least once a week, less than once a week or not at all? | AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3 | |
| 116 | Do you own a mobile telephone? | YES 1 NO 2 | → 118 |
| 117 | Do you use your mobile phone for any financial transactions? | YES 1 NO 2 | |
| 118 | Do you have an account in a bank or other financial institution that you yourself use? | YES 1 NO 2 | |
| 119 | Have you ever used the internet? | YES 1 NO 2 | → 122 |
| 120 | In the last 12 months, have you used the internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE. | YES 1 NO 2 | → 122 |
| 121 | During the last one month, how often did you use the internet: 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 | |

SECTION 1. RESPONDENT'S BACKGROUND

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|-------|
| 122 | What is your religion? | TRADITIONAL 1 ROMAN CATHOLIC 2 PROTESTANT 3 PENTECOSTAL 4 APOSTOLIC SECT 5 OTHER CHRISTIAN 6 MUSLIM 7 NONE 8 OTHER 96 (SPECIFY) | |
| 124 | In the last 12 months, how many times have you been away from home for one or more nights? | NUMBER OF TIMES <input type="text"/> <input type="text"/> NONE 00 | → 201 |
| 125 | In the last 12 months, have you been away from home for more than one month at a time? | YES 1 NO 2 | |

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 | a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'. | a) SONS AT HOME <table border="1" data-bbox="1209 344 1348 405"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS AT HOME <table border="1" data-bbox="1209 405 1348 465"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | | | | | | |
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| 204 | Do you have any sons or daughters to whom you have given birth who are alive but do not live with you? | YES 1 NO 2 | → 206 | | | | | | | | |
| 205 | a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'. | a) SONS ELSEWHERE <table border="1" data-bbox="1209 595 1348 656"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" data-bbox="1209 656 1348 716"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | | | | | | |
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| 206 | Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time? | YES 1 NO 2 | → 208 | | | | | | | | |
| 207 | a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'. | a) BOYS DEAD <table border="1" data-bbox="1209 976 1348 1037"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) GIRLS DEAD <table border="1" data-bbox="1209 1037 1348 1097"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | | | | | | |
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| 208 | SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'. | TOTAL BIRTHS <table border="1" data-bbox="1209 1142 1348 1202"><tr><td> </td><td> </td></tr></table> | | | | | | | | | |
| | | | | | | | | | | | |
| 209 | <p>CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct?</p> <p align="center"> YES <input type="checkbox"/> ↓ NO <input type="checkbox"/> ↓ PROBE AND CORRECT 201-208 AS NECESSARY. </p> | | | | | | | | | | |
| 210 | <p>CHECK 208:</p> <p align="center"> ONE OR MORE BIRTHS <input type="checkbox"/> ↓ NO BIRTHS <input type="checkbox"/> → 226 </p> | | | | | | | | | | |

SECTION 2. REPRODUCTION

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 ROWS. IF THERE ARE MORE THAN 10 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW.

| 212 | 213 | 214 | 215 | 216 | 217 | 218 | 219 | 220 | 221 |
|---|----------------------------|---------------------------------|--|--------------------------------|---|----------------------------|--|---|--|
| What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER. | Is (NAME) a boy or a girl? | Were any of these births twins? | On what day, month, and year was (NAME) born? | Is (NAME) still alive? | How old was (NAME) at (NAME)'s 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 '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. | Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth? |
| 01 | BOY 1 GIRL 2 | SING 1 MULT 2 | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES 1 NO 2 ↓ (SKIP TO | AGE IN YEARS <input type="text"/> <input type="text"/> | YES 1 NO 2 | HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH) | DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> | |
| 02 | BOY 1 GIRL 2 | SING 1 MULT 2 | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES 1 NO 2 ↓ (SKIP TO | AGE IN YEARS <input type="text"/> <input type="text"/> | YES 1 NO 2 | HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221) | DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> | YES 1 (ADD BIRTH) ↙ NO 2 (NEXT BIRTH) ↙ |
| 03 | BOY 1 GIRL 2 | SING 1 MULT 2 | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES 1 NO 2 ↓ (SKIP TO | AGE IN YEARS <input type="text"/> <input type="text"/> | YES 1 NO 2 | HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221) | DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> | YES 1 (ADD BIRTH) ↙ NO 2 (NEXT BIRTH) ↙ |
| 04 | BOY 1 GIRL 2 | SING 1 MULT 2 | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES 1 NO 2 ↓ (SKIP TO | AGE IN YEARS <input type="text"/> <input type="text"/> | YES 1 NO 2 | HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221) | DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> | YES 1 (ADD BIRTH) ↙ NO 2 (NEXT BIRTH) ↙ |
| 05 | BOY 1 GIRL 2 | SING 1 MULT 2 | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES 1 NO 2 ↓ (SKIP TO | AGE IN YEARS <input type="text"/> <input type="text"/> | YES 1 NO 2 | HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221) | DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> | YES 1 (ADD BIRTH) ↙ NO 2 (NEXT BIRTH) ↙ |

| 212 | 213 | 214 | 215 | 216 | 217 IF ALIVE: | 218 IF ALIVE: | 219 IF ALIVE: | 220 IF DEAD: | 221 |
|---|----------------------------|---------------------------------|--|--------------------------------|---|----------------------------|--|--|--|
| What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER. | Is (NAME) a boy or a girl? | Were any of these births twins? | On what day, month, and year was (NAME) born? | Is (NAME) still alive? | How old was (NAME) at (NAME)'s 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 '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? 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? |
| 06 | BOY 1 GIRL 2 | SING 1 MULT 2 | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES 1 NO 2 ↓ (SKIP TO | AGE IN YEARS <input type="text"/> <input type="text"/> | YES 1 NO 2 | HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221) | DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> | YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2 |
| 07 | BOY 1 GIRL 2 | SING 1 MULT 2 | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES 1 NO 2 ↓ (SKIP TO | AGE IN YEARS <input type="text"/> <input type="text"/> | YES 1 NO 2 | HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221) | DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> | YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2 |
| 08 | BOY 1 GIRL 2 | SING 1 MULT 2 | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES 1 NO 2 ↓ (SKIP TO | AGE IN YEARS <input type="text"/> <input type="text"/> | YES 1 NO 2 | HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221) | DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> | YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2 |
| 09 | BOY 1 GIRL 2 | SING 1 MULT 2 | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES 1 NO 2 ↓ (SKIP TO | AGE IN YEARS <input type="text"/> <input type="text"/> | YES 1 NO 2 | HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221) | DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> | YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2 |
| 10 | BOY 1 GIRL 2 | SING 1 MULT 2 | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES 1 NO 2 ↓ (SKIP TO | AGE IN YEARS <input type="text"/> <input type="text"/> | YES 1 NO 2 | HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221) | DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> | YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2 |

SECTION 2. REPRODUCTION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|-------|
| 222 | Have you had any live births since the birth of (NAME OF LAST BIRTH)? | YES 1 (RECORD BIRTH(S) IN TABLE) ← NO 2 | |
| 223 | COMPARE 208 WITH NUMBER OF BIRTHS IN BIRTH HISTORY NUMBERS ARE SAME <input type="checkbox"/> ↓ NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) ← | | |
| 224 | CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2010-2015 | NUMBER OF BIRTHS <input type="text"/> NONE 0 | → 226 |
| 225 | C FOR EACH BIRTH IN 2010-2015, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF COMPLETED 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.) | | |
| 226 | Are you pregnant now? | YES 1 NO 2 UNSURE 8 | → 230 |
| 227 | How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS. | MONTHS <input type="text"/> <input type="text"/> | |
| 228 | When you got pregnant, did you want to get pregnant at that time? | YES 1 NO 2 | → 230 |
| 229 | CHECK 208: TOTAL NUMBER OF BIRTHS ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> a) Did you want to have a baby later on or did you not want any more children? b) Did you want to have a baby later on or did you not want any children? | LATER 1 NO MORE/NONE 2 | |
| 230 | Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth? | YES 1 NO 2 | → 239 |
| 231 | When did the last such pregnancy end? | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| 232 | CHECK 231: LAST PREGNANCY ENDED IN 2010-2015 <input type="checkbox"/> → 234 LAST PREGNANCY ENDED IN 2009 OR EARLIER <input type="checkbox"/> → 239 | | |

SECTION 2. REPRODUCTION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | SKIP |
|----------|--|---|--|----------------------|
| LINE NO. | 233 In what month and year did that pregnancy end? | 234 How many months pregnant were you when that pregnancy ended? | 235 Since January 2010, have you had any other pregnancies that did not result in a live birth? | |
| 01 | | <input type="text"/> <input type="text"/> NUMBER OF MONTHS | YES 1 NO 2 | → NEXT LINE → 236 |
| 02 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR | <input type="text"/> <input type="text"/> NUMBER OF MONTHS | YES 1 NO 2 | → NEXT LINE → 236 |
| 03 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR | <input type="text"/> <input type="text"/> NUMBER OF MONTHS | YES 1 NO 2 | → NEXT LINE → 236 |
| 04 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR | <input type="text"/> <input type="text"/> NUMBER OF MONTHS | YES 1 NO 2 | → 236 |
| 236 | <p>C FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2010-2015 OR LATER, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.</p> <p>IF THERE ARE MORE THAN FOUR PREGNANCIES THAT DID NOT END IN A LIVE BIRTH, USE AN ADDITIONAL QUESTIONNAIRE STARTING ON THE SECOND LINE.</p> | | | |
| 237 | Did you have any miscarriages, abortions or stillbirths that ended before 2010? | YES 1 NO 2 | | → 239 |
| 238 | When did the last such pregnancy that terminated before 2010 end? | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| 239 | When did your last menstrual period start? _____ (DATE, IF GIVEN) | DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996 | | |
| 240 | From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant? | YES 1 NO 2 DON'T KNOW 8 | | → 242 |

SECTION 2. REPRODUCTION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|------|
| 241 | 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) DONT KNOW 8 | |
| 242 | After the birth of a child, can a woman become pregnant before her menstrual period has returned? | YES 1 NO 2 DONT KNOW 8 | |

SECTION 3. CONTRACEPTION

| | | |
|-----|---|---|
| 301 | Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)? | |
| 01 | Female Sterilization. PROBE: Women can have an operation to avoid having any more children. | YES 1 NO 2 |
| 02 | Male Sterilization. PROBE: Men can have an operation to avoid having any more children. | YES 1 NO 2 |
| 03 | IUCD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years. | YES 1 NO 2 |
| 04 | Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months. | YES 1 NO 2 |
| 05 | Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years. | YES 1 NO 2 |
| 06 | Pill. PROBE: Women can take a pill every day to avoid becoming pregnant. | YES 1 NO 2 |
| 07 | Male Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse. | YES 1 NO 2 |
| 08 | Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse. | YES 1 NO 2 |
| 09 | Emergency Contraception (Morning-after pill). PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy. | YES 1 NO 2 |
| 10 | Lactational Amenorrhea Method (LAM). PROBE: Up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night. | YES 1 NO 2 |
| 11 | Rhythm Method (Safe days). PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant. | YES 1 NO 2 |
| 12 | Withdrawal. PROBE: Men can be careful and pull out before climax. | YES 1 NO 2 |
| 13 | Have you heard of any other ways or methods that women or men can use to avoid pregnancy? | YES, MODERN METHOD _____ (SPECIFY) 1 YES, TRADITIONAL METHOD _____ (SPECIFY) 2 NO 3 |

SECTION 3. CONTRACEPTION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|----------------------------------|
| 302 | CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓ | PREGNANT <input type="checkbox"/> | → 312 |
| 303 | Are you or your partner currently doing something or using any method to delay or avoid getting pregnant? | YES 1 NO 2 | → 312 |
| 304 | Which method are you using? RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST. | FEMALE STERILIZATION A MALE STERILIZATION B IUCD C INJECTABLES D IMPLANTS E PILL F MALE CONDOM G FEMALE CONDOM H EMERGENCY CONTRACEPTION I LACTATIONAL AMEN. METHOD J RHYTHM METHOD K WITHDRAWAL L OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y | → 307 → 309 → 306 → 309 |
| 305 | What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE. | OVRETTE SECURE 01 LO-FEMENAL CONTROL 02 MICRONOR 03 MICRONOVUM 04 MARVELLON 05 DUOFEM 06 EXLUTON 07 TRINODIAL 08 OTHER _____ 96 (SPECIFY) DON'T KNOW 98 | → 309 |
| 306 | What is the brand name of the condoms you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE. | MALE CONDOMS PROTECTOR PLUS 01 PANTHER (PUBLIC SECTOR) 02 CAREX CHOICE ASSORTED 03 DUREX 04 VIBE 05 ECSTASY 06 CASANOVA 07 MOODS 08 FEMALE CONDOMS CARE 11 FC 12 FEMIDOM 13 OTHER _____ 96 (SPECIFY) DON'T KNOW 98 | → 309 |

SECTION 3. CONTRACEPTION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | |
|-----|--|--|------|--|--|--|--|--|------------------------------|
| 307 | <p>In what facility did the sterilization take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p> | <p>PUBLIC SECTOR</p> <p>CENTRAL HOSPITAL 11</p> <p>PROVINCIAL HOSPITAL 12</p> <p>DISTRICT HOSPITAL 13</p> <p>ZNFPC CLINIC 14</p> <p>OTHER PUBLIC SECTOR _____ 15</p> <p align="center">(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC 21</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 31</p> <p>PRIVATE DOCTOR'S OFFICE 32</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 36</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p> | | | | | | | |
| 308 | <p>In what month and year was the sterilization performed?</p> | <p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> | | | | | | | <p align="right">} → 310</p> |
| | | | | | | | | | |
| | | | | | | | | | |
| 309 | <p>Since what month and year have you been using (CURRENT METHOD) without stopping?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p> | <p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 310 | <p>CHECK 308 AND 309, 215 AND 231: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308 OR 309</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p> <p align="center">GO BACK TO 308 OR 309, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p> | | | | | | | | |

SECTION 3. CONTRACEPTION (CAPI OPTION) (10)

| | | | | |
|------|--|---|---|---|
| 311 | <p>CHECK 308 AND 309:</p> <p>YEAR IS 2010-2015 <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>THEN CONTINUE</p> | <p>YEAR IS 2009 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2010 .</p> <p>THEN</p> <p>(SKIP TO 324) ←</p> | | |
| 312 | <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>C USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2010. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> | | | |
| | | COLUMN 1 | COLUMN 2 | COLUMN 3 |
| 312A | MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE. | <p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p> | <p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p> | <p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p> |
| 312B | Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your partner use any method of contraception? | <p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 312I) ←</p> | <p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 312I) ←</p> | <p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 312I) ←</p> |
| 312C | Which method was that? | METHOD CODE .. <input type="text"/> | METHOD CODE .. <input type="text"/> | METHOD CODE .. <input type="text"/> |
| 312D | How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)? RECORD '95' IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD. | <p>IMMEDIATELY 00</p> <p>MONTHS .. <input type="text"/></p> <p>(SKIP TO 312F) ←</p> <p>DATE GIVEN 95</p> | <p>IMMEDIATELY 00</p> <p>MONTHS .. <input type="text"/></p> <p>(SKIP TO 312F) ←</p> <p>DATE GIVEN 95</p> | <p>IMMEDIATELY 00</p> <p>MONTHS .. <input type="text"/></p> <p>(SKIP TO 312F) ←</p> <p>DATE GIVEN 95</p> |
| 312E | RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD. | <p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p> | <p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p> | <p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p> |
| 312F | For how many months did you use (METHOD)? RECORD '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE. | <p>MONTHS .. <input type="text"/></p> <p>(SKIP TO 312H) ←</p> <p>DATE GIVEN 95</p> | <p>MONTHS .. <input type="text"/></p> <p>(SKIP TO 312H) ←</p> <p>DATE GIVEN 95</p> | <p>MONTHS .. <input type="text"/></p> <p>(SKIP TO 312H) ←</p> <p>DATE GIVEN 95</p> |
| 312G | RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD. | <p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p> | <p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p> | <p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p> |
| 312H | Why did you stop using (METHOD)? | REASON STOPPED <input type="text"/> | REASON STOPPED <input type="text"/> | REASON STOPPED <input type="text"/> |
| 312I | <p>GO BACK TO 312A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 313.</p> | | | |

SECTION 3. CONTRACEPTION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|--|
| 313 | CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/> | | → 315 |
| 314 | Have you ever used anything or tried in any way to delay or avoid getting pregnant? | YES 1 NO 2 | } → 326 |
| 315 | CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST. | NO CODE CIRCLED 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUCD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 MALE CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 LACTATIONAL AMEN. METHOD 10 RHYTHM METHOD 11 WITHDRAWAL 12 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96 | → 326 → 319 → 327 } → 323 |
| 316 | You first started using (CURRENT METHOD) in (DATE FROM 308 OR 309). Where did you get it at that time? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE) | PUBLIC SECTOR GOVT. HOSPITAL 11 RURAL HEALTH CENTRE 12 MUNICIPAL CLINIC 13 ZNFPC CLINIC 14 ZNFPC CBD/DEPOT HOLDER 15 VILLAGE HEALTH WORKER 16 MOHCC MOBILE CLINIC 17 OTHER PUBLIC SECTOR _____ 18 (SPECIFY) MISSION HOSPITAL 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 PHARMACY 32 PRIVATE DOCTOR 33 CBD 34 PRIVATE OUTREACH CLINIC 35 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) RETAIL GENERAL DEALER 41 SUPERMARKET/TUCK SHOP 42 SERVICE STATION 43 BOTTLE STORE/BAR 44 OTHER RETAIL _____ 45 (SPECIFY) OTHER SOURCE CHURCH 51 FRIEND/RELATIVE 52 PUBLIC TOILET 53 STREET VENDOR 54 WORKPLACE 55 OTHER _____ 96 (SPECIFY) | |

SECTION 3. CONTRACEPTION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|-------------------------|
| 317 | CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST. | IUCD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 MALE CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96 | → 323 → 322 → 323 |
| 318 | At that time, were you told about side effects or problems you might have with the method? | YES 1 NO 2 | → 321 → 320 |
| 319 | When you got sterilized, were you told about side effects or problems you might have with the method? | YES 1 NO 2 | → 321 |
| 320 | Were you ever told by a health or family planning worker about side effects or problems you might have with the method? | YES 1 NO 2 | → 322 |
| 321 | Were you told what to do if you experienced side effects or problems? | YES 1 NO 2 | |
| 322 | CHECK 318 AND 319: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>ANY <input type="checkbox"/> YES' ↓</p> <p>a) At that time, were you told about other methods of family planning that you could use?</p> </div> <div style="border-left: 1px dashed black; padding-left: 10px;"> <p>OTHER <input type="checkbox"/> ↓</p> <p>b) When you obtained (CURRENT METHOD FROM 315) from (SOURCE OF METHOD FROM 307 OR 316), were you told about other methods of family planning that you could use?</p> </div> </div> | YES 1 NO 2 | → 324 |
| 323 | Were you ever told by a health or family planning worker about other methods of family planning that you could use? | YES 1 NO 2 | |
| 324 | CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST. | FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUCD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 MALE CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 LACTATIONAL AMEN. METHOD 10 RHYTHM METHOD 11 WITHDRAWAL 12 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96 | → 327 → 327 → 327 |

SECTION 3. CONTRACEPTION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|--------------|
| 325 | <p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p> | <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>RURAL HEALTH CENTRE 12</p> <p>MUNICIPAL CLINIC 13</p> <p>ZNFPCLINIC 14</p> <p>ZNFPCLINIC CBD/DEPOT HOLDER 15</p> <p>VILLAGE HEALTH WORKER 16</p> <p>MOHCC MOBILE CLINIC 17</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 18</p> <p align="center">(SPECIFY)</p> <p>MISSION HOSPITAL 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>PRIVATE OUTREACH CLINIC 35</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p>RETAIL</p> <p>GENERAL DEALER 41</p> <p>SUPERMARKET/TUCK SHOP 42</p> <p>SERVICE STATION 43</p> <p>BOTTLE STORE/BAR 44</p> <p>OTHER RETAIL</p> <p>_____ 45</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>CHURCH 51</p> <p>FRIEND/RELATIVE 52</p> <p>PUBLIC TOILET 53</p> <p>STREET VENDOR 54</p> <p>WORKPLACE 55</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p> | <p>→ 327</p> |
| 326 | <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> | |
| 327 | <p>In the last 12 months, were you visited by a fieldworker?</p> | <p>YES 1</p> <p>NO 2</p> | <p>→ 329</p> |
| 328 | <p>Did the fieldworker talk to you about family planning?</p> | <p>YES 1</p> <p>NO 2</p> | |
| 329 | <p>CHECK 202: LIVING CHILDREN</p> <p align="center">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>a) In the last 12 months, have you visited a health facility for care for yourself or your children?</p> <p>b) In the last 12 months, have you visited a health facility for care for yourself?</p> | <p>YES 1</p> <p>NO 2</p> | <p>→ 401</p> |
| 330 | <p>Did any staff member at the health facility speak to you about family planning methods?</p> | <p>YES 1</p> <p>NO 2</p> | |

SECTION 4. PREGNANCY AND POSTNATAL CARE

| | | |
|-----|---|--|
| 401 | <p>CHECK 224:</p> <p>ONE OR MORE BIRTHS IN 2010-2015 <input type="checkbox"/> NO BIRTHS IN 2010-2015 <input type="checkbox"/> → 648</p> | |
| 402 | <p>CHECK 215: RECORD THE BIRTH HISTORY NUMBER IN 403 AND THE NAME AND SURVIVAL STATUS IN 404 FOR EACH BIRTH IN 2010-2015. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S).</p> <p>Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)</p> | |
| 403 | <p>BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.</p> <p>LAST BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p> | <p>NEXT-TO-LAST BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p> |
| 404 | <p>FROM 212 AND 216:</p> <p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> | <p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> |
| 405 | <p>When you got pregnant with (NAME), did you want to get pregnant at that time?</p> <p>YES 1</p> <p>(SKIP TO 408) ←</p> <p>NO 2</p> | <p>When you got pregnant with (NAME), did you want to get pregnant at that time?</p> <p>YES 1</p> <p>(SKIP TO 426) ←</p> <p>NO 2</p> |
| 406 | <p>CHECK 208:</p> <p>ONLY ONE BIRTH <input type="checkbox"/> MORE THAN ONE BIRTH <input type="checkbox"/></p> <p>a) Did you want to have a baby later on, or did you not want any children?</p> <p>b) Did you want to have a baby later on, or did you not want any more children?</p> <p>LATER 1</p> <p>NO MORE/NONE 2</p> <p>(SKIP TO 408) ←</p> | <p>CHECK 208:</p> <p>ONLY ONE BIRTH <input type="checkbox"/> MORE THAN ONE BIRTH <input type="checkbox"/></p> <p>a) Did you want to have a baby later on, or did you not want any children?</p> <p>b) Did you want to have a baby later on, or did you not want any more children?</p> <p>LATER 1</p> <p>NO MORE/NONE 2</p> <p>(SKIP TO 426) ←</p> |
| 407 | <p>How much longer did you want to wait?</p> <p>MONTHS 1 <input type="text"/> <input type="text"/></p> <p>YEARS 2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p> | <p>How much longer did you want to wait?</p> <p>MONTHS 1 <input type="text"/> <input type="text"/></p> <p>YEARS 2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p> |
| 408 | <p>Did you see anyone for antenatal care for this pregnancy?</p> <p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 414) ←</p> | |
| 409 | <p>Whom did you see?</p> <p>Anyone else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p> <p>HEALTH PERSONNEL</p> <p>DOCTOR A</p> <p>NURSE B</p> <p>NURSE MIDWIFE C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT D</p> <p>VILLAGE HEALTH WORKER E</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> | |

SECTION 4. PREGNANCY AND POSTNATAL CARE

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | | | | | | | | | | | | |
|----------------|---|---|----------------------------------|-----|----|-------------|---|---|----------------|---|---|----------------|---|---|--|
| 410 | <p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p> | <p>HOME HER HOME A OTHER HOME B</p> <p>PUBLIC SECTOR CENTRAL HOSPITAL C PROVINCIAL HOSPITAL .. D DISTRICT HOSPITA..... E RURAL HOSPITAL F URBAN MUNICIPAL CLINIC G RURAL HEALTH CENTRE H OTHER PUBLIC SECTOR _____ I (SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC .. J</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC K OTHER PRIVATE MEDICAL SECTOR _____ L (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> | | | | | | | | | | | | | |
| 411 | 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 | | | | | | | | | | | | | |
| 412 | How many times did you receive antenatal care during this pregnancy? | NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98 | | | | | | | | | | | | | |
| 413 | As part of your antenatal care during this pregnancy, were any of the following done at least once: a) Was your blood pressure measured? b) Did you give a urine sample? c) Did you give a blood sample? | <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>a) BP</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) URINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) BLOOD</td> <td>1</td> <td>2</td> </tr> </table> | | YES | NO | a) BP | 1 | 2 | b) URINE | 1 | 2 | c) BLOOD | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | |
| a) BP | 1 | 2 | | | | | | | | | | | | | |
| b) URINE | 1 | 2 | | | | | | | | | | | | | |
| c) BLOOD | 1 | 2 | | | | | | | | | | | | | |
| 414 | During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth? | <p>YES 1 NO 2 (SKIP TO 417) ←</p> <p>DON'T KNOW 8</p> | | | | | | | | | | | | | |
| 415 | During this pregnancy, how many times did you get a tetanus injection? | TIMES <input type="text"/> DON'T KNOW 8 | | | | | | | | | | | | | |
| 416 | CHECK 415: TETANUS INJECTIONS | <p>2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>(SKIP TO 420) ←</p> | | | | | | | | | | | | | |
| 417 | At any time before this pregnancy, did you receive any tetanus injections? | <p>YES 1 NO 2 (SKIP TO 420) ←</p> <p>DON'T KNOW 8</p> | | | | | | | | | | | | | |

SECTION 4. PREGNANCY AND POSTNATAL CARE

| NO. | QUESTIONS AND FILTERS | LAST BIRTH | | NEXT-TO-LAST BIRTH | |
|------|--|--|--|--|--|
| | | NAME _____ | | NAME _____ | |
| 418 | Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'. | TIMES <input type="text"/> | | | |
| | | DON'T KNOW 8 | | | |
| 419 | How many years ago did you receive the last tetanus injection before this pregnancy? | YEARS AGO <input type="text"/> | | | |
| 420 | During this pregnancy, were you given or did you buy any iron and folic acid (IFA) tablets? SHOW TABLETS. | YES 1 NO 2 (SKIP TO 421A) ← DON'T KNOW 8 | | | |
| 421 | During the whole pregnancy, for how many days did you take the IFA tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF | DAYS <input type="text"/> | | | |
| | | DON'T KNOW 998 | | | |
| 421A | During this pregnancy, were you given or did you buy any folate tablets? SHOW TABLETS. | YES 1 NO 2 DON'T KNOW 8 | | | |
| 421B | CHECK 420 AND 421A: | AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/> (SKIP TO 422) ← | | | |
| 421C | Where did you get most of the IFA or folate tablets from? IF HEALTH FACILITY, ASK: During an antenatal care visit or another visit? | HEALTH FACILITY ANC VISIT 1 ANOTHER VISIT 2 PHARMACY 3 CHW 4 OTHER 6 _____ (SPECIFY) | | | |
| 421D | Did you mainly purchase these tablets or receive free of charge? | PURCHASED 1 FREE 2 DON'T KNOW 8 | | | |
| 422 | During this pregnancy, did you take any medicine for intestinal worms? | YES 1 NO 2 DON'T KNOW 8 | | | |
| 426 | When (NAME) was born, was (NAME) 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 | |
| 427 | Was (NAME) weighed at birth? | YES 1 NO 2 (SKIP TO 429) ← DON'T KNOW 8 | | YES 1 NO 2 (SKIP TO 429) ← DON'T KNOW 8 | |

SECTION 4. PREGNANCY AND POSTNATAL CARE

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ |
|-----|---|---|---|
| 428 | <p>How much did (NAME) weigh?</p> <p>RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.</p> | <p>KG FROM CARD</p> <p>1 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/></p> <p>KG FROM RECALL</p> <p>2 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW 99998</p> | <p>KG FROM CARD</p> <p>1 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/></p> <p>KG FROM RECALL</p> <p>2 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW 99998</p> |
| 429 | <p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p> | <p>HEALTH PERSONNEL</p> <p>DOCTOR A</p> <p>NURSE B</p> <p>NURSE MIDWIFE C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT C</p> <p>RELATIVE/FRIEND D</p> <p>VILLAGE HEALTH WORKER E</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE ASSISTED Y</p> | <p>HEALTH PERSONNEL</p> <p>DOCTOR A</p> <p>NURSE B</p> <p>NURSE MIDWIFE C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT C</p> <p>RELATIVE/FRIEND D</p> <p>VILLAGE HEALTH WORKER E</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE ASSISTED Y</p> |
| 430 | <p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> | <p>HOME</p> <p>HER HOME 11</p> <p>(SKIP TO 449) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>CENTRAL HOSPITAL 21</p> <p>PROVINCIAL HOSPITAL .. 22</p> <p>DISTRICT HOSPITAL 23</p> <p>RURAL HOSPITAL 24</p> <p>URBAN MUNICIPAL CLINIC 25</p> <p>RURAL HEALTH CENTRE 26</p> <p>OTHER PUBLIC SECTOR _____ 27</p> <p>(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC .. 31</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 41</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 46</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY) (SKIP TO 449) ←</p> | <p>HOME</p> <p>HER HOME 11</p> <p>(SKIP TO 459) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>CENTRAL HOSPITAL 21</p> <p>PROVINCIAL HOSPITAL .. 22</p> <p>DISTRICT HOSPITAL 23</p> <p>RURAL HOSPITAL 24</p> <p>URBAN MUNICIPAL CLINIC 25</p> <p>RURAL HEALTH CENTRE 26</p> <p>OTHER PUBLIC SECTOR _____ 27</p> <p>(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC .. 31</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 41</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 46</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY) (SKIP TO 459) ←</p> |

SECTION 4. PREGNANCY AND POSTNATAL CARE

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | | | | | | | | | | | | |
|-----|---|--|---|--|--|--|--|--|--|--|--|--|--|--|--|
| 431 | 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 <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> DAYS 2 <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> WEEKS 3 <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> DON'T KNOW 998 | | | | | | | | | | | | | |
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| 432 | Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out? | YES 1 NO 2 (SKIP TO 434) ← | YES 1 NO 2 (SKIP TO 434) ← | | | | | | | | | | | | |
| 433 | When was the decision made to have the caesarean section? Was it before or after your labor pains started? | BEFORE 1 AFTER 2 | BEFORE 1 AFTER 2 | | | | | | | | | | | | |
| 434 | Immediately after the birth, was (NAME) put directly on the bare skin of your chest? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | |
| 435 | I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility? | YES 1 NO 2 (SKIP TO 438) ← | | | | | | | | | | | | | |
| 436 | How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS. | HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAYS 2 <table border="1" 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> WEEKS 3 <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> DON'T KNOW 998 | | | | | | | | | | | | | |
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| 437 | Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON. | HEALTH PERSONNEL DOCTOR 11 NURSE 12 NURSE MIDWIFE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 VILLAGE HEALTH WORKER 22 OTHER _____ 96 (SPECIFY) | | | | | | | | | | | | | |
| 438 | Now I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. Did anyone check on (NAME)'s health while you were still in the facility? | YES 1 NO 2 (SKIP TO 441) ← DON'T KNOW 8 | | | | | | | | | | | | | |

SECTION 4. PREGNANCY AND POSTNATAL CARE

| NO. | QUESTIONS AND FILTERS | LAST BIRTH | | NEXT-TO-LAST BIRTH | | | | | | | |
|-----|--|--|---|--------------------|--|--|--|--|--|--|--|
| | | NAME _____ | | NAME _____ | | | | | | | |
| 439 | <p>How long after delivery was (NAME)'s health first checked?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p> | <p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p> | <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | |
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| 440 | <p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p> | <p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE 12</p> <p>NURSE MIDWIFE 13</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>VILLAGE HEALTH WORKER 22</p> <p>OTHER _____ 96 (SPECIFY)</p> | | | | | | | | | |
| 441 | <p>Now I want to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?</p> | <p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 445) ←</p> | | | | | | | | | |
| 442 | <p>How long after delivery did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p> | <p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p> | <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | |
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| 443 | <p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p> | <p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE 12</p> <p>NURSE MIDWIFE 13</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>VILLAGE HEALTH WORKER 22</p> <p>OTHER _____ 96 (SPECIFY)</p> | | | | | | | | | |

SECTION 4. PREGNANCY AND POSTNATAL CARE

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | | | | | | |
|-----|---|--|----------------------------------|--|--|--|--|--|--|
| 444 | <p>Where did the check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> | <p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>CENTRAL HOSPITAL 21</p> <p>PROVINCIAL HOSPITAL .. 22</p> <p>DISTRICT HOSPITAL 23</p> <p>RURAL HOSPITAL 24</p> <p>URBAN MUNICIPAL CLINIC 25</p> <p>RURAL HEALTH CENTRE 26</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 27</p> <p>(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC .. 31</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 41</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 46</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> | | | | | | | |
| 445 | <p>I would like to talk to you about checks on (NAME)'s health after you left (FACILITY IN 430). Did any health care provider or a traditional birth attendant check on (NAME)'s health in the two months after you left (FACILITY IN 430)?</p> | <p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 457) ←</p> <p>DON'T KNOW 8</p> | | | | | | | |
| 446 | <p>How many hours, days or weeks after the birth of (NAME) did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p> | <p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p> <table border="1" data-bbox="906 1305 1035 1458"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
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| 447 | <p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p> | <p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE 12</p> <p>NURSE MIDWIFE 13</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>VILLAGE HEALTH WORKER 22</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> | | | | | | | |

SECTION 4. PREGNANCY AND POSTNATAL CARE

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | | | | | | |
|-----|--|---|----------------------------------|--|--|--|--|--|--|
| 448 | <p>Where did this check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> | <p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>CENTRAL HOSPITAL 21</p> <p>PROVINCIAL HOSPITAL .. 22</p> <p>DISTRICT HOSPITAL 23</p> <p>RURAL HOSPITAL 24</p> <p>URBAN MUNICIPAL CLINIC 25</p> <p>RURAL HEALTH CENTRE 26</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 27</p> <p>(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC .. 31</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 41</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 46</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>(SKIP TO 457) ←</p> | | | | | | | |
| 449 | <p>I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?</p> | <p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 453) ←</p> | | | | | | | |
| 450 | <p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p> | <p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p> <table border="1" data-bbox="906 1355 1037 1512"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
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| 451 | <p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p> | <p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE 12</p> <p>NURSE MIDWIFE 13</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>VILLAGE HEALTH WORKER 22</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> | | | | | | | |

SECTION 4. PREGNANCY AND POSTNATAL CARE

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | | | | | | |
|-----|---|---|----------------------------------|--|--|--|--|--|--|
| 452 | <p>Where did this first check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> | <p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>CENTRAL HOSPITAL 21</p> <p>PROVINCIAL HOSPITAL 22</p> <p>DISTRICT HOSPITAL 23</p> <p>RURAL HOSPITAL 24</p> <p>URBAN MUNICIPAL CLINIC 25</p> <p>RURAL HEALTH CENTRE 26</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 27</p> <p>(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC .. 31</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 41</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 46</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> | | | | | | | |
| 453 | <p>I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME)'s health?</p> | <p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 457) ←</p> <p>DON'T KNOW 8</p> | | | | | | | |
| 454 | <p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p> | <p>HOURS AFTER BIRTH 1</p> <p>DAYS AFTER BIRTH 2</p> <p>WEEKS AFTER BIRTH 3</p> <p>DON'T KNOW 998</p> <table border="1" data-bbox="906 1330 1035 1485"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | |
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| 455 | <p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p> | <p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE 12</p> <p>NURSE MIDWIFE 13</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>VILLAGE HEALTH WORKER 22</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> | | | | | | | |

SECTION 4. PREGNANCY AND POSTNATAL CARE

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------|---|--|--|-----|----|----|--------------|---|---|---|---------------|---|---|---|---------------|---|---|---|------------------------|---|---|---|------------------------|---|---|---|--|
| 456 | <p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> | <p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>CENTRAL HOSPITAL 21</p> <p>PROVINCIAL HOSPITAL .. 22</p> <p>DISTRICT HOSPITAL 23</p> <p>RURAL HOSPITAL 24</p> <p>URBAN MUNICIPAL CLINIC 25</p> <p>RURAL HEALTH CENTRE 26</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 27</p> <p>(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC .. 31</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 41</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 46</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| 457 | <p>During the first two days after (NAME)'s birth, did any health care provider do the following:</p> <p>a) Examine the cord?</p> <p>b) Measure (NAME)'s temperature?</p> <p>c) Counsel you on danger signs for newborns?</p> <p>d) Counsel you on breastfeeding?</p> <p>e) Observe (NAME) breastfeeding?</p> | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) CORD.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) TEMP.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) SIGNS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) COUNSEL BREAST-FEED</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) OBSERVE BREAST-FEED</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> | | YES | NO | DK | a) CORD..... | 1 | 2 | 8 | b) TEMP. | 1 | 2 | 8 | c) SIGNS | 1 | 2 | 8 | d) COUNSEL BREAST-FEED | 1 | 2 | 8 | e) OBSERVE BREAST-FEED | 1 | 2 | 8 | |
| | YES | NO | DK | | | | | | | | | | | | | | | | | | | | | | | | |
| a) CORD..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| b) TEMP. | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| c) SIGNS | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| d) COUNSEL BREAST-FEED | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| e) OBSERVE BREAST-FEED | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| 458 | <p>Has your menstrual period returned since the birth of (NAME)?</p> | <p>YES 1</p> <p>(SKIP TO 460) ←</p> <p>NO 2</p> <p>(SKIP TO 461) ←</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| 459 | <p>Did your period return between the birth of (NAME) and your next pregnancy?</p> | | <p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 463) ←</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| 460 | <p>For how many months after the birth of (NAME) did you not have a period?</p> | <p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p> | <p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p> | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION 4. PREGNANCY AND POSTNATAL CARE

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ |
|-----|--|--|--|
| 461 | CHECK 226: IS RESPONDENT PREGNANT? | NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 463) ← | |
| 462 | Have you had sexual intercourse since the birth of (NAME)? | YES 1 NO 2 (SKIP TO 464) ← | |
| 463 | For how many months after the birth of (NAME) did you not have sexual intercourse? | MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98 | MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98 |
| 464 | Did you ever breastfeed (NAME)? | YES 1 (SKIP TO 466) ← NO 2 | YES 1 NO 2 |
| 465 | CHECK 404: IS CHILD LIVING? | LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 470) ← (GO TO 471) ← | |
| 466 | 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"/> | |
| 467 | In the first three days after delivery, was (NAME) given anything to drink other than breast milk? | YES 1 NO 2 | |
| 468 | CHECK 404: IS CHILD LIVING? | LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 471) ← | LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 471) ← |
| 469 | Are you still breastfeeding (NAME)? | YES 1 NO 2 | |
| 470 | Did (NAME) drink anything from a bottle with a nipple yesterday or last night? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 471 | | GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501A. | GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501A. |

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------|---|--|--------------|-----|------|-------|--|------|--|--|-----|--|--|--|--|--|--|--|----------------------------|--|--|--|--|--|--|--|----------------------------|--|--|--|--|--|--|--|----------------------------|--|--|--|--|--|--|--|-------------------------------|--|--|--|--|--|--|--|-------------------------------|--|--|--|--|--|--|--|-------------------------------|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|---------|--|--|--|--|--|--|--|-------------------------|--|--|--|--|--|--|--|--|
| 501A | CHECK 215 IN THE BIRTH HISTORY: ANY BIRTHS IN 2012-2015? ONE OR MORE BIRTHS IN 2012-2015 <input type="checkbox"/> NO BIRTHS IN 2012-2015 <input type="checkbox"/> | | 601 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 502A | RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE LAST CHILD BORN IN 2012-2015. NAME OF LAST BIRTH _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 503A | CHECK 216 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> | | 501B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 504A | Do you have a child health card or other document where (NAME)'s vaccinations are written down? | YES, HAS ONLY A CARD 1 YES, HAS ONLY AN OTHER DOCUMENT 2 YES, HAS CARD AND OTHER DOCUME 3 NO, NO CARD AND NO OTHER DOCUMENT 4 | 507A 507A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 505A | Did you ever have a vaccination card for (NAME)? | YES 1 NO 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 506A | CHECK 504A: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/> | | 511A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 507A | May I see the card or other document where (NAME)'s vaccinations are written down? | YES, ONLY CARD SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, CARD AND OTHER DOCUMENT SEEN 3 NO CARD AND NO OTHER DOCUMENT SEEN 4 | 511A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 508A | COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED. | <table border="1"> <thead> <tr> <th></th> <th colspan="2">DAY</th> <th colspan="2">MONTH</th> <th colspan="3">YEAR</th> </tr> </thead> <tbody> <tr> <td>BCG</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>ORAL POLIO VACCINE (OPV) 1</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>ORAL POLIO VACCINE (OPV) 2</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>ORAL POLIO VACCINE (OPV) 3</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>DPT-HEP.B-HIB (PENTAVALENT) 1</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>DPT-HEP.B-HIB (PENTAVALENT) 2</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>DPT-HEP.B-HIB (PENTAVALENT) 3</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>PNEUMOCOCCAL 1</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>PNEUMOCOCCAL 2</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>PNEUMOCOCCAL 3</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>ROTAVIRUS 1</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>ROTAVIRUS 2</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>MEASLES</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>VITAMIN A (MOST RECENT)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table> | | DAY | | MONTH | | YEAR | | | BCG | | | | | | | | ORAL POLIO VACCINE (OPV) 1 | | | | | | | | ORAL POLIO VACCINE (OPV) 2 | | | | | | | | ORAL POLIO VACCINE (OPV) 3 | | | | | | | | DPT-HEP.B-HIB (PENTAVALENT) 1 | | | | | | | | DPT-HEP.B-HIB (PENTAVALENT) 2 | | | | | | | | DPT-HEP.B-HIB (PENTAVALENT) 3 | | | | | | | | PNEUMOCOCCAL 1 | | | | | | | | PNEUMOCOCCAL 2 | | | | | | | | PNEUMOCOCCAL 3 | | | | | | | | ROTAVIRUS 1 | | | | | | | | ROTAVIRUS 2 | | | | | | | | MEASLES | | | | | | | | VITAMIN A (MOST RECENT) | | | | | | | | |
| | DAY | | MONTH | | YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BCG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ORAL POLIO VACCINE (OPV) 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ORAL POLIO VACCINE (OPV) 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ORAL POLIO VACCINE (OPV) 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DPT-HEP.B-HIB (PENTAVALENT) 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DPT-HEP.B-HIB (PENTAVALENT) 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DPT-HEP.B-HIB (PENTAVALENT) 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PNEUMOCOCCAL 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PNEUMOCOCCAL 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PNEUMOCOCCAL 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ROTAVIRUS 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ROTAVIRUS 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEASLES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VITAMIN A (MOST RECENT) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 509A | CHECK 508A: 'BCG' TO 'MEASLES' ALL RECORDED? NO <input type="checkbox"/> YES <input type="checkbox"/> | | 526A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|--|--------|
| | NAME OF LAST BIRTH _____ | BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/> | |
| 510A | <p>In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 507A THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p> | <p>YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508A) (THEN SKIP TO 526A) ←</p> <p>NO 2 DON'T KNOW 8</p> | → 526A |
| 511A | Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days? | <p>YES 1 NO 2 DON'T KNOW 8</p> | → 526A |
| 512A | Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar? | <p>YES 1 NO 2 DON'T KNOW 8</p> | |
| 514A | Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio? | <p>YES 1 NO 2 DON'T KNOW 8</p> | → 517A |
| 515A | Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later? | <p>FIRST TWO WEEKS 1 LATER 2</p> | |
| 516A | How many times did (NAME) receive the oral polio vaccine? | NUMBER OF TIMES <input type="text"/> | |
| 517A | Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops? | <p>YES 1 NO 2 DON'T KNOW 8</p> | → 519A |
| 518A | How many times did (NAME) receive the pentavalent vaccine? | NUMBER OF TIMES <input type="text"/> | |
| 519A | Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia? | <p>YES 1 NO 2 DON'T KNOW 8</p> | → 521A |
| 520A | How many times did (NAME) receive the pneumococcal vaccine? | NUMBER OF TIMES <input type="text"/> | |
| 521A | Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea? | <p>YES 1 NO 2 DON'T KNOW 8</p> | → 523A |
| 522A | How many times did (NAME) receive the rotavirus vaccine? | NUMBER OF TIMES <input type="text"/> | |
| 523A | Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles? | <p>YES 1 NO 2 DON'T KNOW 8</p> | → 526A |
| 524A | How many times did (NAME) receive the measles vaccine? | NUMBER OF TIMES <input type="text"/> | |
| 526A | CONTINUE WITH 501B. | | |

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------|---|---|------------------|-----|------|-------|--|------|--|-----|--|--|--|--|--|--|----------------------------|--|--|--|--|--|--|----------------------------|--|--|--|--|--|--|----------------------------|--|--|--|--|--|--|-------------------------------|--|--|--|--|--|--|-------------------------------|--|--|--|--|--|--|-------------------------------|--|--|--|--|--|--|----------------|--|--|--|--|--|--|----------------|--|--|--|--|--|--|----------------|--|--|--|--|--|--|-------------|--|--|--|--|--|--|-------------|--|--|--|--|--|--|---------|--|--|--|--|--|--|-------------------------|--|--|--|--|--|--|--|
| 501B | CHECK 215 IN THE BIRTH HISTORY: ANY MORE BIRTHS IN 2012-2015? MORE BIRTHS IN 2012-2015 <input type="checkbox"/> NO MORE BIRTHS IN 2012-2015 <input type="checkbox"/> | | → 601 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 502B | RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE NEXT-TO-LAST CHILD BORN IN 2012-2015. NAME OF NEXT-TO-LAST BIRTH _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 503B | CHECK 216 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> | | → 526B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 504B | Do you have a card or other document where (NAME)'s vaccinations are written down? | YES, HAS ONLY A CARD 1 YES, HAS ONLY AN OTHER DOCUMENT 2 YES, HAS CARD AND OTHER DOCUMENT 3 NO, NO CARD AND NO OTHER DOCUMENT 4 | → 507B → 507B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 505B | Did you ever have a vaccination card for (NAME)? | YES 1 NO 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 506B | CHECK 504B: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/> | | → 511B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 507B | May I see the card or other document where (NAME)'s vaccinations are written down? | YES, ONLY CARD SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, CARD AND OTHER DOCUMENT SEEN 3 NO CARD AND NO OTHER DOCUMENT SEEN .. 4 | → 511B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 508B | COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED. | <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th colspan="2">DAY</th> <th colspan="2">MONTH</th> <th colspan="2">YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MEASLES</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> | | DAY | | MONTH | | YEAR | | BCG | | | | | | | ORAL POLIO VACCINE (OPV) 1 | | | | | | | ORAL POLIO VACCINE (OPV) 2 | | | | | | | ORAL POLIO VACCINE (OPV) 3 | | | | | | | DPT-HEP.B-HIB (PENTAVALENT) 1 | | | | | | | DPT-HEP.B-HIB (PENTAVALENT) 2 | | | | | | | DPT-HEP.B-HIB (PENTAVALENT) 3 | | | | | | | PNEUMOCOCCAL 1 | | | | | | | PNEUMOCOCCAL 2 | | | | | | | PNEUMOCOCCAL 3 | | | | | | | ROTAVIRUS 1 | | | | | | | ROTAVIRUS 2 | | | | | | | MEASLES | | | | | | | VITAMIN A (MOST RECENT) | | | | | | | |
| | DAY | | MONTH | | YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BCG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ORAL POLIO VACCINE (OPV) 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ORAL POLIO VACCINE (OPV) 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ORAL POLIO VACCINE (OPV) 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DPT-HEP.B-HIB (PENTAVALENT) 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DPT-HEP.B-HIB (PENTAVALENT) 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DPT-HEP.B-HIB (PENTAVALENT) 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PNEUMOCOCCAL 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PNEUMOCOCCAL 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PNEUMOCOCCAL 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ROTAVIRUS 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ROTAVIRUS 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEASLES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VITAMIN A (MOST RECENT) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 509B | CHECK 508B: 'BCG' TO 'MEASLES' ALL RECORDED? NO <input type="checkbox"/> YES <input type="checkbox"/> | | → 526B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|---|--------|
| | NAME OF NEXT-TO-LAST BIRTH _____ | BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/> | |
| 510B | In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 507B THAT ARE NOT RECORDED AS HAVING BEEN GIVEN. | YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 507A) (THEN SKIP TO 524B) NO 2 DON'T KNOW 8 | → 526B |
| 511B | Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days? | YES 1 NO 2 DON'T KNOW 8 | → 526B |
| 512B | Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar? | YES 1 NO 2 DON'T KNOW 8 | |
| 514B | Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio? | YES 1 NO 2 DON'T KNOW 8 | → 517B |
| 515B | Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later? | FIRST TWO WEEKS 1 LATER 2 | |
| 516B | How many times did (NAME) receive the oral polio vaccine? | NUMBER OF TIMES <input type="text"/> | |
| 517B | Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops? | YES 1 NO 2 DON'T KNOW 8 | → 519B |
| 518B | How many times did (NAME) receive the pentavalent vaccine? | NUMBER OF TIMES <input type="text"/> | |
| 519B | Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia? | YES 1 NO 2 DON'T KNOW 8 | → 521B |
| 520B | How many times did (NAME) receive the pneumococcal vaccine? | NUMBER OF TIMES <input type="text"/> | |
| 521B | Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea? | YES 1 NO 2 DON'T KNOW 8 | → 523B |
| 522B | How many times did (NAME) receive the rotavirus vaccine? | NUMBER OF TIMES <input type="text"/> | |
| 523B | Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles? | YES 1 NO 2 DON'T KNOW 8 | → 526B |
| 524B | How many times did (NAME) receive the measles vaccine? | NUMBER OF TIMES <input type="text"/> | |
| 526B | CHECK 215 IN BIRTH HISTORY: ANY MORE BIRTHS IN 2012-2015? MORE BIRTHS IN 2012-2015 <input type="checkbox"/> (GO TO 502B IN AN ADDITIONAL QUESTIONNAIRE) ← | NO MORE BIRTHS IN 2012-2015 <input type="checkbox"/> → | → 601 |

SECTION 6. CHILD HEALTH AND NUTRITION

| | | | |
|-----|---|--|--|
| 601 | CHECK 224: ONE OR MORE BIRTHS IN 2010-2015 <input type="checkbox"/> NO BIRTHS IN 2010-2015 <input type="checkbox"/> → 648 | | |
| 602 | CHECK 215: RECORD THE BIRTH HISTORY NUMBER IN 603 AND THE NAME AND SURVIVAL STATUS IN 604 FOR EACH BIRTH IN 2010-2015. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.) | | |
| 603 | BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY. | LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/> | NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/> |
| 604 | FROM 212 AND 216: | NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 646) ← | NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 646) ← |
| 605 | In the last six months, was (NAME) given a vitamin A dose like [this/any of these]? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS. | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 607 | Was (NAME) given any medicine for intestinal worms in the last six months? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 608 | Has (NAME) had diarrhea in the last 2 weeks? | YES 1 NO 2 (SKIP TO 618) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 618) ← DON'T KNOW 8 |
| 609 | CHECK 464: EVER BREASTFED? YES <input type="checkbox"/> NO <input type="checkbox"/> a) Now I would like to know how much (NAME) was given to drink during the diarrhea including breastmilk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less? b) Now I would like to know how much (NAME) was given to drink during the diarrhea. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less? | | |

SECTION 6. CHILD HEALTH AND NUTRITION

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ |
|-----|--|---|---|
| 610 | When (NAME) had diarrhea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less? | MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8 | MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8 |
| 611 | Did you seek advice or treatment for the diarrhea from any source? | YES 1 NO 2 (SKIP TO 615) ← | YES 1 NO 2 (SKIP TO 615) ← |
| 612 | Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S). _____ (NAME OF PLACE(S)) | PUBLIC SECTOR GOVT. HOSPITAL A RURAL HEALTH CENTRE .. B MUNICIPAL CLINIC C ZNFPC CLINIC D ZNFPC CBD/DEPOT HOLDER E VILLAGE HEALTH WORKER F MOHCC MOBILE CLINIC .. G OTHER PUBLIC SECTOR _____ H (SPECIFY) MISSION HOSPITAL I PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC J PHARMACY K PRIVATE DOCTOR L CBD M PRIVATE OUTREACH CLINIC N OTHER PRIVATE MEDICAL SECTOR _____ O (SPECIFY) RETAIL GENERAL DEALER P SUPERMARKET Q TUCK SHOP R SERVICE STATION S BOTTLE STORE/BAR T OTHER RETAIL _____ U (SPECIFY) OTHER SOURCE CHURCH V FRIEND/RELATIVE W OTHER _____ X (SPECIFY) | PUBLIC SECTOR GOVT. HOSPITAL A RURAL HEALTH CENTRE .. B MUNICIPAL CLINIC C ZNFPC CLINIC D ZNFPC CBD/DEPOT HOLDER E VILLAGE HEALTH WORKER F MOHCC MOBILE CLINIC .. G OTHER PUBLIC SECTOR _____ H (SPECIFY) MISSION HOSPITAL I PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC J PHARMACY K PRIVATE DOCTOR L CBD M PRIVATE OUTREACH CLINIC N OTHER PRIVATE MEDICAL SECTOR _____ O (SPECIFY) RETAIL GENERAL DEALER P SUPERMARKET Q TUCK SHOP R SERVICE STATION S BOTTLE STORE/BAR T OTHER RETAIL _____ U (SPECIFY) OTHER SOURCE CHURCH V FRIEND/RELATIVE W OTHER _____ X (SPECIFY) |
| 613 | CHECK 612: | TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 615) ← | TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 615) ← |
| 614 | Where did you first seek advice or treatment? USE LETTER CODE FROM 612. | FIRST PLACE <input type="checkbox"/> | FIRST PLACE <input type="checkbox"/> |

SECTION 6. CHILD HEALTH AND NUTRITION

| NO. | QUESTIONS AND FILTERS | LAST BIRTH | | | NEXT-TO-LAST BIRTH | | |
|-----|---|---|---|----|--------------------|------------|-----|
| | | NAME _____ | YES | NO | DK | NAME _____ | YES |
| 615 | <p>Was (NAME) given any of the following at any time since (NAME) started having the diarrhea:</p> <p>a) A fluid made from a special packet called an ORS sachet?</p> <p>b) A pre-packaged ORS liquid?</p> <p>c) A homemade sugar-salt-water solution (SSS)?</p> <p>d) Zinc tablets or syrup?</p> | <p>a) FLUID FROM ORS PACKET .. 1 2 8</p> <p>b) ORS LIQUID .. 1 2 8</p> <p>c) HOMEMADE FLUID..... 1 2 8</p> <p>d) ZINC 1 2 8</p> | <p>a) FLUID FROM ORS PACKET .. 1 2 8</p> <p>b) ORS LIQUID .. 1 2 8</p> <p>c) HOMEMADE FLUID..... 1 2 8</p> <p>d) ZINC 1 2 8</p> | | | | |
| 616 | <p>CHECK 615:</p> <p>ANY 'YES' <input type="checkbox"/> ALL 'NO' OR 'DK' <input type="checkbox"/></p> <p>a) Was anything else given to treat the diarrhea? b) Was anything given to treat the diarrhea?</p> | <p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 618) ←</p> <p>DON'T KNOW 8</p> | <p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 618) ←</p> <p>DON'T KNOW 8</p> | | | | |
| 617 | <p>CHECK 615:</p> <p>ANY 'YES' <input type="checkbox"/> ALL 'NO' OR 'DK' <input type="checkbox"/></p> <p>a) What else was given to treat the diarrhea? b) What was given to treat the diarrhea?</p> <p>Anything else?</p> <p>RECORD ALL TREATMENTS GIVEN.</p> | <p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>ZINC C</p> <p>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) D</p> <p>UNKNOWN PILL OR SYRUP E</p> <p>INJECTION</p> <p>ANTIBIOTIC F</p> <p>NON-ANTIBIOTIC G</p> <p>UNKNOWN INJECTION H</p> <p>(IV) INTRAVENOUS..... I</p> <p>HOME REMEDY/ HERBAL MEDICINE G</p> <p>OTHER _____ X (SPECIFY)</p> | <p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>ZINC C</p> <p>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) D</p> <p>UNKNOWN PILL OR SYRUP E</p> <p>INJECTION</p> <p>ANTIBIOTIC F</p> <p>NON-ANTIBIOTIC G</p> <p>UNKNOWN INJECTION H</p> <p>(IV) INTRAVENOUS..... I</p> <p>HOME REMEDY/ HERBAL MEDICINE G</p> <p>OTHER _____ X (SPECIFY)</p> | | | | |
| 618 | <p>Has (NAME) been ill with a fever at any time in the last 2 weeks?</p> | <p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 620) ←</p> <p>DON'T KNOW 8</p> | <p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 620) ←</p> <p>DON'T KNOW 8</p> | | | | |
| 619 | <p>At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | | | | |
| 620 | <p>Has (NAME) had an illness with a cough at any time in the last 2 weeks?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | | | | |
| 621 | <p>Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?</p> | <p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 623) ←</p> <p>DON'T KNOW 8</p> | <p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 623) ←</p> <p>DON'T KNOW 8</p> | | | | |
| 622 | <p>Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?</p> | <p>CHEST ONLY 1</p> <p>NOSE ONLY 2</p> <p>BOTH 3</p> <p>OTHER _____ 6 (SPECIFY)</p> <p>DON'T KNOW 8</p> <p>(SKIP TO 624) ←</p> | <p>CHEST ONLY 1</p> <p>NOSE ONLY 2</p> <p>BOTH 3</p> <p>OTHER _____ 6 (SPECIFY)</p> <p>DON'T KNOW 8</p> <p>(SKIP TO 624) ←</p> | | | | |

SECTION 6. CHILD HEALTH AND NUTRITION

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ |
|-----|--|--|--|
| 623 | CHECK 618: HAD FEVER? | YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (SKIP TO 646) ← | YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (SKIP TO 646) ← |
| 624 | Did you seek advice or treatment for the illness from any source? | YES 1 NO 2 (SKIP TO 629) ← | YES 1 NO 2 (SKIP TO 629) ← |
| 625 | Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S). _____ (NAME OF PLACE(S)) | PUBLIC SECTOR GOVT. HOSPITAL A RURAL HEALTH CENTRE .. B MUNICIPAL CLINIC C ZNFPC CLINIC D ZNFPC CBD/DEPOT HOLDER E VILLAGE HEALTH WORKER F MOHCC MOBILE CLINIC .. G OTHER PUBLIC SECTOR _____ H (SPECIFY) MISSION HOSPITAL I PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC J PHARMACY K PRIVATE DOCTOR L CBD M PRIVATE OUTREACH CLINIC N OTHER PRIVATE MEDICAL SECTOR _____ O (SPECIFY) RETAIL GENERAL DEALER P SUPERMARKET Q TUCK SHOP R SERVICE STATION S BOTTLE STORE/BAR T OTHER RETAIL _____ U (SPECIFY) OTHER SOURCE CHURCH V FRIEND/RELATIVE W OTHER _____ X (SPECIFY) | PUBLIC SECTOR GOVT. HOSPITAL A RURAL HEALTH CENTRE .. B MUNICIPAL CLINIC C ZNFPC CLINIC D ZNFPC CBD/DEPOT HOLDER E VILLAGE HEALTH WORKER F MOHCC MOBILE CLINIC .. G OTHER PUBLIC SECTOR _____ H (SPECIFY) MISSION HOSPITAL I PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC J PHARMACY K PRIVATE DOCTOR L CBD M PRIVATE OUTREACH CLINIC N OTHER PRIVATE MEDICAL SECTOR _____ O (SPECIFY) RETAIL GENERAL DEALER P SUPERMARKET Q TUCK SHOP R SERVICE STATION S BOTTLE STORE/BAR T OTHER RETAIL _____ U (SPECIFY) OTHER SOURCE CHURCH V FRIEND/RELATIVE W OTHER _____ X (SPECIFY) |
| 626 | CHECK 625: | TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 628) ← | TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 628) ← |
| 627 | Where did you first seek advice or treatment? USE LETTER CODE FROM 625. | FIRST PLACE <input type="checkbox"/> | FIRST PLACE <input type="checkbox"/> |
| 628 | 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"/> <input type="text"/> | DAYS <input type="text"/> <input type="text"/> |

SECTION 6. CHILD HEALTH AND NUTRITION

| NO. | QUESTIONS AND FILTERS | LAST BIRTH | | NEXT-TO-LAST BIRTH | |
|-----|---|---|--|---|--|
| | | NAME _____ | | NAME _____ | |
| 629 | At any time during the illness, did (NAME) take any medicines for the illness? | YES 1 NO 2 (SKIP TO 646) ← DON'T KNOW 8 | | YES 1 NO 2 (SKIP TO 646) ← DON'T KNOW 8 | |
| 630 | What medicines did (NAME) take? Any other medicines? RECORD ALL MENTIONED. | ANTIMALARIAL DRUGS ARTESUNATE AND LUMAFANTRINE (AL) .. A ARTESUNATE AND AMODIAQUINE (ASAQ).. B QUININE PILLS WITH DOXYCYCLINE C INJECTION/IV D ARTESUNATE RECTAL E INJECTION/IV F OTHER ANTIMALARIAL _____ G (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP H INJECTION/IV I OTHER DRUGS ASPIRIN J ACETAMINOPHEN K IBUPROFEN L OTHER _____ X (SPECIFY) DON'T KNOW Z | | ANTIMALARIAL DRUGS ARTESUNATE AND LUMAFANTRINE (AL) .. A ARTESUNATE AND AMODIAQUINE (ASAQ).. B QUININE PILLS WITH DOXYCYCLINE C INJECTION/IV D ARTESUNATE RECTAL E INJECTION/IV F OTHER ANTIMALARIAL _____ G (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP H INJECTION/IV I OTHER DRUGS ASPIRIN J ACETAMINOPHEN K IBUPROFEN L OTHER _____ X (SPECIFY) DON'T KNOW Z | |
| 631 | CHECK 630: ANY CODE A-G CIRCLED? | YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (SKIP TO 646) ← | | YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (SKIP TO 646) ← | |
| 632 | CHECK 630: ARTESUNATE AND LUMAFANTRINE ('A') GIVEN | CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 634) ← | | CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 634) ← | |
| 633 | How long after the fever started did (NAME) first take artesunate and lumefantrine (AL)? | SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8 | | SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8 | |
| 634 | CHECK 630: ARTESUNATE AND AMODIAQUINE ('B') GIVEN | CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 638) ← | | CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 638) ← | |
| 635 | How long after the fever started did (NAME) first take artesunate and amodiaquine (ASAQ)? | SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8 | | SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8 | |

SECTION 6. CHILD HEALTH AND NUTRITION

| NO. | QUESTIONS AND FILTERS | LAST BIRTH | | NEXT-TO-LAST BIRTH | |
|-----|--|--|--|--|--|
| | | NAME _____ | NAME _____ | NAME _____ | NAME _____ |
| 638 | CHECK 630: QUININE INJECTION OR QUININE PILLS WITH DOXYCYCLINE ('C' OR 'D') GIVEN | CODE 'C' OR 'D' CIRCLED <input type="checkbox"/> ↓ | CODE C' OR 'D' NOT CIRCLED <input type="checkbox"/> ← (SKIP TO 640) | CODE 'C' OR 'D' CIRCLED <input type="checkbox"/> ↓ | CODE C' OR 'D' NOT CIRCLED <input type="checkbox"/> ← (SKIP TO 640) |
| 639 | How long after the fever started did (NAME) first take quinine? | SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8 | SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8 | SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8 | SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8 |
| 640 | CHECK 630: ARTESUNATE ('E' OR 'F') GIVEN | CODE 'E' OR 'F' CIRCLED <input type="checkbox"/> ↓ | CODE 'E' OR 'F' NOT CIRCLED <input type="checkbox"/> ← (SKIP TO 642) | CODE 'E' OR 'F' CIRCLED <input type="checkbox"/> ↓ | CODE 'E' OR 'F' NOT CIRCLED <input type="checkbox"/> ← (SKIP TO 642) |
| 641 | How long after the fever started did (NAME) first take artesunate? | SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8 | SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8 | SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8 | SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8 |
| 642 | CHECK 630: OTHER ANTIMALARIAL ('G') GIVEN | CODE "G" CIRCLED <input type="checkbox"/> ↓ | CODE "G" NOT CIRCLED <input type="checkbox"/> ← (SKIP TO 646) | CODE "G" CIRCLED <input type="checkbox"/> ↓ | CODE "G" NOT CIRCLED <input type="checkbox"/> ← (SKIP TO 646) |
| 643 | How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)? | SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8 | SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8 | SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8 | SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8 |
| 646 | | GO BACK TO 604 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 647. | GO TO 604 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 647. | | |

SECTION 6. CHILD HEALTH AND NUTRITION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|------|
| 647 | CHECK 615(a) AND 615(b), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/> | ANY CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/> | 649 |
| 648 | Have you ever heard of a special product called an ORS sachet you can get for the treatment of diarrhea? | YES 1 NO 2 | |
| 649 | CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2013-2015 LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> _____ (NAME OF YOUNGEST CHILD LIVING WITH HER) ↓ | NONE <input type="checkbox"/> | 701 |

SECTION 6. CHILD HEALTH AND NUTRITION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | | SKIP |
|-----|---|---|---|---|------|
| 650 | <p>Now I would like to ask you about liquids or foods that (NAME FROM 649) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods. Did (NAME FROM 649) drink or eat:</p> | | | | |
| | | YES NO DK | | | |
| | a) Plain water? | a) 1 | 2 | 8 | |
| | b) Juice or juice drinks? | b) 1 | 2 | 8 | |
| | c) Clear broth? | c) 1 | 2 | 8 | |
| | d) Milk such as tinned, powdered, or fresh animal milk? IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'. | d) 1 | 2 | 8 | |
| | | NUMBER OF TIMES DRANK <input data-bbox="1005 560 1069 616" type="text"/> | | | |
| | e) Infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'. | e) 1 | 2 | 8 | |
| | | NUMBER OF TIMES DRANK <input data-bbox="1005 683 1069 739" type="text"/> | | | |
| | f) Any other liquids, freezes, fizzy drinks or maheu? | f) 1 | 2 | 8 | |
| | g) Yogurt or lacto/sourmilk? IF YES: How many times did (NAME) eat yogurt or lacto/sourmilk? IF 7 OR MORE TIMES, RECORD '7'. | g) 1 | 2 | 8 | |
| | | NUMBER OF TIMES ATE <input data-bbox="1005 873 1069 929" type="text"/> | | | |
| | h) Any Cerelac, Proneutro, or other commercially fortified baby food? | h) 1 | 2 | 8 | |
| | i) Sadza, maize, or mealie-meal porridge or gruel, bread, rice, noodles or other foods made from grains? | i) 1 | 2 | 8 | |
| | j) Pumpkin, carrots, squash, sweet potatoes, butternuts, or yams that are yellow or orange inside? | j) 1 | 2 | 8 | |
| | k) White potatoes, white yams, cassava, or any other foods made from roots? | k) 1 | 2 | 8 | |
| | l) Any dark green, leafy vegetables such as spinach, pumpkin, covov, nyevhe, or okra leaves? | l) 1 | 2 | 8 | |
| | m) Ripe mangoes, paw paw, mazhanje, matunduru, or masawu? | m) 1 | 2 | 8 | |
| | n) Any other fruits or vegetables? | n) 1 | 2 | 8 | |
| | o) Liver, kidney, heart, or other organ meats? | o) 1 | 2 | 8 | |
| | p) Any meat, such as beef, pork, lamb, goat, chicken, duck or game? | p) 1 | 2 | 8 | |
| | q) Eggs? | q) 1 | 2 | 8 | |
| | r) Fresh, dried or canned fish or matemba? | r) 1 | 2 | 8 | |
| | s) Any foods made from beans, sugar beans, cowpeas, other peas, lentils, or nuts, including bambara nuts? | s) 1 | 2 | 8 | |
| | t) Cheese or other food made from milk? | t) 1 | 2 | 8 | |
| | u) Any insects, such as locust, mopane worms, ishwa harurwa, crickets, or mandere? | u) 1 | 2 | 8 | |
| | v) Any other solid, semi-solid, or soft food? | v) 1 | 2 | 8 | |

SECTION 6. CHILD HEALTH AND NUTRITION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|-------|
| 651 | CHECK 650 (CATEGORIES 'g' THROUGH 'v'): NOT A SINGLE 'YES' <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/> | | → 653 |
| 652 | Did (NAME FROM 649) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat? | YES 1 (GO BACK TO 650 TO RECORD FOOD EATEN YESTERDAY) (THEN CONTINUE TO 653) NO 2 DON'T KNOW 8 | → 654 |
| 653 | How many times did (NAME FROM 649) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'. | NUMBER OF TIMES <input type="text"/> DON'T KNOW 8 | |
| 654 | The last time (NAME FROM 649) passed stools, what was done to dispose of the stools? | CHILD USED TOILET OR LATRINE 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER _____ 96 (SPECIFY) | |

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|----------------|
| 701 | 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 | → 704 |
| 702 | 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 | → 712 |
| 703 | What is your marital status now: are you widowed, divorced, or separated? | WIDOWED 1 DIVORCED 2 SEPARATED 3 | → 709 |
| 704 | Is your (husband/partner) living with you now or is he staying elsewhere? | LIVING WITH HER 1 STAYING ELSEWHERE 2 | |
| 705 | 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"/> | |
| 706 | Does your (husband/partner) have other wives or does he live with other women as if married? | YES 1 NO 2 DON'T KNOW 8 | → 709 |
| 707 | Including yourself, in total, how many wives or live-in partners does he have? | TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/> DON'T KNOW 98 | |
| 708 | Are you the first, second, ... wife? | RANK <input type="text"/> <input type="text"/> | |
| 709 | Have you been married or lived with a man only once or more than once? | ONLY ONCE 1 MORE THAN ONCE 2 | |
| 710 | CHECK 709: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE ↓</p> <p>a) In what month and year did you start living with your (husband/partner)?</p> </div> <div style="border-left: 1px dashed black; padding-left: 10px; text-align: center;"> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE ↓</p> <p>b) Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?</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 | → 712 |
| 711 | How old were you when you first started living with him? | AGE <input type="text"/> <input type="text"/> | |
| 712 | CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE | | |
| 713 | Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. How old were you when you had sexual intercourse for the very first time? | NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> <input type="text"/> WHEN STARTED COHABITTING 95 | → 730A |
| 714 | I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS. | DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> | → 716 → 727 |

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

| | | LAST SEXUAL PARTNER | SECOND-TO-LAST SEXUAL PARTNER | THIRD-TO-LAST SEXUAL PARTNER |
|------|---|--|--|--|
| 715 | When was the last time you had sexual intercourse with this person? | | DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> | DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> |
| 716 | The last time you had sexual intercourse with this person, was a condom used? | YES 1 NO 2 (SKIP TO 718) ← | YES 1 NO 2 (SKIP TO 718) ← | YES 1 NO 2 (SKIP TO 718) ← |
| 717 | Was a condom used every time you had sexual intercourse with this person in the last 12 months? | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 |
| 718 | What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'. | HUSBAND 1 LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY) | HUSBAND 1 LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY) | HUSBAND 1 LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY) |
| 719 | How long ago did you first have sexual intercourse with this person? | DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> YEARS AGO .. 4 <input type="text"/> <input type="text"/> | DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> YEARS AGO .. 4 <input type="text"/> <input type="text"/> | DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> YEARS AGO .. 4 <input type="text"/> <input type="text"/> |
| 720 | How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, RECORD '95'. | NUMBER OF TIMES <input type="text"/> <input type="text"/> DONT KNOW 98 | NUMBER OF TIMES <input type="text"/> <input type="text"/> DONT KNOW 98 | NUMBER OF TIMES <input type="text"/> <input type="text"/> DONT KNOW 98 |
| 721 | How old is this person? | AGE OF PARTNER <input type="text"/> <input type="text"/> DONT KNOW 98 | AGE OF PARTNER <input type="text"/> <input type="text"/> DONT KNOW 98 | AGE OF PARTNER <input type="text"/> <input type="text"/> DONT KNOW 98 |
| 721A | The last time you had sexual intercourse with this person, did you or this person drink alcohol? | YES 1 NO 2 (SKIP TO 722) ← DONT KNOW 98 | YES 1 NO 2 (SKIP TO 722) ← DONT KNOW 98 | YES 1 NO 2 (SKIP TO 722) ← DONT KNOW 98 |
| 721B | Were you or your partner drunk at that time? IF YES: Who was drunk? | RESPONDENT ONLY .. 1 PARTNER ONLY 2 BOTH, RESPONDENT AND PARTNER 3 NEITHER 4 | RESPONDENT ONLY .. 1 PARTNER ONLY 2 BOTH, RESPONDENT AND PARTNER 3 NEITHER 4 | RESPONDENT ONLY .. 1 PARTNER ONLY 2 BOTH, RESPONDENT AND PARTNER 3 NEITHER 4 |
| 722 | Apart from this person, have you had sexual intercourse with any other person in the last 12 months? | YES 1 (GO BACK TO 715 IN NEXT COLUMN) ← NO 2 (SKIP TO 725) ← | YES 1 (GO BACK TO 715 IN NEXT COLUMN) ← NO 2 (SKIP TO 725) ← | |
| 723 | In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'. | | | NUMBER OF PARTNERS LAST 12 MONTHS .. <input type="text"/> <input type="text"/> DONT KNOW 98 |

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|------|
| 724 | CHECK 106: AGE 15-24 <input type="checkbox"/> ↓ | AGE 25-49 <input type="checkbox"/> → 727 | |
| 725 | CHECK 701: NOT <input type="checkbox"/> IN A UNION ↓ | CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> → 727 | |
| 726 | In the past 12 months have you had sex or been sexually involved with anyone because he gave you or told you he would give you gifts, cash, or anything else? | YES 1 NO 2 | |
| 727 | In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'. | NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98 | |
| 728 | CHECK 717, MOST RECENT PARTNER (FIRST COLUMN): YES, <input type="checkbox"/> CONDOM USED ↓ | NO, <input type="checkbox"/> CONDOM NOT USED → 730A NOT <input type="checkbox"/> ASKED → 730A | |
| 729 | You told me that a condom was used the last time you had sex. What is the brand name of the condom used at that time? IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE. | PROTECTOR PLUS 01 PANTHER (PUBLIC SECTOR) 02 CAREX CHOICE ASSORTED 03 DUREX 04 VIBE 05 ECSTASY 06 CASANOVA 07 MOODS 08 OTHER _____ 96 (SPECIFY) DON'T KNOW 98 | |

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|---|---------------|
| 730 | <p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p> | <p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL/CLINIC 11</p> <p>RURAL HEALTH CENTRE 12</p> <p>MUNICIPAL CLINIC 13</p> <p>ZNFPC CLINIC 14</p> <p>ZNFPC CBD/DEPOT HOLDER 15</p> <p>VILLAGE HEALTH WORKER 16</p> <p>MOHCC MOBILE CLINIC 17</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 18</p> <p align="center">(SPECIFY)</p> <p>MISSION HOSPITAL/CLINI 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>PRIVATE OUTREACH CLINIC 35</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p>RETAIL OUTLET</p> <p>GENERAL DEALER 41</p> <p>SUPERMARKET/TUCK SHOP 42</p> <p>SERVICE STATION 43</p> <p>BOTTLE STORE/BAR 44</p> <p>OTHER SOURCE</p> <p>CHURCH 51</p> <p>FRIEND/RELATIVE 52</p> <p>PUBLIC TOILET 53</p> <p>STREET VENDOR 54</p> <p>WORKPLACE 55</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p> | <p>→ 730B</p> |
| 730A | <p>Do you know of a place where a person can get male condoms?</p> | <p>YES 1</p> <p>NO 2</p> | <p>→ 730D</p> |

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|---|-------|
| 730B | <p>CHECK 731A:</p> <p style="text-align: center;"> <input type="checkbox"/> NOT ASKED NOT ASKED ↓ </p> <p style="text-align: center;"> <input type="checkbox"/> ASKED, YES ASKED, YES ↓ </p> <p>a) Do you know of any other places where a person can get a male condom?</p> <p>b) Where is that? Any other place?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p> | <p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL/CLINIC A</p> <p>RURAL HEALTH CENTRE B</p> <p>MUNICIPAL CLINIC C</p> <p>ZNFPC CLINIC D</p> <p>ZNFPC CBD/DEPOT HOLDER E</p> <p>VILLAGE HEALTH WORKER F</p> <p>MOHCC MOBILE CLINIC G</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ H</p> <p style="text-align: center;">(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC I</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC J</p> <p>PHARMACY K</p> <p>PRIVATE DOCTOR L</p> <p>CBD M</p> <p>PRIVATE OUTREACH CLINIC N</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ O</p> <p style="text-align: center;">(SPECIFY)</p> <p>RETAIL OUTLET</p> <p>GENERAL DEALER P</p> <p>SUPERMARKET/TUCK SHOP Q</p> <p>SERVICE STATION R</p> <p>BOTTLE STORE/BAR S</p> <p>OTHER SOURCE</p> <p>CHURCH T</p> <p>FRIEND/RELATIVE U</p> <p>PUBLIC TOILET V</p> <p>STREET VENDOR W</p> <p>WORKPLACE X</p> <p>OTHER _____ Y</p> <p style="text-align: center;">(SPECIFY)</p> | |
| 730C | If you wanted to, could you yourself get a condom? | YES 1 NO 2 DON'T KNOW/UNSURE 8 | |
| 730D | Do you know of a place where a person can get female condoms? | YES 1 NO 2 | → 731 |

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | |
|---------------------|---|--|------|-----|----|--------------------|---|---|-------------------|---|---|---------------------|---|---|--|
| 730E | <p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p> | <p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL/CLINIC A</p> <p>RURAL HEALTH CENTRE B</p> <p>MUNICIPAL CLINIC C</p> <p>ZNFPC CLINIC D</p> <p>ZNFPC CBD/DEPOT HOLDER E</p> <p>VILLAGE HEALTH WORKER F</p> <p>MOHCC MOBILE CLINIC G</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ H</p> <p align="center">(SPECIFY)</p> <p>MISSION HOSPITAL/CLINIC I</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC J</p> <p>PHARMACY K</p> <p>PRIVATE DOCTOR L</p> <p>CBD M</p> <p>PRIVATE OUTREACH CLINIC N</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ O</p> <p align="center">(SPECIFY)</p> <p>RETAIL OUTLET</p> <p>GENERAL DEALER P</p> <p>SUPERMARKET/TUCK SHOP Q</p> <p>SERVICE STATION R</p> <p>BOTTLE STORE/BAR S</p> <p>OTHER SOURCE</p> <p>CHURCH T</p> <p>FRIEND/RELATIVE U</p> <p>PUBLIC TOILET V</p> <p>STREET VENDOR W</p> <p>WORKPLACE X</p> <p>OTHER _____ Y</p> <p align="center">(SPECIFY)</p> | | | | | | | | | | | | | |
| 730F | <p>If you wanted to, could you yourself get a female condom?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p> | | | | | | | | | | | | | |
| 731 | <p>PRESENCE OF OTHERS DURING THIS SECTION.</p> | <table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CHILDREN <10</td> <td>1</td> <td>2</td> </tr> <tr> <td>MALE ADULTS</td> <td>1</td> <td>2</td> </tr> <tr> <td>FEMALE ADULTS</td> <td>1</td> <td>2</td> </tr> </tbody> </table> | | YES | NO | CHILDREN <10 | 1 | 2 | MALE ADULTS | 1 | 2 | FEMALE ADULTS | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | |
| CHILDREN <10 | 1 | 2 | | | | | | | | | | | | | |
| MALE ADULTS | 1 | 2 | | | | | | | | | | | | | |
| FEMALE ADULTS | 1 | 2 | | | | | | | | | | | | | |

SECTION 8. FERTILITY PREFERENCES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | |
|-----|---|--|-------------------------|--|--|--|--|--|--|--|-------------------------|
| 801 | CHECK 304: NEITHER <input type="checkbox"/> STERILIZED ↓ | HE OR SHE <input type="checkbox"/> STERILIZED → | 813 | | | | | | | | |
| 802 | CHECK 226: PREGNANT <input type="checkbox"/> ↓ | NOT PREGNANT <input type="checkbox"/> OR UNSURE → | 804 | | | | | | | | |
| 803 | Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children? | HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8 | → 805 → 812 | | | | | | | | |
| 804 | Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? | HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8 | → 807 → 813 → 811 | | | | | | | | |
| 805 | CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓ a) How long would you like to wait from now before the birth of (a/another) child? PREGNANT <input type="checkbox"/> ↓ b) 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 <table border="1" data-bbox="1209 689 1348 750"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 2 <table border="1" data-bbox="1209 750 1348 810"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 (SPECIFY) DON'T KNOW 998 | | | | | | | | | → 811 → 813 → 811 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 806 | CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓ | PREGNANT <input type="checkbox"/> → | 812 | | | | | | | | |
| 807 | CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY <input type="checkbox"/> USING ↓ | CURRENTLY <input type="checkbox"/> USING → | 813 | | | | | | | | |
| 808 | CHECK 805: '24' OR MORE MONTHS <input type="checkbox"/> OR '02' OR MORE YEARS ↓ NOT <input type="checkbox"/> ASKED ↓ | '00-23' MONTHS <input type="checkbox"/> OR '00-01' YEAR → | 812 | | | | | | | | |
| 809 | CHECK 715: DAYS, WEEKS OR <input type="checkbox"/> MONTHS AGO ↓ | YEARS <input type="checkbox"/> AGO → NOT <input type="checkbox"/> ASKED → | → 811 → 811 | | | | | | | | |

SECTION 8. FERTILITY PREFERENCES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|-------|
| 810 | <p>CHECK 804:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>a) You have said that you do not want (a/another) child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>b) You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason? _____</p> <p>Any other reason? _____</p> <p>RECORD ALL REASONS MENTIONED.</p> | <p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>SIDE EFFECTS/HEALTH CONCERNS O</p> <p>LACK OF ACCESS/TOO FAR P</p> <p>COSTS TOO MUCH Q</p> <p>PREFERRED METHOD</p> <p>NOT AVAILABLE R</p> <p>NO METHOD AVAILABLE S</p> <p>INCONVENIENT TO USE T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES U</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p> | |
| 811 | <p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NO, NOT CURRENTLY USING <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/></p> | | → 813 |
| 812 | Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future? | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | |
| 813 | <p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p> | <p>NONE 00 → 815</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 → 815 (SPECIFY)</p> | |
| 814 | How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl? | <p>BOYS GIRLS EITHER</p> <p>NUMBER .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p> | |

SECTION 8. FERTILITY PREFERENCES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | |
|--------------------------------|--|---|-------------------------|-----|------------------------------|----------------|----------------------|---|--------------------------------|---|-----------------------|--------------------------------|---------------------|---|-----------------------|---|---|-------------------------------|---|---|--|
| 815 | In the last few months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Received a voice or text message about family planning on a mobile phone? e) Received pamphlets or posters on family planning? | <table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) RADIO</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) TELEVISION</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c) NEWSPAPER OR MAGAZINE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) MOBILE PHONE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>e) PAMPHLETS OR POSTERS</td> <td align="right">1</td> <td align="right">2</td> </tr> </table> | | YES | NO | a) RADIO | 1 | 2 | b) TELEVISION | 1 | 2 | c) NEWSPAPER OR MAGAZINE | 1 | 2 | d) MOBILE PHONE | 1 | 2 | e) PAMPHLETS OR POSTERS | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | | | | |
| a) RADIO | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| b) TELEVISION | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| c) NEWSPAPER OR MAGAZINE | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| d) MOBILE PHONE | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| e) PAMPHLETS OR POSTERS | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| 816 | How would you prefer to get information on family planning? PROBE: Over the radio, on television, in print, by speaking to someone, or by mobile phone? | <table border="0"> <tr> <td>a) RADIO</td> <td align="right">1</td> </tr> <tr> <td>b) TELEVISION</td> <td align="right">2</td> </tr> <tr> <td>c) PRINT</td> <td align="right">3</td> </tr> <tr> <td>d) SPEAKING WITH SOMEONE</td> <td align="right">4</td> </tr> <tr> <td>e) MOBILE PHONE</td> <td align="right">5</td> </tr> <tr> <td>f) DON'T KNOW</td> <td align="right">8</td> </tr> </table> | a) RADIO | 1 | b) TELEVISION | 2 | c) PRINT | 3 | d) SPEAKING WITH SOMEONE | 4 | e) MOBILE PHONE | 5 | f) DON'T KNOW | 8 | | | | | | | |
| a) RADIO | 1 | | | | | | | | | | | | | | | | | | | | |
| b) TELEVISION | 2 | | | | | | | | | | | | | | | | | | | | |
| c) PRINT | 3 | | | | | | | | | | | | | | | | | | | | |
| d) SPEAKING WITH SOMEONE | 4 | | | | | | | | | | | | | | | | | | | | |
| e) MOBILE PHONE | 5 | | | | | | | | | | | | | | | | | | | | |
| f) DON'T KNOW | 8 | | | | | | | | | | | | | | | | | | | | |
| 817 | CHECK 701: YES, <input type="checkbox"/> CURRENTLY MARRIED YES, <input type="checkbox"/> LIVING WITH A MAN NO, <input type="checkbox"/> NOT IN A UNION | → 901 | | | | | | | | | | | | | | | | | | | |
| 818 | CHECK 303: USING A CONTRACEPTIVE METHOD? CURRENTLY <input type="checkbox"/> USING NOT <input type="checkbox"/> CURRENTLY USING NOT <input type="checkbox"/> ASKED | → 820 → 822 | | | | | | | | | | | | | | | | | | | |
| 819 | Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together? | <table border="0"> <tr> <td>MAINLY RESPONDENT</td> <td align="right">1</td> </tr> <tr> <td>MAINLY HUSBAND/PARTNER</td> <td align="right">2</td> </tr> <tr> <td>JOINT DECISION</td> <td align="right">3</td> </tr> <tr> <td>OTHER _____</td> <td align="right">6</td> </tr> <tr> <td align="center">(SPECIFY)</td> <td></td> </tr> </table> | MAINLY RESPONDENT | 1 | MAINLY HUSBAND/PARTNER | 2 | JOINT DECISION | 3 | OTHER _____ | 6 | (SPECIFY) | | → 821 | | | | | | | | |
| MAINLY RESPONDENT | 1 | | | | | | | | | | | | | | | | | | | | |
| MAINLY HUSBAND/PARTNER | 2 | | | | | | | | | | | | | | | | | | | | |
| JOINT DECISION | 3 | | | | | | | | | | | | | | | | | | | | |
| OTHER _____ | 6 | | | | | | | | | | | | | | | | | | | | |
| (SPECIFY) | | | | | | | | | | | | | | | | | | | | | |
| 820 | Would you say that not using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together? | <table border="0"> <tr> <td>MAINLY RESPONDENT</td> <td align="right">1</td> </tr> <tr> <td>MAINLY HUSBAND/PARTNER</td> <td align="right">2</td> </tr> <tr> <td>JOINT DECISION</td> <td align="right">3</td> </tr> <tr> <td>OTHER _____</td> <td align="right">6</td> </tr> <tr> <td align="center">(SPECIFY)</td> <td></td> </tr> </table> | MAINLY RESPONDENT | 1 | MAINLY HUSBAND/PARTNER | 2 | JOINT DECISION | 3 | OTHER _____ | 6 | (SPECIFY) | | | | | | | | | | |
| MAINLY RESPONDENT | 1 | | | | | | | | | | | | | | | | | | | | |
| MAINLY HUSBAND/PARTNER | 2 | | | | | | | | | | | | | | | | | | | | |
| JOINT DECISION | 3 | | | | | | | | | | | | | | | | | | | | |
| OTHER _____ | 6 | | | | | | | | | | | | | | | | | | | | |
| (SPECIFY) | | | | | | | | | | | | | | | | | | | | | |
| 821 | CHECK 304: NEITHER ARE <input type="checkbox"/> STERILIZED HE OR SHE ARE <input type="checkbox"/> STERILIZED | → 901 | | | | | | | | | | | | | | | | | | | |
| 822 | Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want? | <table border="0"> <tr> <td>SAME NUMBER</td> <td align="right">1</td> </tr> <tr> <td>MORE CHILDREN</td> <td align="right">2</td> </tr> <tr> <td>FEWER CHILDREN</td> <td align="right">3</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">8</td> </tr> </table> | SAME NUMBER | 1 | MORE CHILDREN | 2 | FEWER CHILDREN | 3 | DON'T KNOW | 8 | | | | | | | | | | | |
| SAME NUMBER | 1 | | | | | | | | | | | | | | | | | | | | |
| MORE CHILDREN | 2 | | | | | | | | | | | | | | | | | | | | |
| FEWER CHILDREN | 3 | | | | | | | | | | | | | | | | | | | | |
| DON'T KNOW | 8 | | | | | | | | | | | | | | | | | | | | |

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|-------|
| 901 | CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> | NOT IN <input type="checkbox"/> UNION | → 909 |
| 902 | How old was your (husband/partner) on his last birthday? | AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> | |
| 903 | Did your (husband/partner) ever attend school? | YES 1 NO 2 | → 906 |
| 904 | What was the highest level of school he attended: primary, secondary, or higher? | PRIMARY 1 SECONDARY 2 HIGHER 3 DON'T KNOW 8 | → 906 |
| 905 | What was the highest [GRADE/FORM/YEAR] he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'. | [GRADE/FORM/YEAR] <input type="text"/> <input type="text"/> DON'T KNOW 98 | |
| 906 | Has your (husband/partner) done any work in the last 7 days? | YES 1 NO 2 DON'T KNOW 8 | → 908 |
| 907 | Has your (husband/partner) done any work in the last 12 months? | YES 1 NO 2 DON'T KNOW 8 | → 909 |
| 908 | What is your (husband's/partner's) occupation? That is, what kind of work does he mainly do? | _____ _____ <input type="text"/> <input type="text"/> _____ | |
| 909 | Aside from your own housework, have you done any work in the last seven days? | YES 1 NO 2 | → 913 |
| 910 | As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work? | YES 1 NO 2 | → 913 |
| 911 | Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason? | YES 1 NO 2 | → 913 |
| 912 | Have you done any work in the last 12 months? | YES 1 NO 2 | → 917 |
| 913 | What is your occupation? That is, what kind of work do you mainly do? | _____ _____ <input type="text"/> <input type="text"/> _____ | |
| 914 | Do you do this work for a member of your family, for someone else, or are you self-employed? | FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3 | |

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|-------|
| 915 | 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 | |
| 916 | 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 | |
| 917 | CHECK 701: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> ↓ NOT IN UNION <input type="checkbox"/> → 925 | | |
| 918 | CHECK 916: CODE '1' OR '2' CIRCLED <input type="checkbox"/> ↓ OTHER <input type="checkbox"/> → 921 | | |
| 919 | Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly? | RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 OTHER _____ 6 (SPECIFY) | |
| 920 | Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same? | MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER HAS NO EARNINGS 4 DON'T KNOW 8 | → 922 |
| 921 | Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly? | RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 HUSBAND/PARTNER HAS NO EARNINGS 4 OTHER _____ 6 (SPECIFY) | |
| 922 | Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else? | RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6 | |
| 923 | Who usually makes decisions about making major household purchases? | RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6 | |
| 924 | Who usually makes decisions about visits to your family or relatives? | RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6 | |

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|--|---|---------|--------|--------|----|-------------------|---------|-----|-----|-------------------------|---|---------|-------|---------------------|---|---|---|----------------------|---|---|---|---------------------|---|---|---|---------------------|---|---|---|--|
| 925 | Do you own this or any other house either alone or jointly with someone else? | ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4 | → 928 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 926 | Do you have a title deed for any house you own? | YES 1 NO 2 DON'T KNOW 8 | ☐ → 928 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 927 | Is your name on the title deed? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 928 | Do you own any agricultural or non-agricultural land either alone or jointly with someone else? | ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4 | → 931 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 929 | Do you have a title deed for any land you own? | YES 1 NO 2 DON'T KNOW 8 | ☐ → 931 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 930 | Is your name on the title deed? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 931 | PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT) | <table border="0"> <tr> <td></td> <td align="center">PRES./</td> <td align="center">PRES./</td> <td></td> </tr> <tr> <td></td> <td align="center">LISTEN.</td> <td align="center">NOT</td> <td align="center">NOT</td> </tr> <tr> <td></td> <td></td> <td align="center">LISTEN.</td> <td align="center">PRES.</td> </tr> <tr> <td>CHILDREN < 10</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>HUSBAND</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>OTHER MALES</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>OTHER FEMALES</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> </table> | | PRES./ | PRES./ | | | LISTEN. | NOT | NOT | | | LISTEN. | PRES. | CHILDREN < 10 | 1 | 2 | 3 | HUSBAND | 1 | 2 | 3 | OTHER MALES | 1 | 2 | 3 | OTHER FEMALES | 1 | 2 | 3 | |
| | PRES./ | PRES./ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | LISTEN. | NOT | NOT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | LISTEN. | PRES. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHILDREN < 10 | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HUSBAND | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER MALES | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER FEMALES | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 932 | In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food? f) If she commmits infidelity? | <table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>a) GOES OUT</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) NEGLECTS CHILDREN ..</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) ARGUES</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>d) REFUSES SEX</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>e) BURNS FOOD</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>f) INFIDELITY</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table> | | YES | NO | DK | a) GOES OUT | 1 | 2 | 8 | b) NEGLECTS CHILDREN .. | 1 | 2 | 8 | c) ARGUES | 1 | 2 | 8 | d) REFUSES SEX | 1 | 2 | 8 | e) BURNS FOOD | 1 | 2 | 8 | f) INFIDELITY | 1 | 2 | 8 | |
| | YES | NO | DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) GOES OUT | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b) NEGLECTS CHILDREN .. | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) ARGUES | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d) REFUSES SEX | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e) BURNS FOOD | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f) INFIDELITY | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION 10. HIV and AIDS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | |
|----------------------|--|--|--------|-----|----|----|----------------------|---|---|---|---------------------|---|---|---|----------------------|---|---|---|--|
| 1001 | Now I would like to talk about something else. Have you ever heard of HIV or AIDS? | YES 1 NO 2 | → 1042 | | | | | | | | | | | | | | | | |
| 1002 | HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | |
| 1003 | Can people get HIV from mosquito bites? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | |
| 1004 | Can people reduce their chance of getting HIV by using a condom every time they have sex? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | |
| 1005 | Can people get HIV by sharing food with a person who has HIV? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | |
| 1006 | Can people get HIV because of witchcraft or other supernatural means? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | |
| 1007 | Is it possible for a healthy-looking person to have HIV? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | |
| 1007A | Can men reduce their chance of getting HIV by getting circumcised? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | |
| 1007B | Can circumcised men who have sex without a condom get HIV during sex? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | |
| 1007C | Can an HIV-negative woman get HIV if she has sex without a condom with a circumcised HIV-positive man? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | |
| 1008 | Can HIV be transmitted from a mother to her baby: | <table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>a) During pregnancy?</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) During delivery?</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) By breastfeeding?</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table> | | YES | NO | DK | a) During pregnancy? | 1 | 2 | 8 | b) During delivery? | 1 | 2 | 8 | c) By breastfeeding? | 1 | 2 | 8 | |
| | YES | NO | DK | | | | | | | | | | | | | | | | |
| a) During pregnancy? | 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| b) During delivery? | 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| c) By breastfeeding? | 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| 1009 | CHECK 1008: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> AT LEAST <input type="checkbox"/> ONE 'YES' ↓ </div> <div style="text-align: center;"> OTHER <input type="checkbox"/> → 1011 </div> </div> | | | | | | | | | | | | | | | | | | |
| 1010 | Are there any special medicines 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 | | | | | | | | | | | | | | | | | |
| 1011 | CHECK 208 AND 215: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> LAST BIRTH IN <input type="checkbox"/> 2013-2015 ↓ </div> <div style="text-align: center;"> NO BIRTHS <input type="checkbox"/> → 1027 LAST BIRTH IN <input type="checkbox"/> 2012 OR EARLIER → 1027 </div> </div> | | | | | | | | | | | | | | | | | | |
| 1012 | CHECK 408 FOR LAST BIRTH: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> HAD <input type="checkbox"/> ANTENATAL CARE ↓ </div> <div style="text-align: center;"> NO <input type="checkbox"/> → 1020 ANTENATAL CARE </div> </div> | | | | | | | | | | | | | | | | | | |
| 1013 | CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. | | | | | | | | | | | | | | | | | | |

SECTION 10. HIV and AIDS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | |
|-------------------------|--|--|--------|-----|----|----|-----------------------|---|---|---|-----------------------|---|---|---|-------------------------|---|---|---|--|
| 1014 | During any of the antenatal visits for your last birth were you given any information about: a) Babies getting HIV from their mother? b) Things that you can do to prevent getting HIV? c) Getting tested for HIV? | <table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">DK</td> </tr> <tr> <td>a) HIV FROM MOTHER ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b) THINGS TO DO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>c) TESTED FOR HIV</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table> | | YES | NO | DK | a) HIV FROM MOTHER .. | 1 | 2 | 8 | b) THINGS TO DO | 1 | 2 | 8 | c) TESTED FOR HIV | 1 | 2 | 8 | |
| | YES | NO | DK | | | | | | | | | | | | | | | | |
| a) HIV FROM MOTHER .. | 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| b) THINGS TO DO | 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| c) TESTED FOR HIV | 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| 1015 | Were you offered a test for HIV as part of your antenatal care? | YES 1 NO 2 | | | | | | | | | | | | | | | | | |
| 1016 | I don't want to know the results, but were you tested for HIV as part of your antenatal care? | YES 1 NO 2 | → 1020 | | | | | | | | | | | | | | | | |
| 1017 | Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE) | PUBLIC SECTOR CENTRAL HOSPITAL 11 PROVINCIAL HOSPITAL 12 DISTRICT HOSPITAL 13 RURAL HOSPITAL 14 RURAL HEALTH CEN/COUNCIL CLI 15 URBAN MUNICIPAL CLINI 16 FAMILY PLANNING CLINIC 17 SCHOOL BASED CLINIC 18 OTHER PUBLIC SECTOR _____ 19 (SPECIFY) MISSION HOSPITAL/CLINIC 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 31 NEW START CENTRE 32 SCHOOL BASED CLINIC 33 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) OTHER SOURCE HOME 41 WORKPLACE 42 MOBILE VCT 43 UNIFORMED FORCES FACILITY 44 OTHER _____ 96 (SPECIFY) | | | | | | | | | | | | | | | | | |
| 1018 | I don't want to know the results, but did you get the results of the test? | YES 1 NO 2 | → 1020 | | | | | | | | | | | | | | | | |
| 1019 | All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | |
| 1020 | CHECK 430 FOR LAST BIRTH: <div style="text-align: center;"> ANY CODE <input type="checkbox"/> '21-46' CIRCLED ↓ </div> <div style="text-align: center; margin-top: 10px;"> OTHER <input type="checkbox"/> → </div> | | → 1026 | | | | | | | | | | | | | | | | |
| 1021 | Between the time you went for delivery but before the baby was born, were you offered an HIV test? | YES 1 NO 2 | | | | | | | | | | | | | | | | | |
| 1022 | I don't want to know the results, but were you tested for HIV at that time? | YES 1 NO 2 | → 1024 | | | | | | | | | | | | | | | | |
| 1023 | I don't want to know the results, but did you get the results of the test? | YES 1 NO 2 | → 1025 | | | | | | | | | | | | | | | | |

SECTION 10. HIV and AIDS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|--|--------|
| 1024 | CHECK 1016: YES <input type="checkbox"/> | NO OR <input type="checkbox"/> NOT ASKED | → 1027 |
| 1025 | Have you been tested for HIV since that time you were tested during your pregnancy? | YES 1 NO 2 | → 1028 |
| 1026 | How many months ago was your most recent HIV test? | MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95 | → 1033 |
| 1027 | I don't want to know the results, but have you ever been tested for HIV? | YES 1 NO 2 | → 1031 |
| 1028 | How many months ago was your most recent HIV test? | MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95 | |
| 1029 | I don't want to know the results, but did you get the results of the test? | YES 1 NO 2 | |
| 1030 | Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE) | PUBLIC SECTOR CENTRAL HOSPITAL 11 PROVINCIAL HOSPITAL 12 DISTRICT HOSPITAL 13 RURAL HOSPITAL 14 RURAL HEALTH CEN/COUNCIL CLINIC 15 URBAN MUNICIPAL CLINIC 16 FAMILY PLANNING CLINIC 17 SCHOOL BASED CLINIC 18 OTHER PUBLIC SECTOR _____ 19 (SPECIFY) MISSION HOSPITAL/CLINIC 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 31 NEW START CENTRE 32 SCHOOL BASED CLINIC 33 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) OTHER SOURCE HOME 41 WORKPLACE 42 MOBILE VCT 43 UNIFORMED FORCES FACILITY 44 OTHER _____ 96 (SPECIFY) | → 1033 |
| 1031 | Do you know of a place where people can go to get an HIV test? | YES 1 NO 2 | → 1033 |

SECTION 10. HIV and AIDS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-------|---|---|---------|
| 1032 | Where is that? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE) | PUBLIC SECTOR CENTRAL HOSPITAL A PROVINCIAL HOSPITAL B DISTRICT HOSPITAL C RURAL HOSPITAL D RURAL HEALTH CEN/COUNCIL CLINIC E URBAN MUNICIPAL CLINIC F FAMILY PLANNING CLINIC G SCHOOL BASED CLINIC H OTHER PUBLIC SECTOR _____ I (SPECIFY) MISSION HOSPITAL/CLINIC J PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR K NEW START CENTRE L SCHOOL BASED CLINIC M OTHER PRIVATE MEDICAL SECTOR _____ N (SPECIFY) OTHER SOURCE HOME O WORKPLACE P MOBILE VCT Q UNIFORMED FORCES FACILITY R OTHER _____ X (SPECIFY) | |
| 1033 | Have you heard of test kits people can use to test themselves for HIV? | YES 1 NO 2 | → 1034A |
| 1034 | Have you ever tested yourself for HIV using a self-test kit? | YES 1 NO 2 | |
| 1034A | If a self-test kit was available, would you be willing to test yourself for HIV? | YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8 | |
| 1035 | 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/NOT SURE/DEPENDS 8 | |
| 1036 | Do you think children living with HIV should be allowed to attend school with children who do not have HIV? | YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8 | |
| 1037 | Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV? | YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8 | |
| 1038 | Do people talk badly about people living with HIV, or who are thought to be living with HIV? | YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8 | |
| 1039 | Do people living with HIV, or thought to be living with HIV, lose the respect of other people? | YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8 | |
| 1040 | Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV. | AGREE 1 DISAGREE 2 DON'T KNOW/NOT SURE/DEPENDS 8 | |
| 1041 | Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV? | YES 1 NO 2 SAYS SHE HAS HIV 3 DON'T KNOW/NOT SURE/DEPENDS 8 | |

SECTION 10. HIV and AIDS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|--|--------|
| 1042 | <p>CHECK 1001:</p> <p>HEARD ABOUT HIV OR AIDS <input type="checkbox"/></p> <p>NOT HEARD ABOUT HIV OR AIDS <input type="checkbox"/></p> <p>a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact?</p> <p>b) Have you heard about infections that can be transmitted through sexual contact?</p> | <p>YES 1</p> <p>NO 2</p> | |
| 1043 | <p>CHECK 713:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> | | → 1051 |
| 1044 | <p>CHECK 1042: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> | | → 1046 |
| 1045 | <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> | |
| 1046 | <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> | |
| 1047 | <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> | |
| 1048 | <p>CHECK 1045, 1046, AND 1047:</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> | | → 1051 |
| 1049 | <p>The last time you had (PROBLEM FROM 1045/1046/1047), did you seek any kind of advice or treatment?</p> | <p>YES 1</p> <p>NO 2</p> | → 1051 |
| 1050 | <p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p> | <p>PUBLIC SECTOR</p> <p>CENTRAL HOSPITAL A</p> <p>PROVINCIAL HOSPITAL B</p> <p>DISTRICT HOSPITAL C</p> <p>RURAL HOSPITAL D</p> <p>RURAL HEALTH CEN/COUNCIL CLIN E</p> <p>URBAN MUNICIPAL CLINIC F</p> <p>FAMILY PLANNING CLINIC G</p> <p>OTHER PUBLIC SECTOR _____ H</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR I</p> <p>PHARMACY J</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ K</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP L</p> <p>MOBILE VCT M</p> <p>WORKPLACE N</p> <p>TRADITIONAL HERBALIST O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> | |

SECTION 10. HIV and AIDS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|---|--------|
| 1051 | If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex? | YES 1 NO 2 DON'T KNOW 8 | |
| 1052 | Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women? | YES 1 NO 2 DON'T KNOW 8 | |
| 1053 | CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> | NOT IN UNION <input type="checkbox"/> | → 1101 |
| 1054 | Can you say no to your (husband/partner) if you do not want to have sexual intercourse? | YES 1 NO 2 DEPENDS/NOT SURE 8 | |
| 1055 | Could you ask your (husband/partner) to use a condom if you wanted him to? | YES 1 NO 2 DEPENDS/NOT SURE 8 | |

SECTION 11. OTHER HEALTH ISSUES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | |
|---------------------|--|---|--------|----------------|----------------------|---------------------|---|---|------------------|---|---|-------------|---|---|-------------|---|---|--|
| 1101 | <p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> | <p>NUMBER OF INJECTIONS <input type="text"/> <input type="text"/></p> <p>NONE 00</p> | → 1104 | | | | | | | | | | | | | | | |
| 1102 | <p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> | <p>NUMBER OF INJECTIONS <input type="text"/> <input type="text"/></p> <p>NONE 00</p> | → 1104 | | | | | | | | | | | | | | | |
| 1103 | <p>The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?</p> | <p>YES 1 NO 2 DON'T KNOW 8</p> | | | | | | | | | | | | | | | | |
| 1104 | <p>Do you currently smoke cigarettes every day, some days, or not at all?</p> | <p>EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3</p> | → 1106 | | | | | | | | | | | | | | | |
| 1105 | <p>On average, how many cigarettes do you currently smoke each day?</p> | <p>NUMBER OF CIGARETTES <input type="text"/> <input type="text"/></p> | | | | | | | | | | | | | | | | |
| 1106 | <p>Do you currently smoke or use any other type of tobacco every day, some days, or not at all?</p> | <p>EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3</p> | → 1108 | | | | | | | | | | | | | | | |
| 1107 | <p>What other type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED.</p> | <p>PIPE A SNUFF B OTHER _____ X (SPECIFY)</p> | | | | | | | | | | | | | | | | |
| 1108 | <p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not a big problem:</p> <p>a) Getting permission to go to the doctor?</p> <p>b) Getting money needed for advice or treatment?</p> <p>c) The distance to the health facility?</p> <p>d) Not wanting to go alone?</p> | <table border="0"> <thead> <tr> <th></th> <th align="center">BIG PROBLEM</th> <th align="center">NOT A BIG PROBLEM</th> </tr> </thead> <tbody> <tr> <td>a) PERMISSION TO GO</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b) GETTING MONEY</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c) DISTANCE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>d) GO ALONE</td> <td align="center">1</td> <td align="center">2</td> </tr> </tbody> </table> | | BIG PROBLEM | NOT A BIG PROBLEM | a) PERMISSION TO GO | 1 | 2 | b) GETTING MONEY | 1 | 2 | c) DISTANCE | 1 | 2 | d) GO ALONE | 1 | 2 | |
| | BIG PROBLEM | NOT A BIG PROBLEM | | | | | | | | | | | | | | | | |
| a) PERMISSION TO GO | 1 | 2 | | | | | | | | | | | | | | | | |
| b) GETTING MONEY | 1 | 2 | | | | | | | | | | | | | | | | |
| c) DISTANCE | 1 | 2 | | | | | | | | | | | | | | | | |
| d) GO ALONE | 1 | 2 | | | | | | | | | | | | | | | | |
| 1108A | <p>Have you ever heard of cervical cancer?</p> | <p>YES 1 NO 2</p> | → 1109 | | | | | | | | | | | | | | | |
| 1108B | <p>Have you ever been screened for cervical cancer?</p> | <p>YES 1 NO 2</p> | → 1109 | | | | | | | | | | | | | | | |

SECTION 11. OTHER HEALTH ISSUES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-------|--|---|---------|
| 1108C | When were you last screened for cervical cancer? _____ (DATE, IF GIVEN) | DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> | |
| 1109 | Are you covered by any medical aid? | YES 1 NO 2 | → 1110A |
| 1110 | What type of medical aid are you covered by? RECORD ALL MENTIONED. | MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B SOCIAL SECURITY C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER _____ X (SPECIFY) | |
| 1110A | Have you ever drank alcohol? | YES 1 NO 2 | → 1201 |
| 1110B | In the last 30 days, on how many days did you have at least one drink of alcohol? IF NONE, RECORD '00'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. | DAYS <input type="text"/> <input type="text"/> DON'T KNOW 998 | |
| 1110C | In the last 30 days, how many alcoholic drinks did you have on a typical day when you drank alcohol? IF NONE, RECORD '00'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. | DRINKS <input type="text"/> <input type="text"/> DON'T KNOW 998 | |
| 1110D | In the last 30 days, on how many days did you get drunk? IF NONE, RECORD '00'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. | DAYS <input type="text"/> <input type="text"/> DON'T KNOW 998 | |

SECTION 12. MATERNAL MORTALITY

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | |
|---|--|--|--|--|--|--|--|
| 1201 | Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you? | NUMBER OF BIRTHS TO NATURAL MOTHER <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> | | | | | |
| 1202 | CHECK 1201: TWO OR MORE BIRTHS <input type="checkbox"/> | ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/> | NEXT SEC. → | | | | |
| 1203 | How many births did your mother have before you were born? | NUMBER OF PRECEDING BIRTHS..... <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> | | | | | |
| 1204 | What was the name given to your (oldest/ next oldest) brother or sister? | (1) _____ | (2) _____ | (3) _____ | (4) _____ | (5) _____ | (6) _____ |
| 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 (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 | How old is (NAME)? | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> GO TO (2) | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> GO TO (3) | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> GO TO (4) | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> GO TO (5) | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> GO TO (6) | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> GO TO (7) |
| 1208 | How many years ago did (NAME) die? | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> |
| 1209 | How old was (NAME) when (he/she) died? | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2) | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3) | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4) | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5) | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6) | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7) |
| 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 | How many live born children did (NAME) give birth to during her lifetime? | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> | <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> |
| IF NO MORE BROTHERS OR SISTERS, GO TO NEXT SECTION. | | | | | | | |

SECTION 12. MATERNAL MORTALITY

| | | | | | | | |
|---|--|---|---|--|--|--|--|
| 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"/> <input type="text"/> GO TO (8) | <input type="text"/> <input type="text"/> GO TO (9) | <input type="text"/> <input type="text"/> GO TO (10) | <input type="text"/> <input type="text"/> GO TO (11) | <input type="text"/> <input type="text"/> GO TO (12) | <input type="text"/> <input type="text"/> GO TO (13) |
| 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"/> | <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"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8) | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9) | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10) | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11) | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12) | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13) |
| 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 | How many live born children did (NAME) give birth to during her lifetime? | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| IF NO MORE BROTHERS OR SISTERS, GO TO NEXT SECTION. | | | | | | | |

SECTION 13: DOMESTIC VIOLENCE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|-----------------------|-------|------------|-----------------------|---|---------------|-----|---------------|---|--|---------------|---------------------|---|---|--|-----------------|-----|---|---|---------------------|---|---|---|-------------|---|---|---|--|
| 1300 | CHECK HOUSEHOLD QUESTIONNAIRE, [LOCATION TO BE CHECKED] WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/> | WOMAN <input type="checkbox"/> NOT SELECTED | NEXT SECT. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1301 | CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED 1 | PRIVACY NOT POSSIBLE 2 | 1332 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1301A | READ TO THE RESPONDENT: Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Zimbabwe. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1302 | CHECK 701 AND 702: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> | FORMERLY MARRIED/LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/PARTNER') <input type="checkbox"/> | NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> → 1316 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1303 | 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)? a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times? f) He (does/did) not trust you with any money? | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>JEALOUS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ACCUSES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NOT MEET FRIENDS ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NO FAMILY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WHERE YOU ARE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MONEY</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> | | YES | NO | DK | JEALOUS | 1 | 2 | 8 | ACCUSES | 1 | 2 | 8 | NOT MEET FRIENDS .. | 1 | 2 | 8 | NO FAMILY | 1 | 2 | 8 | WHERE YOU ARE | 1 | 2 | 8 | MONEY | 1 | 2 | 8 | |
| | YES | NO | DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JEALOUS | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ACCUSES | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOT MEET FRIENDS .. | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO FAMILY | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WHERE YOU ARE | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MONEY | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1304 | Now I need to ask some more questions about your relationship with your (last) (husband/partner). A. Did your (last) (husband/partner) ever: a) say or do something to humiliate you in front of others? b) threaten to hurt or harm you or someone you care about? c) insult you or make you feel bad about yourself? | B. How often did this happen during the last 12 months: often, only sometimes, or not at all? <table border="1"> <thead> <tr> <th></th> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a) say or do something to humiliate you in front of others?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) threaten to hurt or harm you or someone you care about?</td> <td>YES 1 NO 2</td> <td>→ 1</td> <td>2</td> <td>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</td> <td>3</td> </tr> </tbody> </table> | | EVER | OFTEN | SOME-TIMES | NOT IN LAST 12 MONTHS | 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 you care about? | YES 1 NO 2 | → 1 | 2 | 3 | c) insult you or make you feel bad about yourself? | YES 1 NO 2 | → 1 | 2 | 3 | | | | | | | | | |
| | EVER | OFTEN | SOME-TIMES | NOT IN LAST 12 MONTHS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 you care about? | YES 1 NO 2 | → 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) insult you or make you feel bad about yourself? | YES 1 NO 2 | → 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION 13: DOMESTIC VIOLENCE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--------|------------|-----------------------|------------|-----------------------|--|-------|------|-----|---|---|--------------|-------|------|-----|---|---|--------------------------------------|-------|------|-----|---|---|---|-------|------|-----|---|---|--|-------|------|-----|---|---|---|-------|------|-----|---|---|---|-------|------|-----|---|---|---|-------|------|-----|---|---|---|-------|------|-----|---|---|---|-------|------|-----|---|---|--|--|
| 1305 | A. Did your (last) (husband/partner) ever do any of the following things to you: | B. How often did this happen during the last 12 months: often, only sometimes, or not at all? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th></th> <th colspan="2">EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a) push you, shake you, or throw something at you?</td> <td>YES 1</td> <td>NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) slap you?</td> <td>YES 1</td> <td>NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) twist your arm or pull your hair?</td> <td>YES 1</td> <td>NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>d) punch you with his fist or with something that could hurt you?</td> <td>YES 1</td> <td>NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>e) kick you, drag you, or beat you up?</td> <td>YES 1</td> <td>NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>f) try to choke you or burn you on purpose?</td> <td>YES 1</td> <td>NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>g) threaten or attack you with a knife, gun, or other weapon?</td> <td>YES 1</td> <td>NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>h) physically force you to have sexual intercourse with him when you did not want to?</td> <td>YES 1</td> <td>NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>i) physically force you to perform any other sexual acts you did not want to?</td> <td>YES 1</td> <td>NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>j) force you with threats or in any other way to perform sexual acts you did not want to?</td> <td>YES 1</td> <td>NO 2</td> <td>→ 1</td> <td>2</td> <td>3</td> </tr> </tbody> </table> | | EVER | | OFTEN | SOME-TIMES | NOT IN LAST 12 MONTHS | a) push you, shake you, or throw something at you? | YES 1 | NO 2 | → 1 | 2 | 3 | b) slap you? | YES 1 | NO 2 | → 1 | 2 | 3 | c) twist your arm or pull your hair? | YES 1 | NO 2 | → 1 | 2 | 3 | d) punch you with his fist or with something that could hurt you? | YES 1 | NO 2 | → 1 | 2 | 3 | e) kick you, drag you, or beat you up? | YES 1 | NO 2 | → 1 | 2 | 3 | f) try to choke you or burn you on purpose? | YES 1 | NO 2 | → 1 | 2 | 3 | g) threaten or attack you with a knife, gun, or other weapon? | YES 1 | NO 2 | → 1 | 2 | 3 | h) physically force you to have sexual intercourse with him when you did not want to? | YES 1 | NO 2 | → 1 | 2 | 3 | i) physically force you to perform any other sexual acts you did not want to? | YES 1 | NO 2 | → 1 | 2 | 3 | j) force you with threats or in any other way to perform sexual acts you did not want to? | YES 1 | NO 2 | → 1 | 2 | 3 | | |
| | EVER | | OFTEN | SOME-TIMES | NOT IN LAST 12 MONTHS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) push you, shake you, or throw something at you? | YES 1 | NO 2 | → 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b) slap you? | YES 1 | NO 2 | → 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) twist your arm or pull your hair? | YES 1 | NO 2 | → 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d) punch you with his fist or with something that could hurt you? | YES 1 | NO 2 | → 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e) kick you, drag you, or beat you up? | YES 1 | NO 2 | → 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f) try to choke you or burn you on purpose? | YES 1 | NO 2 | → 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g) threaten or attack you with a knife, gun, or other weapon? | YES 1 | NO 2 | → 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h) physically force you to have sexual intercourse with him when you did not want to? | YES 1 | NO 2 | → 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i) physically force you to perform any other sexual acts you did not want to? | YES 1 | NO 2 | → 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| j) force you with threats or in any other way to perform sexual acts you did not want to? | YES 1 | NO 2 | → 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1306 | CHECK 1305A (a-j): AT LEAST ONE 'YES' <input type="checkbox"/> | NOT A SINGLE 'YES' <input type="checkbox"/> → | 1309 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1307 | How long after you first (got married/started living together) with your (last) (husband/partner) did (this/any of these things) first happen? IF LESS THAN ONE YEAR, RECORD '00'. | NUMBER OF YEARS <input type="text"/> <input type="text"/> BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1308 | 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? | YES 1 NO 2 YES 1 NO 2 YES 1 NO 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1309 | Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/partner) at times when he was not already beating or physically hurting you? | YES 1 NO 2 | → 1311 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION 13: DOMESTIC VIOLENCE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|---|--|
| 1310 | In the last 12 months, how often have you done this to your (last) (husband/partner): often, only sometimes, or not at all? | OFTEN 1 SOMETIMES 2 NOT AT ALL 3 | |
| 1311 | Does (did) your (last) (husband/partner) drink alcohol? | YES 1 NO 2 | → 1313 |
| 1312 | How often does (did) he get drunk: often, only sometimes, or never? | OFTEN 1 SOMETIMES 2 NEVER 3 | |
| 1313 | Are (Were) you afraid of your (last) (husband/partner): most of the time, sometimes, or never? | MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3 | |
| 1314 | CHECK 709: MARRIED MORE THAN ONCE <input type="checkbox"/> ↓ | MARRIED ONLY ONCE <input type="checkbox"/> | → 1316 |
| 1315 | A. So far we have been talking about the behavior of your (current/last) (husband/partner). Now I want to ask you about the behavior of any previous (husband/partner). a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically? b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will? | B. How long ago did this last happen? EVER 0 - 11 MONTHS AGO 12+ MONTHS AGO DON'T REMEMBER YES 1 NO 2 ↓ YES 1 NO 2 ↓ | |
| 1316 | CHECK 701 AND 702: EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/> ↓ | NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> ↓ a) From the time you were 15 years old has anyone other than (your/any) (husband/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically? b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically? | YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3 → 1319 |

SECTION 13: DOMESTIC VIOLENCE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-------|--|--|-------------------|
| 1317 | Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED. | MOTHER/STEP-MOTHER A FATHER/STEP-FATHER B SISTER/BROTHER C DAUGHTER/SON D OTHER RELATIVE E CURRENT BOYFRIEND F FORMER BOYFRIEND G MOTHER-IN-LAW H FATHER-IN-LAW I OTHER IN-LAW J TEACHER K EMPLOYER/SOMEONE AT WORK .. L POLICE/SOLDIER M OTHER _____ X (SPECIFY) | |
| 1318 | In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all? | OFTEN 1 SOMETIMES 2 NOT AT ALL 3 | |
| 1319 | CHECK 201, 226, AND 230: EVER BEEN PREGNANT <input type="checkbox"/> ('YES' ON 201 OR 226 OR 230) ↓ | NEVER BEEN PREGNANT <input type="checkbox"/> → 1322 | |
| 1320 | Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant? | YES 1 NO 2 → 1322 | |
| 1321 | 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) | |
| 1322 | CHECK 701 AND 702: EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/> ↓ | NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> → 1322B | |
| 1322A | Now I want to ask you about things that may have been done to you by someone other than (your/any) (husband/partner). At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to? | YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3 | → 1323 → 1324A |
| 1322B | At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to? | YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3 | → 1326 |

SECTION 13: DOMESTIC VIOLENCE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-------|--|--|---------------------------------|
| 1323 | Who was the person who was forcing you the very first time this happened? | CURRENT HUSBAND/PARTNER 01 FORMER HUSBAND/PARTNER 02 CURRENT/FORMER BOYFRIEND .. 03 FATHER/STEP-FATHER 04 BROTHER/STEP-BROTHER 05 OTHER RELATIVE 06 IN-LAW 07 OWN FRIEND/ACQUAINTANCE 08 FAMILY FRIEND 09 TEACHER 10 EMPLOYER/SOMEONE AT WORK .. 11 POLICE/SOLDIER 12 PRIEST/RELIGIOUS LEADER 13 STRANGER 14 OTHER _____ 96 (SPECIFY) | |
| 1324 | CHECK 701 AND 702: EVER MARRIED/EVER <input type="checkbox"/> LIVED WITH A MAN ↓ a) In the last 12 months, has anyone other than (your/any) (husband/partner) physically forced you to have sexual intercourse when you did not want to? NEVER MARRIED/NEVER <input type="checkbox"/> LIVED WITH A MAN ↓ b) In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to? | YES 1 NO 2 | <input type="checkbox"/> → 1325 |
| 1324A | CHECK 1305A (h-j) and 1315A(b) AT LEAST ONE <input type="checkbox"/> 'YES' ↓ NOT A <input type="checkbox"/> SINGLE 'YES' → | | <input type="checkbox"/> → 1326 |
| 1325 | CHECK 701 AND 702: EVER MARRIED/EVER <input type="checkbox"/> LIVED WITH A MAN ↓ a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) husband/partner? NEVER MARRIED/NEVER <input type="checkbox"/> LIVED WITH A MAN ↓ b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts? | AGE IN COMPLETED <input type="text"/> <input type="text"/> YEARS DON'T KNOW 98 | |
| 1326 | CHECK 1305A (a-j), 1315A (a,b), 1316, 1320, 1322A, AND 1322B: AT LEAST ONE <input type="checkbox"/> 'YES' ↓ NOT A SINGLE <input type="checkbox"/> 'YES' → | | <input type="checkbox"/> → 1330 |
| 1327 | Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help? | YES 1 NO 2 | <input type="checkbox"/> → 1329 |

SECTION 13: DOMESTIC VIOLENCE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | |
|--|---|--|------------|----------------------|----------------------|---------------|----------------------|----------------------|---|---|-----------------------|---|---|---|--------------------|---|---|---|--|
| 1328 | From whom have you sought help? Anyone else? RECORD ALL MENTIONED. | OWN FAMILY A HUSBAND'S/PARTNER'S FAMILY .. B CURRENT/FORMER HUSBAND/PARTNER C CURRENT/FORMER BOYFRIEND .. D FRIEND E NEIGHBOR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION .. K OTHER _____ X (SPECIFY) | → 1330 | | | | | | | | | | | | | | | | |
| 1329 | Have you ever told any one about this? | YES 1 NO 2 | | | | | | | | | | | | | | | | | |
| 1330 | 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 | | | | | | | | | | | | | | | | | | | |
| 1331 | DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY? | <table border="0"> <tr> <td></td> <td>YES, ONCE</td> <td>YES, MORE THAN ONCE</td> <td>NO</td> </tr> <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> </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 | | | | | | | | | | | | | | | | |
| 1332 | INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE. _____ _____ _____ | | | | | | | | | | | | | | | | | | |
| 1333 | RECORD THE TIME. | <table border="0"> <tr> <td>HOURS.....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>MINUTES</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> | HOURS..... | <input type="text"/> | <input type="text"/> | MINUTES | <input type="text"/> | <input type="text"/> | | | | | | | | | | | |
| HOURS..... | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | |
| MINUTES | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | |

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS

INSTRUCTIONS:

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

CODES FOR EACH COLUMN:

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUCD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 MALE CONDOM
- 8 FEMALE CONDOM
- 9 EMERGENCY CONTRACEPTION

- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD (SAFE DAYS)

- M WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 SIDE EFFECTS/HEALTH CONCERNS

- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 8 INCONVENIENT TO USE
- F UP TO GOD/FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER

- _____ (SPECIFY)

- Z DON'T KNOW

| | | | COL. 1 | COL. 2 | |
|----------|----|-----|--------|--------|--|
| | 12 | DEC | 01 | | |
| | 11 | NOV | 02 | | |
| | 10 | OCT | 03 | | |
| 2 | 09 | SEP | 04 | | |
| | 08 | AUG | 05 | | |
| | 07 | JUL | 06 | | |
| | 06 | JUN | 07 | | |
| | 05 | MAY | 08 | | |
| 0 | 04 | APR | 09 | | |
| | 03 | MAR | 10 | | |
| | 02 | FEB | 11 | | |
| | 01 | JAN | 12 | | |
| | | | | | |
| | 12 | DEC | 13 | | |
| | 11 | NOV | 14 | | |
| | 10 | OCT | 15 | | |
| 2 | 09 | SEP | 16 | | |
| | 08 | AUG | 17 | | |
| | 07 | JUL | 18 | | |
| | 06 | JUN | 19 | | |
| | 05 | MAY | 20 | | |
| 1 | 04 | APR | 21 | | |
| | 03 | MAR | 22 | | |
| | 02 | FEB | 23 | | |
| | 01 | JAN | 24 | | |
| | | | | | |
| | 12 | DEC | 25 | | |
| | 11 | NOV | 26 | | |
| | 10 | OCT | 27 | | |
| 2 | 09 | SEP | 28 | | |
| | 08 | AUG | 29 | | |
| | 07 | JUL | 30 | | |
| | 06 | JUN | 31 | | |
| | 05 | MAY | 32 | | |
| 0 | 04 | APR | 33 | | |
| | 03 | MAR | 34 | | |
| | 02 | FEB | 35 | | |
| | 01 | JAN | 36 | | |
| | | | | | |
| | 12 | DEC | 37 | | |
| | 11 | NOV | 38 | | |
| | 10 | OCT | 39 | | |
| 2 | 09 | SEP | 40 | | |
| | 08 | AUG | 41 | | |
| | 07 | JUL | 42 | | |
| | 06 | JUN | 43 | | |
| | 05 | MAY | 44 | | |
| 1 | 04 | APR | 45 | | |
| | 03 | MAR | 46 | | |
| | 02 | FEB | 47 | | |
| | 01 | JAN | 48 | | |
| | | | | | |

