



CONFIDENTIAL

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LANGUAGE: ENGLISH

2022 TANZANIA DEMOGRAPHIC AND HEALTH SURVEY
WOMAN QUESTIONNAIRE

UNITED REPUBLIC OF TANZANIA
NATIONAL BUREAU OF STATISTICS AND OFFICE OF THE CHIEF GOVERNMENT STATISTICIAN

IDENTIFICATION																				
REGION	<table border="1" style="margin: auto;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																			
DISTRICT																				
WARD																				
URBAN =1 RURAL=2																				
NAME OF HOUSEHOLD HEAD	<table border="1" style="margin: auto;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																			
CLUSTER NUMBER																				
HOUSEHOLD NUMBER																				
NAME AND LINE NUMBER OF WOMAN																				
CHECK HOUSEHOLD QUESTIONNAIRE: HOUSEHOLD SELECTED FOR MAN SURVEY? (1=YES, 2=NO)	<table border="1" style="margin: auto;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																			
CHECK COVER PAGE OF HOUSEHOLD QUESTIONNAIRE: HOUSEHOLD SELECTED FOR DV MODULE? (1=YES, 2=NO) ..																				
CHECK HOUSEHOLD QUESTIONNAIRE DVH01: WOMAN SELECTED FOR DV MODULE? (1=YES, 2=NO)																				
INTERVIEWER VISITS																				
	1	2	3	FINAL VISIT																
DATE	_____	_____	_____	<table border="1" style="margin: auto;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																
INTERVIEWER'S NAME	_____	_____	_____																	
RESULT*	_____	_____	_____																	
NEXT VISIT: DATE TIME	_____ _____	_____ _____		<table border="1" style="margin: auto;"> <tr><td></td></tr> </table>																
				<table border="1" style="margin: auto;"> <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**	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">0</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">1</div>	LANGUAGE OF INTERVIEW**	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">0</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">1</div>	NATIVE LANGUAGE OF RESPONDENT**	<div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div>	TRANSLATOR USED (YES = 1, NO = 2)	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>
LANGUAGE OF QUESTIONNAIRE** ENGLISH		**LANGUAGE CODES: 01 ENGLISH 03 LANGUAGE 3 05 LANGUAGE 5 KISWAHILI 04 LANGUAGE 4 06 LANGUAGE 6					
TEAM <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> NUMBER		CAPI SUPERVISOR <div style="display: flex; align-items: center; justify-content: center; margin-top: 10px;"> <div style="flex: 1; border-bottom: 1px solid black; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 60px; height: 20px; display: flex;"> <div style="flex: 1; border-right: 1px solid black; height: 20px;"></div> <div style="flex: 1; border-right: 1px solid black; height: 20px;"></div> <div style="flex: 1; border-right: 1px solid black; height: 20px;"></div> <div style="flex: 1; height: 20px;"></div> </div> </div> <div style="display: flex; justify-content: space-around; width: 100%; margin-top: 5px;"> NAME NUMBER </div>					

INTRODUCTION AND CONSENT

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

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

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

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED ... 1

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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
101	RECORD THE TIME.	<div style="display: flex; justify-content: space-between;"> <div>HOURS</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div>MINUTES</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>																					
101AA	CHECK THE COVER PAGE: HOUSEHOLD SELECTED FOR THE MEN'S SURVEY? Yes <input type="checkbox"/> No <input type="checkbox"/>		102																				
101A	<p>During the interview I would like to measure your blood pressure to see if you have high blood pressure. If you agree, we will take a measurement three times during the interview.</p> <p>We will use an automated digital device operated by 6 AA-size batteries. The procedure is harmless, but you may feel discomfort while the measuring cuff squeezes your arm. If high blood pressure is not treated, it may eventually cause serious damage to the heart and blood vessels in the brain.</p> <p>You will receive the results of the blood pressure measurement at the end of our interview, with an explanation of the numbers. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey.</p> <p>Do you have any questions about the blood pressure measurement so far? If you have any questions about the procedure at any time, please ask me.</p> <p>You can say yes or no to having your blood pressure measured. You can also decide at anytime during the interview not to have your blood pressure measured.</p>																						
	CIRCLE THE CODE AND SIGN YOUR NAME	GRANTED 1 <div style="border-bottom: 1px solid black; width: 100%;"></div> (SIGNATURE OF INTERVIEWER) REFUSED 2 (GO TO 102)																					
101B	<p>Before measuring I would like to ask a few questions about things that may affect blood pressure.</p> <p>Have you done any of the following within the past 30 minutes:</p> <p>a) Eaten anything?</p> <p>b) Had coffee, tea, cola or other drink that has</p> <p>c) Smoked any tobacco product?</p> <p>d) Conducted any physical activity or exercises that made you breathe harder than usual?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>a) EATEN</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) CAFFEINE</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) SMOKED</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>d) EXCERCISED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	a) EATEN	1	2	8	b) CAFFEINE	1	2	8	c) SMOKED	1	2	8	d) EXCERCISED	1	2	8	
	YES	NO	DK																				
a) EATEN	1	2	8																				
b) CAFFEINE	1	2	8																				
c) SMOKED	1	2	8																				
d) EXCERCISED	1	2	8																				

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101C	<p>Now we will measure your blood pressure.</p> <p>BEFORE TAKING THE FIRST BLOOD PRESSURE READING, MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER.</p> <p>RECORD THE MEASUREMENT IN CENTIMETERS.</p>	<p>ARM CIRCUMFERENCE (IN CENTIMETERS)</p> <div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px;"></div>	
101D	<p>USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR MODEL AND CUFF SIZE.</p>	<p>MODEL 767</p> <p>SMALL: 16 CM – 23 CM 1</p> <p>MEDIUM: 24 CM – 35 CM 2</p> <p>LARGE: 36 CM – 41 CM 3</p> <p>MODEL 789</p> <p>EXTRA LARGE: 42 CM – 60 CM 4</p>	
101E	<p>TAKE THE FIRST BLOOD PRESSURE READING.</p> <p>RECORD THE SYSTOLIC AND THE DIASTOLIC BLOOD PRESSURE.</p> <p>IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.</p>	<p>BLOOD PRESSURE READINGS</p> <p>SYSTOLIC <div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div><div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div><div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px;"></div></p> <p>DIASTOLIC <div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div><div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div><div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px;"></div></p> <p>TECHNICAL PROBLEMS '995</p> <p>OTHER '996</p>	
102	<p>What region were you born in?</p>	<p>DODOMA 01</p> <p>ARUSHA 02</p> <p>KILIMANJARO 03</p> <p>TANGA 04</p> <p>MOROGORO 05</p> <p>PWANI 06</p> <p>DAR ES SALAAM 07</p> <p>LINDI 08</p> <p>MTWARA 09</p> <p>RUVUMA 10</p> <p>IRINGA 11</p> <p>MBEYA 12</p> <p>SINGIDA 13</p> <p>TABORA 14</p> <p>RUKWA 15</p> <p>KIGOMA 16</p> <p>SHINYANGA 17</p> <p>KAGERA 18</p> <p>MWANZA 19</p> <p>MARA 20</p> <p>MANYARA 21</p> <p>NJOMBE 22</p> <p>KATAVI 23</p> <p>SIMUYU 24</p> <p>GEITA 25</p> <p>SONGWE 26</p> <p>KASKAZIN UNGUJA 27</p> <p>KUSINI UNGUJA 28</p> <p>MJINI MAGHARIBI 29</p> <p>KASKAZINI PEMBA 30</p> <p>KUSINI PEMBA 31</p> <p>OUTSIDE OF TANZANIA 96</p>	<div style="border-left: 1px solid black; border-right: 1px solid black; height: 150px; position: relative;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);">→104</div> </div>

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
103	What country were you born in?	COUNTRY <input type="text"/> <input type="text"/>	
104	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	<input type="checkbox"/> → 110
105	CHECK 104: 00 - 04 YEARS <input type="checkbox"/> 05 YEARS <input type="checkbox"/> OR MORE		→ 107
106	In what month and year did you move here?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
107	Just before you moved here, which region did you live in?	DODOMA 01 ARUSHA 02 KILIMANJARO 03 TANGA 04 MOROGORO 05 PWANI 06 DAR ES SALAAM 07 LINDI 08 MTWARA 09 RUVUMA 10 IRINGA 11 MBEYA 12 SINGIDA 13 TABORA 14 RUKWA 15 KIGOMA 16 SHINYANGA 17 KAGERA 18 MWANZA 19 MARA 20 MANYARA 21 NJOMBE 22 KATAVI 23 SIMIYU 24 GEITA 25 SONGWE 26 KASKAZIN UNGUJA 27 KUSINI UNGUJA 28 MJINI MAGHARIBI 29 KASKAZINI PEMBA 30 KUSINI PEMBA 31 OUTSIDE OF TANZANIA 96	
108	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY 1 TOWN 2 RURAL AREA 3	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	Why did you move to this place?	EMPLOYMENT 01 EDUCATION/TRAINING 02 MARRIAGE FORMATION 03 FAMILY REUNIFICATION/OTHER FAMILY-RELATED REASON 04 FORCED DISPLACEMENT 05 BETTER SERVICES/HOUSING 06 REPATRIATION 07 POST-CONFLICT RETURN TO PRIOR RESIDENCE 08 ENVIRONMENTAL CRISIS 09 NATURAL DISASTER 10 NOMADIC/PASTORALIST 11 OTHER 96 <div style="text-align: center;">(SPECIFY)</div>	
110	In what month and year were you born?	MONTH <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> DON'T KNOW MONTH 98 YEAR <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> DON'T KNOW YEAR 9998	
111	How old were you at your last birthday? COMPARE AND CORRECT 110 AND/OR 111 IF INCONSISTENT.	AGE IN COMPLETED YEARS <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
112	In general, would you say your health is very good, good, moderate, bad, or very bad?	VERY GOOD 1 GOOD 2 MODERATE 3 BAD 4 VERY BAD 5	
113	Have you ever attended school?	YES 1 NO 2	→ 117
114	What is the highest level of school you attended: primary, secondary, or higher?	PRE PRIMARY 0 PRIMARY 1 POST PRIMARY TRAINING 2 SECONDARY 'O' LEVEL 3 POST SECONDARY 'O' LEVEL TRAINING 4 SECONDARY 'A' LEVEL 5 POST SECONDARY 'A' LEVEL TRAINING 6 UNIVERSITY 7 DON'T KNOW 8	
115	What is the highest GRADE you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
115A	Did you complete the class successfully and pass?	YES 1 NO 2	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
116	CHECK 114: CODE '0', '1', '2', '3', '4' <input type="checkbox"/> OR '8' CODED	CODE '5', '6', <input type="checkbox"/> OR '7' CODED	→ 119
117	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	
118	CHECK 117: CODE '2', '3' <input type="checkbox"/> OR '4' CIRCLED	CODE '1' OR '5' <input type="checkbox"/> CIRCLED	→ 120
119	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	
120	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	
121	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	
122	Do you own a mobile phone?	YES 1 NO 2	→ 124
123	Is your mobile phone a smart phone?	YES 1 NO 2	
124	In the last 12 months, have you used a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES 1 NO 2	
125	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	→ 127
125A	Is the account shared with someone else?	YES 1 NO 2	→ 127
125B	Whom do you share the account with?	HUSBAND/PARTNER 1 PARENTS 2 RELATIVE 3 OTHER 6 (SPECIFY)	
126	Did you yourself put money in or take money out of this account in the last 12 months?	YES 1 NO 2	
127	Have you ever used the Internet from any location on any device like a phone or a computer?	YES 1 NO 2	→ 201
128	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	→ 201
129	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 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	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" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters 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" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but 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" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL LIVE BIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> YES <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO <input type="checkbox"/> ↓ PROBE AND CORRECT 201-208 AS NECESSARY. </div> </div>										
210	Women sometimes have a pregnancy that does not result in a live birth. For example, a pregnancy can end in a miscarriage, an abortion, or the child can be born dead. Have you ever had a pregnancy that did not end in a live birth?	YES 1 NO 2	→ 212								
211	How many miscarriages, abortions, and stillbirths have you had?	PREGNANCY LOSSES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
212	SUM ANSWERS TO 208 AND 211 AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL PREGNANCY OUTCOMES ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
213	CHECK 212: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ONE OR MORE PAST PREGNANCIES <input type="checkbox"/> </div> <div style="text-align: center;"> NO PAST PREGNANCIES <input type="checkbox"/> </div> </div>		→ 232								

SECTION 2. REPRODUCTION

<p>214 Now I would like to record all your pregnancies including live births, stillbirths, miscarriages, and abortions, starting with your first pregnancy. RECORD ALL PREGNANCIES IN 215-228. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. IF THERE ARE MORE THAN 3 PREGNANCIES, USE AN ADDITIONAL QUESTIONNAIRE.</p>							
215	216	217	218	219	220	221	222
<p>Think back to your (first/next) pregnancy. Was that a single pregnancy, twins, or triplets? IF MULTIPLE PREGNANCY: COPY VALUE FOR 215 IN NEXT ROWS</p> <p>PREGNANCY HISTORY LINE</p>	<p>IF 215=1, ASK: Was the baby born alive, born dead, or did you have a miscarriage or abortion?</p> <p>IF 215>1, ASK: Was the (first/next) baby in this pregnancy born alive or born dead?</p>	<p>Did the baby cry, move, or breathe?</p>	<p>What name was given to the baby?</p> <p>RECORD NAME.</p>	<p>Is (NAME) a boy or a girl?</p>	<p>CHECK 216 AND 217: TYPE OF PREGNANCY OUTCOME.</p> <p>NOTE: IF 217=1, THEN PREGNANCY OUTCOME= BORN ALIVE.</p> <p>IF BORN ALIVE, ASK: On what day, month, and year was (NAME) born?</p> <p>IF BORN DEAD, A MISCARRIAGE, OR AN ABORTION, ASK: On what day, month, and year did this pregnancy end?</p>	<p>How long did this pregnancy last in weeks or months?</p> <p>RECORD IN COMPLETED WEEKS OR MONTHS.</p>	<p>FOR ROW 01, ASK: Were there any other pregnancies before this pregnancy?</p> <p>AFTER ROW 01:</p> <p>IF 215=1 OR THIS IS THE FIRST BIRTH OF A MULTIPLE PREGNANCY ASK: Were there any other pregnancies between the previous pregnancy and this pregnancy?</p> <p>IF 215 > 1 AND THIS IS NOT THE FIRST BIRTH OF THE PREGNANCY, SKIP TO 216 IN NEXT ROW.</p>
<p>01 SING 1</p> <p>TWINS 2</p> <p>TRIP 3</p>	<p>BORN ALIVE (SKIP TO 218) 1</p> <p>BORN DEAD 2</p> <p>MISCARRIAGE (SKIP TO 220) 3</p> <p>ABORTION 4</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 220)</p>	<p>NAME</p>	<p>BOY 1</p> <p>GIRL 2</p>	<p>DAY</p> <p>MONTH</p> <p>YEAR</p>	<p>WEEKS 1</p> <p>MONTHS 2</p>	<p>YES 1 (ADD PREGNANCY)</p> <p>NO 2 (NEXT LINE)</p>
<p>02 SING 1</p> <p>TWINS 2</p> <p>TRIP 3</p>	<p>BORN ALIVE (SKIP TO 218) 1</p> <p>BORN DEAD 2</p> <p>MISCARRIAGE (SKIP TO 220) 3</p> <p>ABORTION 4</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 220)</p>	<p>NAME</p>	<p>BOY 1</p> <p>GIRL 2</p>	<p>DAY</p> <p>MONTH</p> <p>YEAR</p>	<p>WEEKS 1</p> <p>MONTHS 2</p>	<p>YES 1 (ADD PREGNANCY)</p> <p>NO 2 (NEXT LINE)</p>
<p>03 SING 1</p> <p>TWINS 2</p> <p>TRIP 3</p>	<p>BORN ALIVE (SKIP TO 218) 1</p> <p>BORN DEAD 2</p> <p>MISCARRIAGE (SKIP TO 220) 3</p> <p>ABORTION 4</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 220)</p>	<p>NAME</p>	<p>BOY 1</p> <p>GIRL 2</p>	<p>DAY</p> <p>MONTH</p> <p>YEAR</p>	<p>WEEKS 1</p> <p>MONTHS 2</p>	<p>YES 1 (ADD PREGNANCY)</p> <p>NO 2 (NEXT LINE)</p>
<p>04 SING 1</p> <p>TWINS 2</p> <p>TRIP 3</p>	<p>BORN ALIVE (SKIP TO 218) 1</p> <p>BORN DEAD 2</p> <p>MISCARRIAGE (SKIP TO 220) 3</p> <p>ABORTION 4</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 220)</p>	<p>NAME</p>	<p>BOY 1</p> <p>GIRL 2</p>	<p>DAY</p> <p>MONTH</p> <p>YEAR</p>	<p>WEEKS 1</p> <p>MONTHS 2</p>	<p>YES 1 (ADD PREGNANCY)</p> <p>NO 2 (NEXT LINE)</p>
222A	<p>Have you had any pregnancies that ended since the last</p>		<p>YES 1 → ADD TO TABLE</p> <p>NO 2</p>				
<p>222B READ THE LIST OF PREGNANCY OUTCOMES IN ORDER TO THE RESPONDENT AND ASK IF THEY ARE ALL THAT SHE HAS EVER HAD, AND IF THEY ARE LISTED IN ORDER STARTING FROM THE FIRST ONE.</p> <p>·DOES THE RESPONDENT AGREE?</p> <p>IF NOT, PROBE FOR THE CORRECT INFORMATION AND REVISE THE PREGNANCY HISTORY ACCORDINGLY.</p> <p>IF YES, PROCEED TO 223 ROW 1.</p>							

SECTION 2. REPRODUCTION

	223	224	225	226	227	228
			IF BORN ALIVE AND STILL LIVING:			IF BORN ALIVE AND NOW DEAD:
	CHECK 216, 217 AND 221: IF 216=1 OR 217=1, THEN PREGNANCY OUTCOME = BORN ALIVE. IF 216=2 OR 3, THEN CHECK 221. IF 221 ≥ 7 MONTHS OR 28 WEEKS, THEN PREGNANCY OUTCOME = BORN DEAD. IF 221 < 7 MONTHS OR 28 WEEKS, FINAL PREGNANCY OUTCOME = MISCARRIAGE. IF 216=4, THEN PREGNANCY OUTCOME = ABORTION.	Is (NAME) still alive?	How old was (NAME) at (his/her)'s last birthday?	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.
01	BORN ALIVE 1 BORN DEAD 2 MISCARRIAGE 3 ABORTION 4	YES 1 NO 2 ↓ (SKIP TO 228)	AGE IN YEARS [][]	YES 1 NO 2	HOUSEHOLD LINE NUMBER [][] ↓ (SKIP TO 223 IN NEXT ROW)	DAYS 1 [][] MONTHS 2 [][] YEARS 3 [][] (SKIP TO 223 IN NEXT ROW)
02	BORN ALIVE 1 BORN DEAD 2 MISCARRIAGE 3 ABORTION 4	YES 1 NO 2 ↓ (SKIP TO 228)	AGE IN YEARS [][]	YES 1 NO 2	HOUSEHOLD LINE NUMBER [][] ↓ (SKIP TO 223 IN NEXT ROW)	DAYS 1 [][] MONTHS 2 [][] YEARS 3 [][] (SKIP TO 223 IN NEXT ROW)
03	BORN ALIVE 1 BORN DEAD 2 MISCARRIAGE 3 ABORTION 4	YES 1 NO 2 ↓ (SKIP TO 228)	AGE IN YEARS [][]	YES 1 NO 2	HOUSEHOLD LINE NUMBER [][] ↓ (SKIP TO 223 IN NEXT ROW)	DAYS 1 [][] MONTHS 2 [][] YEARS 3 [][] (SKIP TO 223 IN NEXT ROW)
04	BORN ALIVE 1 BORN DEAD 2 MISCARRIAGE 3 ABORTION 4	YES 1 NO 2 ↓ (SKIP TO 228)	AGE IN YEARS [][]	YES 1 NO 2	HOUSEHOLD LINE NUMBER [][] ↓ (SKIP TO 223 IN NEXT ROW)	DAYS 1 [][] MONTHS 2 [][] YEARS 3 [][] (SKIP TO 223 IN NEXT ROW)

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
230	<p>COMPARE 212 WITH NUMBER OF PREGNANCY OUTCOMES IN PREGNANCY HISTORY</p> <p>NUMBER IN PREGNANCY HISTORY IS GREATER THAN OR EQUAL TO 212 <input type="checkbox"/></p> <p>NUMBER IN PREGNANCY HISTORY IS LESS THAN 212 <input type="checkbox"/></p> <p>(PROBE AND RECONCILE) ←</p>		
231	<p>C FOR EACH LIVE BIRTH IN 2017-2022, 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 LIVE BIRTH, RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)</p> <p>FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2017-2022, 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 DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS.</p>		
232	Are you pregnant now?	<p>YES 1</p> <p>NO 2</p> <p>UNSURE 8</p>	→ 236
233	<p>How many weeks or months pregnant are you?</p> <p>RECORD NUMBER OF COMPLETED WEEKS OR MONTHS.</p> <p>C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS. IF DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS.</p>	<p>WEEKS 1 <input type="text"/> <input type="text"/></p> <p>MONTHS 2 <input type="text"/> <input type="text"/></p>	
234	When you got pregnant, did you want to get pregnant at that time?	<p>YES 1</p> <p>NO 2</p>	→ 236
235	<p>CHECK 208: TOTAL NUMBER OF LIVE BIRTHS</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>a) Did you want to have a baby later on or did you not want any more children?</p> <p>b) Did you want to have a baby later on or did you not want any children?</p>	<p>LATER 1</p> <p>NO MORE/NONE 2</p>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
236	<p>When did your last menstrual period start?</p> <p>_____</p> <p align="center">(DATE, IF GIVEN)</p>	<p>DAYS AGO 1</p> <p>WEEKS AGO 2</p> <p>MONTHS AGO 3</p> <p>YEARS AGO 4</p> <p>IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994</p> <p>BEFORE LAST PREGNANCY 995</p> <p>NEVER MENSTRUATED 996</p>	<p align="center"> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> </p> <p>→ 240</p> <p>→ 241</p>								
237	<p>CHECK 236: WAS THE LAST MENSTRUAL PERIOD WITHIN THE LAST YEAR?</p> <p align="center"> YES, <input type="checkbox"/> WITHIN LAST YEAR ↓ </p> <p align="center"> NO, <input type="checkbox"/> ONE YEAR OR MORE </p>		→ 240								
238	<p>During your last menstrual period, what did you use to collect or absorb your menstrual blood?</p> <p>Anything else?</p>	<p>REUSABLE SANITARY PADS A</p> <p>DISPOSABLE SANITARY PADS B</p> <p>TAMPONS C</p> <p>MENSTRUAL CUP D</p> <p>CLOTH E</p> <p>TOILET PAPER F</p> <p>COTTON WOOL G</p> <p>UNDERWEAR ONLY H</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p> <p>NOTHING Y</p>									
239	<p>During your last menstrual period, were you able to wash and change in privacy ?</p>	<p>YES 1</p> <p>NO 2</p> <p>AWAY FROM HOME DURING LAST MENSTRUAL PERIOD 3</p>									
240	<p>How old were you when you had your first menstrual period?</p>	<p>AGE <table border="1"><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW 98</p>									
241	<p>From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 243								
242	<p>Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?</p>	<p>JUST BEFORE HER PERIOD BEGINS 1</p> <p>DURING HER PERIOD 2</p> <p>RIGHT AFTER HER PERIOD HAS ENDED 3</p> <p>HALFWAY BETWEEN TWO PERIODS 4</p> <p>OTHER 6</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 8</p>									
243	<p>After the birth of a child, can a woman become pregnant before her menstrual period has returned?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>									

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	IUD. 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	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. PROBE: As an emergency measure, within 3 days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2
10	Standard Days Method. PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES 1 NO 2
11	Lactational Amenorrhea Method (LAM). PROBE: Up to 6 months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES 1 NO 2
12	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES 1 NO 2
13	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO Y

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 232: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/> →	317
303	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 307
304	Are you or your partner sterilized? PROBE: Who is sterilized, you or your partner?	YES, RESPONDENT STERILIZED ONLY 1 YES, PARTNER STERILIZED ONLY 2 YES, BOTH STERILIZED 3 NO, NEITHER STERILIZED 4	→ 306
305	CHECK 304: RESPONDENT <input type="checkbox"/> STERILIZED ONLY ↓ PROCEED TO 307. CIRCLE CODE 'A' AND FOLLOW THE SKIP INSTRUCTION. PARTNER <input type="checkbox"/> STERILIZED ONLY ↓ PROCEED TO 307. CIRCLE CODE 'B' AND FOLLOW THE SKIP INSTRUCTION. BOTH <input type="checkbox"/> STERILIZED ↓ PROCEED TO 307. CIRCLE CODE 'A' AND CODE 'B' AND FOLLOW THE SKIP INSTRUCTION.		
306	Just to check, are you or your partner doing any of the following to avoid pregnancy: deliberately avoiding sex on certain days, using a condom, using withdrawal or using emergency contraception?	YES 1 NO 2	→ 317
307	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 IUD C INJECTABLES D IMPLANTS E PILL F CONDOM G FEMALE CONDOM H EMERGENCY CONTRACEPTION I STANDARD DAYS METHOD J LACTATIONAL AMENORRHEA METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	<input type="checkbox"/> → 312 → 314 → 310 → 311 → 314
310	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	MICROGYNON 01 LOFEMINAL 02 MICROLUT 03 MACROVAL 04 FLEXI PILLS 05 FAMILIA PILLS 06 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 314
311	What is the brand name of the condoms you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	SALAMA 01 MSD 02 DUME 03 ROUGH RIDER 04 FAMILIA 05 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 314

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
312	<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, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL/ZONAL/SPECIALISED HOSP ... 11</p> <p>REGIONAL REFERRAL HOSPITAL 12</p> <p>REGIONAL HOSPITAL 13</p> <p>DISTRICT HOSPITAL 14</p> <p>HEALTH CENTRE 15</p> <p>DISPENSARY 16</p> <p>CLINIC 17</p> <p>OTHER 18</p> <p align="center">_____ (SPECIFY)</p> <p>RELIGIOUS / VOLUNTARY</p> <p>REFERRAL/SPECIALISED HOSPITAL 21</p> <p>DISTRICT HOSPITAL 22</p> <p>OTHER HOSPITAL 23</p> <p>HEALTH CENTRE 24</p> <p>DISPENSARY 25</p> <p>CLINIC 26</p> <p>OTHER 27</p> <p align="center">_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>SPECIALISED HOSPITAL 31</p> <p>OTHER HOSPITAL 32</p> <p>HEALTH CENTRE 33</p> <p>DISPENSARY 34</p> <p>CLINIC 35</p> <p>OTHER PRIVATE MEDICAL SECTOF..... 36</p> <p align="center">_____ (SPECIFY)</p> <p>OTHER 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>													
313	In what month and year was the sterilization performed?	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table></p>													} → 315
314	<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></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table></p>													
315	<p>CHECK 313 AND 314, AND 220: ANY LIVE BIRTH, STILLBIRTH, MISSCARRIAGE OR ABORTION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 313 OR 314?</p> <p align="center"> NO <input type="checkbox"/> ↓ </p> <p align="center"> GO BACK TO 313 OR 314, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION). </p> <p align="right"> YES <input type="checkbox"/> ↓ </p>														

SECTION 3. CONTRACEPTION (CAPI OPTION)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	<p>CHECK 313 AND 314:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p align="center">YEAR IS 2017-2022 <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 align="center">THEN CONTINUE ↓</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p align="center">YEAR IS 2016 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 2017 .</p> <p align="center">THEN ↓ (SKIP TO 329) ←</p> </div> </div>		
317	<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 2017. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p>		
317A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
317B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your partner use any method of contraception?	YES 1 NO 2	→ 317I
317C	Which method was that?	METHOD CODE <input type="text"/>	
317D	How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.	IMMEDIATELY 00 MONTHS <input type="text"/> <input type="text"/> DATE GIVEN 95	→ 317F
317E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
317F	For how many months did you use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.	MONTHS <input type="text"/> <input type="text"/> DATE GIVEN 95	→ 317H
317G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
317H	Why did you stop using (METHOD)?	REASON STOPPED <input type="text"/>	
317I	GO BACK TO 317A FOR NEXT GAP; OR, IF NO MORE GAPS, GO TO 318.		

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	Have you used emergency contraception in the last 12 months? That is, have you taken special pills within 3 days after having unprotected sexual intercourse to prevent pregnancy?	YES 1 NO 2	
319	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/>		→ 321
320	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 331
321	CHECK 307: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 LACTATIONAL AMENORRHEA METHOD 11 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 331 → 324 → 332 → 332 → 332

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
322	<p>You first started using (CURRENT METHOD) in (DATE FROM 314). Where did you get it at that time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL/ZONAL/SPECIALISED HOSP .. 11</p> <p>REGIONAL REFERRAL HOSPITAL 12</p> <p>REGIONAL HOSPITAL 13</p> <p>DISTRICT HOSPITAL 14</p> <p>HEALTH CENTRE 15</p> <p>DISPENSARY 16</p> <p>CLINIC 17</p> <p>OTHER 18</p> <p align="center">_____ (SPECIFY)</p> <p>RELIGIOUS / VOLUNTARY</p> <p>REFERRAL/SPECIALISED HOSPITAL 21</p> <p>DISTRICT HOSPITAL 22</p> <p>OTHER HOSPITAL 23</p> <p>HEALTH CENTRE 24</p> <p>DISPENSARY 25</p> <p>CLINIC 26</p> <p>OTHER 27</p> <p align="center">_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>SPECIALISED HOSPITAL 31</p> <p>OTHER HOSPITAL 32</p> <p>HEALTH CENTRE 33</p> <p>DISPENSARY 34</p> <p>CLINIC 35</p> <p>OTHER PRIVATE MEDICAL SECTOF..... 36</p> <p align="center">_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>PHARMACY 41</p> <p>ACREDITED DRUG DISPENSING</p> <p>OUTLET (ADDO) 42</p> <p>NGO 43</p> <p>VCT CENTRE 44</p> <p>SHOP/KIOSK 45</p> <p>BAR 46</p> <p>GUEST HOUSE / HOTEL 47</p> <p>FRIEND/RELATIVE/NEIGHBOUR 48</p> <p>CHW/CHV 49</p> <p>OTHER 96</p> <p align="center">_____ (SPECIFY)</p>	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
323	At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	<input type="checkbox"/> → 325	
324	When you got sterilized, were you told about side effects or problems you might have with the method?	YES 1 NO 2		
325	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2		
326	At that time, were you told about other methods of family planning that you could use?	YES 1 NO 2		
327	CHECK 307: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION 01 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 OTHER MODERN METHOD 95	<input type="checkbox"/> → 332	
328	At that time, were you told that you could switch to another method if you wanted to or needed to?	YES 1 NO 2	<input type="checkbox"/> → 330	
329	CHECK 307: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 LACTATIONAL AMENORRHEA METHOD 11 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	<input type="checkbox"/> → 332 <	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	<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, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL/ZONAL/SPECIALISED HOSP . . . 11</p> <p>REGIONAL REFERRAL HOSPITAL 12</p> <p>REGIONAL HOSPITAL 13</p> <p>DISTRICT HOSPITAL 14</p> <p>HEALTH CENTRE 15</p> <p>DISPENSARY 16</p> <p>CLINIC 17</p> <p>OTHER 18</p> <p align="center">_____ (SPECIFY)</p> <p>RELIGIOUS / VOLUNTARY</p> <p>REFERRAL/SPECIALISED HOSPITAL 21</p> <p>DISTRICT HOSPITAL 22</p> <p>OTHER HOSPITAL 23</p> <p>HEALTH CENTRE 24</p> <p>DISPENSARY 25</p> <p>CLINIC 26</p> <p>OTHER 27</p> <p align="center">_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>SPECIALISED HOSPITAL 31</p> <p>OTHER HOSPITAL 32</p> <p>HEALTH CENTRE 33</p> <p>DISPENSARY 34</p> <p>CLINIC 35</p> <p>OTHER PRIVATE MEDICAL SECTOR 36</p> <p align="center">_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>PHARMACY 41</p> <p>ACREDITED DRUG DISPENSING OUTLET (ADDO) 42</p> <p>NGO 43</p> <p>VCT CENTRE 44</p> <p>SHOP/KIOSK 45</p> <p>BAR 46</p> <p>GUEST HOUSE / HOTEL 47</p> <p>FRIEND/RELATIVE/NEIGHBOUR 48</p> <p>CHW/CHV 49</p> <p>OTHER 96</p> <p align="center">_____ (SPECIFY)</p>	<p>332</p> <p>→</p>
331	Do you know of a place where you can obtain a method of family planning?	<p>YES 1</p> <p>NO 2</p>	
332	In the last 12 months, were you visited by a fieldworker?	<p>YES 1</p> <p>NO 2</p>	→ 334
333	Did the fieldworker talk to you about family planning?	<p>YES 1</p> <p>NO 2</p>	
334	<p>CHECK 202: CHILDREN LIVING WITH</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? 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>	→ 401
335	Did any staff member at the health facility speak to you about family planning methods?	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 220 AND 225: ONE OR MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	NO PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	→ 601
402	<p>CHECK 220. LIST THE PREGNANCY HISTORY NUMBER IN 215 FOR EACH PREGNANCY OUTCOME 0-35 MONTHS BEFORE THE SURVEY, STARTING FROM THE LAST ONE. CLASSIFY EACH PREGNANCY OUTCOME BY TYPE USING 223 AND THE ORDER OF OUTCOMES IN THE PREGNANCY HISTORY.</p> <p>PREGNANCY OUTCOME TYPE</p> <p>MOST RECENT LIVE BIRTH 1</p> <p>PRIOR LIVE BIRTH 2</p> <p>MOST RECENT STILLBIRTH 3</p> <p>PRIOR STILLBIRTH 4</p> <p>ABORTION OR MISCARRIAGE 5</p> <p>PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE <input type="text"/></p> <p>PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE <input type="text"/></p> <p>PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE <input type="text"/></p> <p>PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE <input type="text"/></p> <p>PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE <input type="text"/></p> <p>PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE <input type="text"/></p>		
403	Now I would like to ask some questions about your pregnancies in the last 3 years. (We will talk about each separately, starting with the last one you had.)		
404	PREGNANCY HISTORY NUMBER FROM 402.	PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	
405	PREGNANCY OUTCOME TYPE FROM 402.	<p>MOST RECENT LIVE BIRTH 1</p> <p>PRIOR LIVE BIRTH 2</p> <p>MOST RECENT STILLBIRTH 3</p> <p>PRIOR STILLBIRTH 4</p> <p>MISCARRIAGE/ABORTION 5</p>	→ 407
406	RECORD DATE PREGNANCY ENDED FROM 220.	<p>DAY <input type="text"/> <input type="text"/></p> <p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	→ 408
407	<p>RECORD NAME FROM 218.</p> <p>NAME</p>		
408	<p>CHECK 405:</p> <p>PREGNANCY OUTCOME 1 OR 2 <input type="checkbox"/></p> <p>a) When you got pregnant with (NAME), did you want to get pregnant at that time?</p>	<p>PREGNANCY OUTCOME 3, 4, OR 5 <input type="checkbox"/></p> <p>b) When you got pregnant with the pregnancy that ended in (DATE FROM 406), did you want to get pregnant at that time?</p> <p>YES 1</p> <p>NO 2</p>	→ 411

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME _____	PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	
409	<p>CHECK 208:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>ONLY ONE LIVE BIRTH <input type="checkbox"/></p> <p>↓</p> <p>a) Did you want to have a baby later on, or did you not want any children?</p> </div> <div style="text-align: center;"> <p>MORE THAN ONE LIVE BIRTH <input type="checkbox"/></p> <p>↓</p> <p>b) Did you want to have a baby later on, or did you not want any more children?</p> </div> </div>	<p>LATER 1</p> <p>NO MORE/NONE 2</p>	→ 411
410	How much longer did you want to wait?	<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>	
411	CHECK 405: PREGNANCY OUTCOME TYPE	<p>MOST RECENT LIVE BIRTH 1</p> <p>PRIOR LIVE BIRTH 2</p> <p>MOST RECENT STILLBIRTH 3</p> <p>PRIOR STILLBIRTH 4</p> <p>ABORTION/MISCARRIAGE 5</p>	<p>→ 434</p> <p>→ 434</p> <p>→ 475</p>
412	Did you see anyone for antenatal care for this pregnancy?	<p>YES 1</p> <p>NO 2</p>	→ 414
413	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MOST RECENT LIVE BIRTH <input type="checkbox"/></p> <p>(SKIP TO 420) ←</p> </div> <div style="text-align: center;"> <p>MOST RECENT <input type="checkbox"/></p> <p>STILLBIRTH</p> </div> </div>		→ 426
414	<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 / AMO A</p> <p>CLINICAL OFFICER B</p> <p>ASS. CLINICAL OFFICER C</p> <p>NURSE / MIDWIFE/PHNB D</p> <p>ASS. NURSE E</p> <p>MCH AIDE F</p> <p>OTHER PERSON</p> <p>COMMUNITY HEALTH WORKER G</p> <p>TRAINED TBA / TBA H</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
415	<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, PRIVATE, OR NGO SECTOR, RECORD 'Y' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>HOME</p> <p>HER HOME A</p> <p>OTHER HOME B</p> <p>TBA PREMISES C</p> <p>PUBLIC SECTOR</p> <p>NATIONAL/ZONAL/SPECIALISED HOSP D</p> <p>REGIONAL REFERRAL HOSPITAL E</p> <p>REGIONAL HOSPITAL F</p> <p>DISTRICT HOSPITAL G</p> <p>HEALTH CENTRE H</p> <p>DISPENSARY I</p> <p>CLINIC J</p> <p>CHW K</p> <p>RELIGIOUS / VOLUNTARY</p> <p>REFERRAL/SPECIALISED HOSPITAL L</p> <p>DISTRICT HOSPITAL M</p> <p>OTHER HOSPITAL N</p> <p>HEALTH CENTRE O</p> <p>DISPENSARY P</p> <p>CLINIC Q</p> <p>OTHER R</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>SPECIALISED HOSPITAL S</p> <p>OTHER HOSPITAL T</p> <p>HEALTH CENTRE U</p> <p>DISPENSARY V</p> <p>CLINIC W</p> <p>OTHER PRIVATE MEDICAL SECTO X</p> <p>_____ (SPECIFY)</p> <p>OTHER Y</p> <p>_____ (SPECIFY)</p>																
416	<p>How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>WEEKS 1</p> <p>MONTHS 2</p> <p>DON'T KNOW 998</p>	<table border="1"> <tr> <td></td><td></td> </tr> <tr> <td></td><td></td> </tr> </table>															
417	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES</p> <p>DON'T KNOW 98</p>	<table border="1"> <tr> <td></td><td></td> </tr> </table>															
417A	<p>During this pregnancy, did your husband do any of the following</p> <p>a) Stopped you from receiving ANC?</p> <p>b) Encourage you to receive ANC?</p> <p>c) Had no interest in you receiving ANC?</p> <p>d) Accompany you to receive ANC?</p>	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>a) STOP</td><td>1</td><td>2</td></tr> <tr> <td>b) ENCOURAGE</td><td>1</td><td>2</td></tr> <tr> <td>c) NO INTEREST</td><td>1</td><td>2</td></tr> <tr> <td>d) ACCOMPANY</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	a) STOP	1	2	b) ENCOURAGE	1	2	c) NO INTEREST	1	2	d) ACCOMPANY	1	2	
	YES	NO																
a) STOP	1	2																
b) ENCOURAGE	1	2																
c) NO INTEREST	1	2																
d) ACCOMPANY	1	2																

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
418	As part of your antenatal care during this pregnancy, did a healthcare provider do any of the following :	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) Measure your blood pressure?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) Take a urine sample?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) Take a blood sample?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) Listen to the baby's heartbeat?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) Talk with you about which foods you should eat?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>f) Talk with you about breastfeeding?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>g) Ask you if you had vaginal bleeding?</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) Measure your blood pressure?	1	2	8	b) Take a urine sample?	1	2	8	c) Take a blood sample?	1	2	8	d) Listen to the baby's heartbeat?	1	2	8	e) Talk with you about which foods you should eat?	1	2	8	f) Talk with you about breastfeeding?	1	2	8	g) Ask you if you had vaginal bleeding?	1	2	8	
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419	<p align="center">CHECK 405: PREGNANCY OUTCOME TYPE</p> <p align="center"> MOST RECENT <input type="checkbox"/> LIVE BIRTH </p> <p align="center"> MOST RECENT <input type="checkbox"/> STILLBIRTH </p>	<p align="right">→ 426</p>																																	
420	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus after birth?	YES 1 NO 2 DON'T KNOW 8	→ 423																																
421	During this pregnancy, how many times did you get a tetanus injection?	TIMES <input type="text"/> DON'T KNOW 8																																	
422	<p align="center">CHECK 421:</p> <p align="center"> ONE TIME <input type="checkbox"/> OR DK </p> <p align="center"> TWO OR MORE TIMES <input type="checkbox"/> </p>	<p align="right">→ 426</p>																																	
423	At any time before this pregnancy, did you receive any tetanus injection?	YES 1 NO 2 DON'T KNOW 8	→ 426																																
424	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																																	
425	<p align="center">CHECK 424:</p> <table> <tr> <td align="center"> ONLY <input type="checkbox"/> ONE </td> <td align="center"> MORE <input type="checkbox"/> THAN ONE </td> </tr> <tr> <td>a) How many years ago did you receive that tetanus injection?</td> <td>b) How many years ago did you receive the last tetanus injection prior to this pregnancy?</td> </tr> </table>	ONLY <input type="checkbox"/> ONE	MORE <input type="checkbox"/> THAN ONE	a) How many years ago did you receive that tetanus injection?	b) How many years ago did you receive the last tetanus injection prior to this pregnancy?	YEARS AGO <input type="text"/> <input type="text"/>																													
ONLY <input type="checkbox"/> ONE	MORE <input type="checkbox"/> THAN ONE																																		
a) How many years ago did you receive that tetanus injection?	b) How many years ago did you receive the last tetanus injection prior to this pregnancy?																																		
426	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP/MULTIPLE MICRONUTRIENT SUPPLEMENT.	YES 1 NO 2 DON'T KNOW 8	→ 429																																

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
427	<p>Where did you get the iron tablets or syrup?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'Z' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL/ZONAL/SPECIALISED HOSP A</p> <p>REGIONAL REFERRAL HOSPITAL B</p> <p>REGIONAL HOSPITAL C</p> <p>DISTRICT HOSPITAL D</p> <p>HEALTH CENTRE E</p> <p>DISPENSARY F</p> <p>CLINIC G</p> <p>OTHER H</p> <p align="center">_____ (SPECIFY)</p> <p>RELIGIOUS / VOLUNTARY</p> <p>REFERRAL/SPECIALISED HOSPITAL I</p> <p>DISTRICT HOSPITAL J</p> <p>OTHER HOSPITAL K</p> <p>HEALTH CENTRE L</p> <p>DISPENSARY M</p> <p>CLINIC N</p> <p>OTHER O</p> <p align="center">_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>SPECIALISED HOSPITAL P</p> <p>OTHER HOSPITAL Q</p> <p>HEALTH CENTRE R</p> <p>DISPENSARY S</p> <p>CLINIC T</p> <p>OTHER PRIVATE MEDICAL SECTO U</p> <p align="center">_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>PHARMACY V</p> <p>ACREDITED DRUG DISPENSING</p> <p>OUTLET (ADDO) W</p> <p>NGO/MASS DISTRIBUTION CAMPAIGN X</p> <p>SHOP/KIOSK/MARKET/</p> <p>OTHER Z</p> <p align="center">_____ (SPECIFY)</p>	
428	<p>During the whole pregnancy, for how many days did you take the iron tablets or syrup?</p> <p>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.</p>	<p>DAYS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	
429	<p>During this pregnancy, did you take any medicine for intestinal worms?</p> <p>CHECK MOTHER'S CARD</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
431	<p>During this pregnancy, did you take SP/Fansidar to keep you from getting malaria?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 434</p>
432	<p>How many times did you take SP/Fansidar during this pregnancy?</p>	<p>TIMES <input type="text"/> <input type="text"/></p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
433	<p>Did you get the SP/Fansidar during any antenatal care visit, during another visit to a health facility or from another source?</p> <p>IF MORE THAN ONE SOURCE, RECORD THE HIGHEST SOURCE ON THE LIST.</p>	<p>ANTENATAL VISIT 1</p> <p>ANOTHER FACILITY VISIT 2</p> <p>OTHER SOURCE 6</p>	
434	<p>CHECK 405:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>PREGNANCY OUTCOME 1 OR 2 <input type="checkbox"/></p> <p>a) Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> </div> <div style="width: 45%;"> <p>PREGNANCY OUTCOME 3 OR 4 <input type="checkbox"/></p> <p>b) Who assisted with the delivery of the stillbirth you had in (DATE FROM 406)?</p> </div> </div> <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 / AMO A</p> <p>CLINICAL OFFICER B</p> <p>ASS. CLINICAL OFFICER C</p> <p>NURSE / MIDWIFE D</p> <p>ASS. NURSE E</p> <p>MCH AIDE F</p> <p>OTHER PERSON</p> <p>COMMUNITY HEALTH WORKER G</p> <p>TRAINED TBA / TBA H</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p> <p>NO ONE ASSISTED Y</p>	
434A	<p>CHECK 405:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>PREGNANCY OUTCOME 1 OR 2 <input type="checkbox"/></p> <p>a) Did you have a companion during labor and delivery of (NAME)?</p> </div> <div style="width: 45%;"> <p>PREGNANCY OUTCOME 3 OR 4 <input type="checkbox"/></p> <p>b) Did you have a companion during labor and delivery of the stillbirth you had in (DATE FROM 406)?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
435	<p>CHECK 405:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>PREGNANCY OUTCOME 1 OR 2 <input type="checkbox"/></p> <p>a) Where did you give birth to (NAME)?</p> </div> <div style="width: 45%;"> <p>PREGNANCY OUTCOME 3 OR 4 <input type="checkbox"/></p> <p>b) Where did you deliver this stillbirth?</p> </div> </div> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>TBA PREMISES 13</p> <p>PUBLIC SECTOR</p> <p>NATIONAL/ZONAL/SPECIALISED HOS 21</p> <p>REGIONAL REFERRAL HOSPITAL 22</p> <p>REGIONAL HOSPITAL 23</p> <p>DISTRICT HOSPITAL 24</p> <p>HEALTH CENTRE 25</p> <p>DISPENSARY 26</p> <p>CLINIC 27</p> <p>RELIGIOUS / VOLUNTARY</p> <p>REFERRAL/SPECIALISED HOSPITAL 31</p> <p>DISTRICT HOSPITAL 32</p> <p>OTHER HOSPITAL 33</p> <p>HEALTH CENTRE 34</p> <p>DISPENSARY 35</p> <p>CLINIC 36</p> <p>OTHER 37</p> <p align="center">_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>SPECIALISED HOSPITAL 41</p> <p>OTHER HOSPITAL 42</p> <p>HEALTH CENTRE 43</p> <p>DISPENSARY 44</p> <p>CLINIC 45</p> <p>OTHER PRIVATE MEDICAL SECTO 46</p> <p align="center">_____ (SPECIFY)</p> <p>OTHER 96 (SPECIFY)</p>	<p>→ 437</p>
436	<p>CHECK 405:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>PREGNANCY OUTCOME 1 OR 2 <input type="checkbox"/></p> <p>a) Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?</p> </div> <div style="width: 45%;"> <p>PREGNANCY OUTCOME 3 OR 4 <input type="checkbox"/></p> <p>b) Was this stillbirth delivered by caesarean, that is, did they cut your belly open to take the baby out?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p>	
436A	<p>CHECK 405: PREGNANCY OUTCOME TYPE 1 OR 2</p> <p>After you delivered, did the health facility give you a birth notification form for (NAME)?</p>	<p>YES 1</p> <p>NO 2</p>	→ 437
436B	<p>Did you get a birth notification from any other place?</p>	<p>YES 1</p> <p>NO 2</p>	
437	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p>	<p>MOST RECENT LIVE BIRTH 1</p> <p>PRIOR LIVE BIRTH 2</p> <p>MOST RECENT STILLBIRTH 3</p> <p>PRIOR STILLBIRTH 4</p>	<p>→ 441</p> <p>→ 445</p> <p>→ 487</p>

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
438	After the birth, was (NAME) put on your chest?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 441																
439	Was (NAME)'s bare skin touching your bare skin?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 441																
440	How long after birth was (NAME) put on the bare skin of your chest? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 DAYS 2																	
441	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																	
442	Was (NAME) weighed at birth?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 444																
443	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998																	
444	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH <input type="checkbox"/>	PRIOR LIVE BIRTH <input type="checkbox"/>	→ 480																
445	CHECK 435: PLACE OF DELIVERY FACILITY BIRTH: ANY CODE 21 THROUGH 46 CIRCLED <input type="checkbox"/>	CODE 11, 12, 13 OR 96 CIRCLED <input type="checkbox"/>	→ 464																
446	Please tell me if the doctors, nurses or other healthcare providers the health facility where you delivered did the following all of the time, some of the time, or not at all: a) Treat you with respect? b) Explain to you why they were doing examinations or procedures on you? c) Take the best care of you?	<table border="0"> <thead> <tr> <th></th><th>ALL THE TIME</th><th>SOME OF THE TIME</th><th>NOT AT ALL</th></tr> </thead> <tbody> <tr> <td>a) RESPECT</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>b) EXPLAIN</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>c) BEST CARE</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		ALL THE TIME	SOME OF THE TIME	NOT AT ALL	a) RESPECT	1	2	3	b) EXPLAIN	1	2	3	c) BEST CARE	1	2	3	
	ALL THE TIME	SOME OF THE TIME	NOT AT ALL																
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b) EXPLAIN	1	2	3																
c) BEST CARE	1	2	3																

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
446A	At any time during your stay in the health facility, did you: a) Share a bed with another patient? b) Rest or sleep on the floor without any mattress?	<div style="text-align: right;">YES NO DK</div> a) SHARE BED 1 2 8 b) SLEEP ON FLOOR 1 2 8	
446B	At any time during your stay in the health facility, were you denied medical services due to a lack of money?	YES 1 NO 2 DON'T KNOW 8	
446C	Were you delayed or prevented from leaving the health facility due to lack of payment?	YES 1 NO 2 DON'T KNOW 8	
446D	At any time during your stay in the health facility, did any staff member: a) Slap you? b) Hit or punch you? c) Physically threaten you? d) Physically mistreat or harm you in any other way?	<div style="text-align: right;">YES NODK</div> a) SLAP 1 2 8 b) HIT OR PUNCH 1 2 8 c) PHYSICALLY THREATEN 1 2 8 d) OTHER PHYSICAL HARM 1 2 8	
446E	At any time during your stay in the health facility, did any staff member: a) Shout at you? b) Say or do something to humiliate you? c) Verbally threaten you? d) Verbally mistreat you in any other way?	<div style="text-align: right;">YES NODK</div> a) SHOUT 1 2 8 b) HUMILIATE 1 2 8 c) VERBALLY THREATEN 1 2 8 d) OTHER VERBAL MISTREATMENT 1 2 8	
446F	Did the health facility have a toilet or latrine for patients?	YES 1 NO 2 DON'T KNOW 8	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border-right: 1px solid black; width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div> → 447
446G	Was there any time when you wanted to use the toilet or latrine, but it was not working?	YES 1 NO 2 DON'T KNOW 8	
447	CHECK 405: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> PREGNANCY OUTCOME 1 <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border-right: 1px solid black; width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div> a) How long after (NAME) was delivered did you stay in (FACILITY IN 435)? </div> <div style="width: 45%;"> PREGNANCY OUTCOME 3 <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border-right: 1px solid black; width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div> b) For the stillbirth you had in (DATE FROM 406), how long after the baby was born did you stay in (FACILITY IN 435)? </div> </div> <div style="text-align: center; margin-top: 10px;"> IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS. </div>	HOURS 1 DAYS 2 WEEKS 3 DON'T KNOW 998	<div style="border: 1px solid black; width: 60px; height: 60px; display: flex;"> <div style="border-right: 1px solid black; width: 30px; height: 30px;"></div> <div style="width: 30px; height: 30px;"></div> </div> <div style="border: 1px solid black; width: 60px; height: 30px; display: flex;"> <div style="border-right: 1px solid black; width: 30px; height: 30px;"></div> <div style="width: 30px; height: 30px;"></div> </div> <div style="border: 1px solid black; width: 60px; height: 30px; display: flex;"> <div style="border-right: 1px solid black; width: 30px; height: 30px;"></div> <div style="width: 30px; height: 30px;"></div> </div>

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
448	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. Before you left the facility, did anyone check on your health?	YES 1 NO 2	→ 451
449	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 DAYS 2 WEEKS 3 DON'T KNOW 998	
450	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 AUXILIARY MIDWIFE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER/ FIELD WORKER 22 OTHER 96 (SPECIFY)	
451	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT <input type="checkbox"/> LIVE BIRTH MOST RECENT <input type="checkbox"/> STILLBIRTH		→ 455
452	Now I would like to talk to you about checks on (NAME'S) health -- for example, someone examining (NAME), checking the cord, or talking to you about how to care for (NAME). Before (NAME) left the facility, did anyone check on (NAME'S) health?	YES 1 NO 2 DON'T KNOW 8	→ 455
453	How long after delivery was (NAME)'s health first checked? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 DAYS 2 WEEKS 3 DON'T KNOW 998	
454	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR / AMO 11 CLINICAL OFFICER 12 ASS. CLINICAL OFFICER 13 NURSE / MIDWIFE 14 ASS. NURSE 15 MCH AIDE 16 OTHER PERSON COMMUNITY HEALTH WORKER 21 TRAINED TBA / TBA 22 RELATIVE/FRIEND 23 OTHER 96 (SPECIFY)	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
455	Now I would like to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?	YES 1 NO 2	→ 459
456	How long after delivery did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 DAYS 2 WEEKS 3 DON'T KNOW 998	<div style="border: 1px solid black; width: 60px; height: 60px; margin: 0 auto; display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>
457	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR / AMO 11 CLINICAL OFFICER 12 ASS. CLINICAL OFFICER 13 NURSE / MIDWIFE 14 ASS. NURSE 15 MCH AIDE 16 OTHER PERSON COMMUNITY HEALTH WORKER 21 TRAINED TBA / TBA 22 RELATIVE/FRIEND 23 OTHER 96 <div style="text-align: center;">(SPECIFY)</div>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
458	<p>Where did the check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>TBA PREMISES 13</p> <p>PUBLIC SECTOR</p> <p>NATIONAL/ZONAL/SPECIALISED HOSP 21</p> <p>REGIONAL REFERRAL HOSPITAL 22</p> <p>REGIONAL HOSPITAL 23</p> <p>DISTRICT HOSPITAL 24</p> <p>HEALTH CENTRE 25</p> <p>DISPENSARY 26</p> <p>CLINIC 27</p> <p>RELIGIOUS / VOLUNTARY</p> <p>REFERRAL/SPECIALISED HOSPITAL 31</p> <p>DISTRICT HOSPITAL 32</p> <p>OTHER HOSPITAL 33</p> <p>HEALTH CENTRE 34</p> <p>DISPENSARY 35</p> <p>CLINIC 36</p> <p>OTHER 37</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>SPECIALISED HOSPITAL 41</p> <p>OTHER HOSPITAL 42</p> <p>HEALTH CENTRE 43</p> <p>DISPENSARY 44</p> <p>CLINIC 45</p> <p>OTHER PRIVATE MEDICAL SECTO 46</p> <p>_____ (SPECIFY)</p> <p>OTHER 96</p> <p>_____ (SPECIFY)</p>	
459	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <p>MOST RECENT <input type="checkbox"/> LIVE BIRTH</p> <p>MOST RECENT <input type="checkbox"/> STILLBIRTH</p>		→ 474
460	<p>After (NAME) left (FACILITY IN 435) 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>CHILD DIED AT THE FACILITY 3</p> <p>DON'T KNOW 8</p>	→ 473
461	<p>How long 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>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
462	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR / AMO 11</p> <p>CLINICAL OFFICER 12</p> <p>ASS. CLINICAL OFFICER 13</p> <p>NURSE / MIDWIFE 14</p> <p>ASS. NURSE 15</p> <p>MCH AIDE 16</p> <p>OTHER PERSON</p> <p>COMMUNITY HEALTH WORKER 21</p> <p>TRAINED TBA / TBA 22</p> <p>RELATIVE/FRIEND 23</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>	
463	<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, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>TBA PREMISES 13</p> <p>PUBLIC SECTOR</p> <p>NATIONAL/ZONAL/SPECIALISED HOSP 21</p> <p>REGIONAL REFERRAL HOSPITAL 22</p> <p>REGIONAL HOSPITAL 23</p> <p>DISTRICT HOSPITAL 24</p> <p>HEALTH CENTRE 25</p> <p>DISPENSARY 26</p> <p>CLINIC 27</p> <p>RELIGIOUS / VOLUNTARY</p> <p>REFERRAL/SPECIALISED HOSPITAL 31</p> <p>DISTRICT HOSPITAL 32</p> <p>OTHER HOSPITAL 33</p> <p>HEALTH CENTRE 34</p> <p>DISPENSARY 35</p> <p>CLINIC 36</p> <p>OTHER 37</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>SPECIALISED HOSPITAL 41</p> <p>OTHER HOSPITAL 42</p> <p>HEALTH CENTRE 43</p> <p>DISPENSARY 44</p> <p>CLINIC 45</p> <p>OTHER PRIVATE MEDICAL SECTO 46</p> <p align="center">(SPECIFY)</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>	<p>→ 473</p>

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
464	<p>CHECK 405:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>PREGNANCY OUTCOME</p> <p>1 <input type="checkbox"/></p> <p>a) 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> </div> <div style="width: 45%;"> <p>PREGNANCY OUTCOME</p> <p>3 <input type="checkbox"/></p> <p>b) 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 delivered the stillbirth you had in (DATE FROM 406)?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p>	→ 468						
465	<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" style="width: 100px; height: 100px; margin-left: auto;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
466	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR / AMO 11</p> <p>CLINICAL OFFICER 12</p> <p>ASS. CLINICAL OFFICER 13</p> <p>NURSE / MIDWIFE 14</p> <p>ASS. NURSE 15</p> <p>MCH AIDE 16</p> <p>OTHER PERSON</p> <p>COMMUNITY HEALTH WORKER 21</p> <p>TRAINED TBA / TBA 22</p> <p>RELATIVE/FRIEND 23</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
467	<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, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>TBA PREMISES 13</p> <p>PUBLIC SECTOR</p> <p>NATIONAL/ZONAL/SPECIALISED HOSP 21</p> <p>REGIONAL REFERRAL HOSPITAL 22</p> <p>REGIONAL HOSPITAL 23</p> <p>DISTRICT HOSPITAL 24</p> <p>HEALTH CENTRE 25</p> <p>DISPENSARY 26</p> <p>CLINIC 27</p> <p>RELIGIOUS / VOLUNTARY</p> <p>REFERRAL/SPECIALSED HOSPITAL 31</p> <p>DISTRICT HOSPITAL 32</p> <p>OTHER HOSPITAL 33</p> <p>HEALTH CENTRE 34</p> <p>DISPENSARY 35</p> <p>CLINIC 36</p> <p>OTHER 37</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>SPECIALISED HOSPITAL 41</p> <p>OTHER HOSPITAL 42</p> <p>HEALTH CENTRE 43</p> <p>DISPENSARY 44</p> <p>CLINIC 45</p> <p>OTHER PRIVATE MEDICAL SECTO 46</p> <p>_____ (SPECIFY)</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
468	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <p>MOST RECENT <input type="checkbox"/> LIVE BIRTH</p> <p>MOST RECENT <input type="checkbox"/> STILLBIRTH</p>		→ 474
469	<p>I would like to talk to you about checks on (NAME's) health -- for example, someone examining (NAME), checking the cord, or talking to you about how to care for (NAME).</p> <p>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>DON'T KNOW 8</p>	→ 473
470	<p>How long 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>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
471	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR / AMO 11</p> <p>CLINICAL OFFICER 12</p> <p>ASS. CLINICAL OFFICER 13</p> <p>NURSE / MIDWIFE 14</p> <p>ASS. NURSE 15</p> <p>MCH AIDE 16</p> <p>OTHER PERSON</p> <p>COMMUNITY HEALTH WORKER 21</p> <p>TRAINED TBA / TBA 22</p> <p>RELATIVE/FRIEND 23</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>																													
472	<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, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>TBA PREMISES 13</p> <p>PUBLIC SECTOR</p> <p>NATIONAL/ZONAL/SPECIALISED HOS 21</p> <p>REGIONAL REFERRAL HOSPITAL 22</p> <p>REGIONAL HOSPITAL 23</p> <p>DISTRICT HOSPITAL 24</p> <p>HEALTH CENTRE 25</p> <p>DISPENSARY 26</p> <p>CLINIC 27</p> <p>RELIGIOUS / VOLUNTARY</p> <p>REFERRAL/SPECIALISED HOSPITAL 31</p> <p>DISTRICT HOSPITAL 32</p> <p>OTHER HOSPITAL 33</p> <p>HEALTH CENTRE 34</p> <p>DISPENSARY 35</p> <p>CLINIC 36</p> <p>OTHER 37</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>SPECIALISED HOSPITAL 41</p> <p>OTHER HOSPITAL 42</p> <p>HEALTH CENTRE 43</p> <p>DISPENSARY 44</p> <p>CLINIC 45</p> <p>OTHER PRIVATE MEDICAL SECTOR 46</p> <p align="center">(SPECIFY)</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>																													
473	<p>During the first 2 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) Tell you how to recognize if your baby needs immediate medical attention?</p> <p>d) Talk with you about breastfeeding?</p> <p>e) Observe (NAME) breastfeeding?</p> <p>f) Tell you about child vaccination</p>	<table> <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) TEMPERATURE</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) MEDICAL ATTENTION</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) TALK ABOUT BREASTFEEDING</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) OBSERVE BREASTFEEDING ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>f) VACCINATION</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) CORD	1	2	8	b) TEMPERATURE	1	2	8	c) MEDICAL ATTENTION	1	2	8	d) TALK ABOUT BREASTFEEDING	1	2	8	e) OBSERVE BREASTFEEDING ..	1	2	8	f) VACCINATION	1	2	8	
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SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
474	<p>During the first 2 days after the birth, did any healthcare provider do the following to you:</p> <p>a) Measure your blood pressure?</p> <p>b) Discuss your vaginal bleeding with you?</p> <p>c) Discuss family planning with you?</p> <p>d) Discuss about nutrition needs</p>	<table> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> <tr> <td>a) BLOOD PRESSURE</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) BLEEDING</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) FAMILY PLANNING</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) NUTRITION NEEDS</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	a) BLOOD PRESSURE	1	2	8	b) BLEEDING	1	2	8	c) FAMILY PLANNING	1	2	8	d) NUTRITION NEEDS	1	2	8	
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d) NUTRITION NEEDS	1	2	8																				
475	<p>CHECK 215: IS THIS PREGNANCY THE WOMAN'S LAST PREGNANCY?</p> <p align="center">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p align="center">↓</p>		→ 479																				
476	<p>CHECK 405:</p> <table> <tr> <td>PREGNANCY OUTCOME 1 <input type="checkbox"/></td> <td>PREGNANCY OUTCOME 3 OR 5 <input type="checkbox"/></td> </tr> <tr> <td>a) Has your menstrual period returned since the birth of (NAME)?</td> <td>b) Has your menstrual period returned since the pregnancy that ended in (DATE FROM 406)?</td> </tr> </table>	PREGNANCY OUTCOME 1 <input type="checkbox"/>	PREGNANCY OUTCOME 3 OR 5 <input type="checkbox"/>	a) Has your menstrual period returned since the birth of (NAME)?	b) Has your menstrual period returned since the pregnancy that ended in (DATE FROM 406)?	<p>YES 1</p> <p>NO 2</p>																	
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477	<p>CHECK 232: IS RESPONDENT PREGNANT?</p> <p align="center">NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p align="center">↓</p>	<p align="center">OR UNSURE</p>	→ 479																				
478	<p>CHECK 405:</p> <table> <tr> <td>PREGNANCY OUTCOME 1 <input type="checkbox"/></td> <td>PREGNANCY OUTCOME 3 OR 5 <input type="checkbox"/></td> </tr> <tr> <td>a) Have you had sexual intercourse since the birth of (NAME)?</td> <td>b) Have you had sexual intercourse since the pregnancy that ended in (DATE FROM 406)?</td> </tr> </table>	PREGNANCY OUTCOME 1 <input type="checkbox"/>	PREGNANCY OUTCOME 3 OR 5 <input type="checkbox"/>	a) Have you had sexual intercourse since the birth of (NAME)?	b) Have you had sexual intercourse since the pregnancy that ended in (DATE FROM 406)?	<p>YES 1</p> <p>NO 2</p>																	
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479	CHECK 405: PREGNANCY OUTCOME TYPE	<p>MOST RECENT LIVE BIRTH 1</p> <p>MOST RECENT STILLBIRTH 3</p> <p>MISCARRIAGE/ABORTION 5</p>	→ 487																				
480	Did you ever breastfeed (NAME)?	<p>YES 1</p> <p>NO 2</p>	→ 482																				
481	CHECK 224 FOR CHILD:	<p>LIVING <input type="checkbox"/></p> <p>DEAD <input type="checkbox"/></p>	<p align="right">→ 486</p> <p align="right">→ 487</p>																				

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
482	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 DAYS 2	
483	In the first 2 days after delivery, was (NAME) given anything other than breast milk to eat or drink – water, infant formula, or any other preparation from herbs or honey?	YES 1 NO 2	
484	CHECK 224 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		→ 487
485	Are you still breastfeeding (NAME)?	YES 1 NO 2	
486	Did (NAME) drink anything from a bottle with a nipple yesterday during the day or at night?	YES 1 NO 2 DON'T KNOW 8	
487	CHECK 402: ANY MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY? MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> (GO TO 404 FOR THE NEXT PREGNANCY OUTCOME) ← NO MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>		→ 501

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 220, 224 AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY? <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> ONE OR MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> </div> <div style="text-align: center;"> NO SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> </div> </div>	→ 601	
502	Now I would like to ask some questions about vaccinations received by your children born in the last 3 years. (We will talk about each separately, starting with the youngest.)		
503	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 215 AND 218 OF THE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE. NAME OF CHILD _____ PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>		
504	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD 1 YES, HAS ONLY ANOTHER DOCUMENT 2 YES, HAS CARD AND OTHER DOCUMENT 3 NO, NO CARD AND NO OTHER DOCUMENT .. 4	→ 507 → 507
505	Did you ever have a vaccination card for (NAME)?	YES 1 NO 2	
506	CHECK 504: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> CODE '2' CIRCLED <input type="checkbox"/> </div> <div style="text-align: center;"> CODE '4' CIRCLED <input type="checkbox"/> </div> </div>	→ 513	
507	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	→ 513
508	RECORD (NAME'S) DATE OF BIRTH FROM THE VACCINATION CARD OR OTHER DOCUMENT.	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"/> DATE OF BIRTH NOT ON CARD 95	

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																								
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER .. <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div>																																																																									
509	<p>COPY VACCINATION DATES FROM THE CARD FOR (NAME). RECORD '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED. RECORD '00' IN 'DAY' COLUMN IF CARD IS BLANK FOR THE DOSE.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">DAY</th> <th style="text-align: center;">MONTH</th> <th style="text-align: center;">YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 1</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 2</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 3</td><td></td><td></td><td></td></tr> <tr><td>INJECTABLE POLIO VACCINE (IPV)</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 1</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 2</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 3</td><td></td><td></td><td></td></tr> <tr><td>PCV (PNEUMOCOCCAL 1</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 2</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 3</td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 1</td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 2</td><td></td><td></td><td></td></tr> <tr><td>[MEASLES CONTAINING VACCINE] 1</td><td></td><td></td><td></td></tr> <tr><td>[MEASLES CONTAINING VACCINE] 2</td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MONTH	YEAR	BCG				ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)				ORAL POLIO VACCINE (OPV) 1				ORAL POLIO VACCINE (OPV) 2				ORAL POLIO VACCINE (OPV) 3				INJECTABLE POLIO VACCINE (IPV)				DPT-HEP.B-HIB (PENTAVALENT) 1				DPT-HEP.B-HIB (PENTAVALENT) 2				DPT-HEP.B-HIB (PENTAVALENT) 3				PCV (PNEUMOCOCCAL 1				PNEUMOCOCCAL 2				PNEUMOCOCCAL 3				ROTAVIRUS 1				ROTAVIRUS 2				[MEASLES CONTAINING VACCINE] 1				[MEASLES CONTAINING VACCINE] 2				VITAMIN A (MOST RECENT)					
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510	ASK THE RESPONDENT FOR PERMISSION TO PHOTOGRAPH VACCINATION CARD OR OTHER DOCUMENT WHERE VACCINATIONS ARE WRITTEN. IF PERMISSION IS GRANTED, PHOTOGRAPH CARD.	PHOTOGRAPH TAKEN 1 PHOTOGRAPH NOT TAKEN, PERMISSION NOT RECEIVED 2 PHOTOGRAPH NOT TAKEN, OTHER REASON _____ 6 <div style="text-align: right;">(SPECIFY)</div>																																																																									
511	CHECK 509: 'BCG' TO '[MEASLES CONTAINING VACCINE] 2' ALL HAVE A DATE RECORDED OR '44' RECORDED IN THE 'DAY' COLUMN? NO <input type="checkbox"/>	YES <input type="checkbox"/>	→ 529																																																																								

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
512	<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 509 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN</p>	<p>YES 1 (USE THE LIST SHOWN IN CAPI TO SELECT THE OTHER VACCINATIONS GIVEN. NOTE THAT CAPI WILL CHANGE THE ANSWER IN 509 IN THE 'DAY' COLUMN FROM '00' TO '66' FOR THE SELECTED VACCINATIONS.) (THEN SKIP TO 529)</p> <p>NO 2 DON'T KNOW 8</p>	
512A	<p>CHECK 509: ANY VACCINATIONS RECORDED ON THE CARD?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>SKIP TO 529 ←</p>		→ 530
513	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>	→ 530
514	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the shoulder that usually causes a scar?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 517
516	Did (NAME) receive it within 24 hours of birth?	<p>YES 1 NO 2 DON'T KNOW 8</p>	
517	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>	→ 521
518	Did (NAME) receive the first oral polio vaccine in the first 2 weeks after birth or later?	<p>FIRST TWO WEEKS 1 LATER 2</p>	
519	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES <input type="text"/>	
520	The last time (NAME) received the polio drops, did (NAME) also get an IPV injection in the right thigh to protect against polio?	<p>YES 1 NO 2 DON'T KNOW 8</p>	
521	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the left thigh sometimes at the same time as polio drops?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 523
522	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES <input type="text"/>	
523	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the right thigh to prevent pneumonia?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 525

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
524	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES <input type="text"/>	
525	Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea?	YES 1 NO 2 DON'T KNOW 8	→ 527
526	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES <input type="text"/>	
527	Has (NAME) ever received a measles vaccination, that is, an injection in the right shoulder to prevent measles?	YES 1 NO 2 DON'T KNOW 8	→ 529
528	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES <input type="text"/>	
529	Where did (NAME) receive most of his/her vaccinations? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	PUBLIC SECTOR NATIONAL/ZONAL/SPECIALISED HOSP 11 REGIONAL REFERRAL HOSPITAL 12 REGIONAL HOSPITAL 13 DISTRICT HOSPITAL 14 HEALTH CENTRE 15 DISPENSARY 16 CLINIC 17 RELIGIOUS / VOLUNTARY REFERRAL/SPECIALISED HOSPITAL 21 DISTRICT HOSPITAL 22 OTHER HOSPITAL 23 HEALTH CENTRE 24 DISPENSARY 25 CLINIC 26 OTHER 27 _____ (SPECIFY) PRIVATE MEDICAL SECTOR SPECIALISED HOSPITAL 31 OTHER HOSPITAL 32 HEALTH CENTRE 33 DISPENSARY 34 CLINIC 35 OTHER PRIVATE MEDICAL SECTOR 36 _____ (SPECIFY) OTHER SOURCE VACCINATION CAMPAIGN 41 OTHER 96 _____ (SPECIFY)	
530	CHECK 220 AND 224 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY? MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> (GO TO 503 FOR THE NEXT SURVIVING CHILD) ←	NO MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> → 601	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	<p>CHECK 220, 224, AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY?</p> <p>ONE OR MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p> <p>NO SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p>	<p>→ 643</p>	
602	Now I would like to ask some questions about the health of your children born in the last 5 years. (We will talk about each separately, starting with the youngest.)		
603	<p>RECORD THE NAME FROM 218 AND PREGNANCY HISTORY NUMBER FROM 215 OF THE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE.</p> <p>NAME OF CHILD _____ PREGNANCY HISTORY NUMBER ... <input type="text"/> <input type="text"/></p>		
604	<p>In the last 12 months, was (NAME) given any of the following:</p> <p>b) [LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDER]?</p> <p>SHOW COMMON TYPES OF MULTIPLE MICRONUTRIENT POWDERS.</p>	<p align="right">YES NO DK</p> <p>b) [MULTIPLE MICRONUTRIENT POWDER] 1 2 8</p>	
605	<p>In the last 6 months, was (NAME) given a vitamin A dose like [this/any of these]?</p> <p>SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
606	<p>In the last 6 months, was (NAME) given any medicine for intestinal worms?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
607	<p>In the last 3 months, has any healthcare provider or community health worker measured:</p> <p>a) (NAME)'s weight?</p> <p>b) (NAME)'s length or height?</p>	<p align="right">YES NO DK</p> <p>a) WEIGHT 1 2 8</p> <p>b) LENGTH/HEIGHT 1 2 8</p>	
608	<p>Has (NAME) had diarrhea in the last 2 weeks?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 618</p>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER .. <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
609	<p>CHECK 485: CURRENTLY BREASTFEEDING?</p> <p>YES <input type="checkbox"/> NO/ NOT ASKED <input type="checkbox"/></p> <p>a) Now I would like to know how much (NAME) was given to drink during the diarrhea, including breast milk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p> <p>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?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>	
610	<p>When (NAME) had diarrhea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>	
611	<p>Did you seek advice or treatment for the diarrhea from any source?</p>	<p>YES 1</p> <p>NO 2</p>	→ 615

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER .. <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
612	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'Z' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL/ZONAL/SPECIALISED HOSP .. A</p> <p>REGIONAL REFERRAL HOSPITAL B</p> <p>REGIONAL HOSPITAL C</p> <p>DISTRICT HOSPITAL D</p> <p>HEALTH CENTRE E</p> <p>DISPENSARY F</p> <p>CLINIC G</p> <p>OTHER PUBLIC SECTOR H</p> <p>_____ (SPECIFY)</p> <p>RELIGIOUS / VOLUNTARY</p> <p>REFERRAL/SPECIALISED HOSPITAL I</p> <p>DISTRICT HOSPITAL J</p> <p>OTHER HOSPITAL K</p> <p>HEALTH CENTRE L</p> <p>DISPENSARY M</p> <p>CLINIC N</p> <p>OTHER O</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>SPECIALISED HOSPITAL P</p> <p>OTHER HOSPITAL Q</p> <p>HEALTH CENTRE R</p> <p>DISPENSARY S</p> <p>CLINIC T</p> <p>OTHER PRIVATE MEDICAL SECTOR U</p> <p>_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>PHARMACY V</p> <p>ACREDITED DRUG DISPENSING</p> <p>OUTLET (ADDO) W</p> <p>NGO/VCT CENTER X</p> <p>SHOP/KIOSK/MARKET/</p> <p>TRADITIONAL PRACTITIONER Y</p> <p>OTHER Z</p> <p>_____ (SPECIFY)</p>	
613	<p>CHECK 612:</p> <p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p>	<p>ONLY ONE CODE CIRCLED <input type="checkbox"/> → 615</p>	
614	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 612.</p>	<p>FIRST PLACE <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></p>	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER .. <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>													
615	Was (NAME) given any of the following at any time since (NAME) started having the diarrhea: a) A fluid made from a special packet called MA-ORAL/ORS Co-Pack? d) Homemade fluid with sugar and salt ?	<table> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) FLUID FROM ORS PACKET ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) HOMEMADE FLUID</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) FLUID FROM ORS PACKET ..	1	2	8	d) HOMEMADE FLUID	1	2	8	
	YES	NO	DK												
a) FLUID FROM ORS PACKET ..	1	2	8												
d) HOMEMADE FLUID	1	2	8												
616	CHECK 615: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ANY 'YES' <input type="checkbox"/> ↓ a) Was anything else given to treat the diarrhea? </div> <div style="text-align: center;"> ALL 'NO' OR 'DK' <input type="checkbox"/> ↓ b) Was anything given to treat the diarrhea? </div> </div>	<table> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td>DON'T KNOW</td> <td>8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8	→ 618						
YES	1														
NO	2														
DON'T KNOW	8														
617	CHECK 615: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ANY 'YES' <input type="checkbox"/> ↓ a) What else was given to treat the diarrhea? </div> <div style="text-align: center;"> ALL 'NO' OR 'DK' <input type="checkbox"/> ↓ b) What was given to treat the diarrhea? </div> </div> RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C UNKNOWN PILL OR SYRUP D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC F UNKNOWN INJECTION G (IV) INTRAVENOUS H HOME REMEDY/HERBAL MEDICINE I OTHER _____ X <div style="text-align: center;">(SPECIFY)</div>													
618	Has (NAME) been ill with a fever at any time in the last 2 weeks?	<table> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td>DON'T KNOW</td> <td>8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8	→ 621						
YES	1														
NO	2														
DON'T KNOW	8														
619	At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?	<table> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td>DON'T KNOW</td> <td>8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8							
YES	1														
NO	2														
DON'T KNOW	8														
620	Were you told by a healthcare provider that (NAME) had malaria?	<table> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td>DON'T KNOW</td> <td>8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8							
YES	1														
NO	2														
DON'T KNOW	8														
621	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	<table> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td>DON'T KNOW</td> <td>8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8							
YES	1														
NO	2														
DON'T KNOW	8														
622	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	<table> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td>DON'T KNOW</td> <td>8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8	→ 624						
YES	1														
NO	2														
DON'T KNOW	8														
623	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	<table> <tr> <td>CHEST ONLY</td> <td>1</td> </tr> <tr> <td>NOSE ONLY</td> <td>2</td> </tr> <tr> <td>BOTH</td> <td>3</td> </tr> <tr> <td>OTHER _____</td> <td>6</td> </tr> <tr> <td align="center">(SPECIFY)</td> <td></td> </tr> <tr> <td>DON'T KNOW</td> <td>8</td> </tr> </table>	CHEST ONLY	1	NOSE ONLY	2	BOTH	3	OTHER _____	6	(SPECIFY)		DON'T KNOW	8	→ 625
CHEST ONLY	1														
NOSE ONLY	2														
BOTH	3														
OTHER _____	6														
(SPECIFY)															
DON'T KNOW	8														
624	CHECK 618: HAD FEVER? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> YES <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO OR DON'T KNOW <input type="checkbox"/> </div> </div>		→ 633C												
625	Did you seek advice or treatment for the illness from any source?	<table> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>	YES	1	NO	2	→ 630								
YES	1														
NO	2														

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER .. <input type="text"/>	
626	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'Z' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL/ZONAL/SPECIALISED HOSP .. A</p> <p>REGIONAL REFERRAL HOSPITAL B</p> <p>REGIONAL HOSPITAL C</p> <p>DISTRICT HOSPITAL D</p> <p>HEALTH CENTRE E</p> <p>DISPENSARY F</p> <p>CLINIC G</p> <p>OTHER H</p> <p>_____ (SPECIFY)</p> <p>RELIGIOUS / VOLUNTARY</p> <p>REFERRAL/SPECIALISED HOSPITAL I</p> <p>DISTRICT HOSPITAL J</p> <p>OTHER HOSPITAL K</p> <p>HEALTH CENTRE L</p> <p>DISPENSARY M</p> <p>CLINIC N</p> <p>OTHER O</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>SPECIALISED HOSPITAL P</p> <p>OTHER HOSPITAL Q</p> <p>HEALTH CENTRE R</p> <p>DISPENSARY S</p> <p>CLINIC T</p> <p>OTHER PRIVATE MEDICAL SECTOR U</p> <p>_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>PHARMACY V</p> <p>ACCREDITED DRUG DISPENSING</p> <p>OUTLET (ADDO) W</p> <p>NGO/VCT CENTER X</p> <p>SHOP/KIOSK/MARKET/</p> <p>TRADITIONAL PRACTITIONER Y</p> <p>OTHER Z</p> <p>_____ (SPECIFY)</p>	
627	<p>CHECK 626:</p> <p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p>		→ 629
628	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 626.</p>	FIRST PLACE <input type="text"/>	
629	<p>How many days after the illness began did you first seek advice or treatment for (NAME)?</p> <p>IF THE SAME DAY RECORD '00'.</p>	DAYS <input type="text"/>	
630	<p>At any time during the illness, did (NAME) take any medicine for the illness?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 634

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER .. <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>		
631	<p>What medicine did (NAME) take?</p> <p>Any other medicine?</p> <p>RECORD ALL MENTIONED.</p> <p>IF MEDICINE NOT KNOWN, ASK TO SEE THE PACKAGE OR PRESCRIPTION.</p>	<p>ANTIMALARIAL MEDICINE</p> <p>ARTEMISININ COMBINATION THERAPY (ACT) A</p> <p>SP/FANSIDAR B</p> <p>CHLOROQUINE C</p> <p>AMODIAQUINE D</p> <p>QUININE</p> <p>PILLS E</p> <p>INJECTION (IV) F</p> <p>ARTESUNATE</p> <p>RECTAL G</p> <p>INJECTION (IV /IM) H</p> <p>OTHER</p> <p>ANTIMALARIAL I</p> <p style="text-align: center;">(SPECIFY)</p> <p>ANTIBIOTIC MEDICINE</p> <p>AMOXICILLIN(DISPERSIBLE) J</p> <p>COTRIMOXAZOLE/ SEPTINE K</p> <p>OTHER PILL/SYRUP L</p> <p>OTHER INJECTION (IV) M</p> <p>OTHER MEDICINE</p> <p>ASPIRIN N</p> <p>PARACETAMOL/PANADOL/</p> <p>ACETAMINOPHEN O</p> <p>IBUPROFEN P</p> <p>OTHER X</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW Z</p>		

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER .. <table border="1" data-bbox="1209 152 1348 208" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
631A	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'Z' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL/ZONAL/SPECIALISED HOSP .. A</p> <p>REGIONAL REFERRAL HOSPITAL B</p> <p>REGIONAL HOSPITAL C</p> <p>DISTRICT HOSPITAL D</p> <p>HEALTH CENTRE E</p> <p>DISPENSARY F</p> <p>CLINIC G</p> <p>OTHER H</p> <p align="center">_____ (SPECIFY)</p> <p>RELIGIOUS / VOLUNTARY</p> <p>REFERRAL/SPECIALSED HOSPITAL I</p> <p>DISTRICT HOSPITAL J</p> <p>OTHER HOSPITAL K</p> <p>HEALTH CENTRE L</p> <p>DISPENSARY M</p> <p>CLINIC N</p> <p>OTHER O</p> <p align="center">_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>SPECIALISED HOSPITAL P</p> <p>OTHER HOSPITAL Q</p> <p>HEALTH CENTRE R</p> <p>DISPENSARY S</p> <p>CLINIC T</p> <p>OTHER PRIVATE MEDICAL SECTOF..... U</p> <p align="center">_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>PHARMACY V</p> <p>ACREDITED DRUG DISPENSING</p> <p>OUTLET (ADDO) W</p> <p>NGO/VCT CENTER X</p> <p>SHOP/KIOSK/MARKET/</p> <p>TRADITIONAL PRACTITIONER Y</p> <p>OTHER Z</p> <p align="center">_____ (SPECIFY)</p>		

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	NAME OF LIVE BIRTH _____ PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
632	<p>CHECK 631: ARTEMISININ COMBINATION THERAPY ('A') GIVEN</p> <div style="display: flex; justify-content: space-around;"> <div> <p>CODE 'A' <input type="checkbox"/></p> <p>CIRCLED</p> <p>↓</p> </div> <div> <p>CODE 'A' <input type="checkbox"/></p> <p>NOT CIRCLED</p> <p>→ 634</p> </div> </div>	
633	<p>How long after the fever started did (NAME) first take an artemisinin combination therapy?</p>	<p>SAME DAY 0</p> <p>NEXT DAY 1</p> <p>TWO DAYS AFTER FEVER 2</p> <p>THREE OR MORE DAYS AFTER FEVER 3</p> <p>DON'T KNOW 8</p>
633A	<p>CHECK 631: AMOXICILLIN ('J') GIVEN</p> <div style="display: flex; justify-content: space-around;"> <div> <p>CODE 'J' <input type="checkbox"/></p> <p>CIRCLED</p> <p>↓</p> </div> <div> <p>CODE 'J' <input type="checkbox"/></p> <p>NOT CIRCLED</p> <p>→ 633C</p> </div> </div>	
633B	<p>How long after the fast, short, rapid breaths or difficulty breathing did (NAME) take Amoxicillin?</p>	<p>SAME DAY 0</p> <p>NEXT DAY 1</p> <p>TWO DAYS AFTER FEVER 2</p> <p>THREE OR MORE DAYS AFTER FEVER 3</p> <p>DON'T KNOW 8</p>
633C	<p>Who usually makes decisions about health care for your child/children: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?</p>	<p>RESPONDENTS 1</p> <p>HUSBAND/PARTNER 2</p> <p>RESPONDENTS AND HUSBAND/PARTNER 3</p> <p>SOMEONE ELSE 4</p>
634	<p>CHECK 220, 224 AND 225 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY?</p> <div style="display: flex; justify-content: space-around;"> <div> <p>MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p> <p>(GO TO 603 FOR THE NEXT SURVIVING CHILD) ←</p> </div> <div> <p>NO MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p> <p>→ 635</p> </div> </div>	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																								
635	<p>CHECK 220, 225 AND 226, ALL ROWS: NUMBER OF CHILDREN BORN 0-23 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT</p> <p align="center">ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p align="center">↓</p> <p>_____</p> <p align="center">(NAME OF YOUNGEST CHILD LIVING WITH HER)</p> <p align="center">↓</p>		→ 643																																																																								
636	<p>Now I would like to ask you about liquids that (NAME FROM 635) had yesterday during the day or at night. Please tell me about all drinks, whether (NAME) had them at home, or somewhere else.</p> <p>Yesterday during the day or at night, did (NAME) drink:</p> <p>a) Plain water?</p> <p>b) Infant formula such as Lactogen, S-26, Sma-pro, Similac, Enfamil, Nan-pro, Aptamil?</p> <p>IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.</p> <p>c) Milk, powdered milk, or milk tea?</p> <p>IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.</p> <p>IF YES: Was the milk a sweet or flavored type of milk?</p> <p>d) Soymilk?</p> <p>IF YES: How many times did (NAME) drink this IF 7 OR MORE TIMES, RECORD '7'.</p> <p>IF YES: Was the milk a sweet or flavored type of milk?</p> <p>e) Industrially processed yogurt drinks?</p> <p>IF YES: How many times did (NAME) drink yogurt? IF 7 OR MORE TIMES, RECORD '7'.</p> <p>IF YES: Was the yogurt drink a sweet or flavored type of yogurt drink?</p> <p>f) Milo or cocoa?</p> <p>g) Fruit juice or fruit drinks?</p> <p>h) Soft drinks like Coke, Pepsi, Fanta, Mirinda, or cola?</p> <p>i) Tea or coffee?</p> <p>IF YES: Was the drink sweetened?</p>	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NUMBER OF TIMES DRANK FORMULA <input type="checkbox"/></td><td></td><td></td><td>8</td></tr> <tr> <td>c)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NUMBER OF TIMES DRANK MILK <input type="checkbox"/></td><td></td><td></td><td>8</td></tr> <tr> <td>SWEET/ FLAVORED 1</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NUMBER OF TIMES DRANK SOYMILK <input type="checkbox"/></td><td></td><td></td><td>8</td></tr> <tr> <td>SWEET/ FLAVORED 1</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NUMBER OF TIMES DRANK YOGURT <input type="checkbox"/></td><td></td><td></td><td>8</td></tr> <tr> <td>SWEET/ FLAVORED 1</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>f)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>g)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>h)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>i)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>SWEETENED ... 1</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a)	1	2	8	b)	1	2	8	NUMBER OF TIMES DRANK FORMULA <input type="checkbox"/>			8	c)	1	2	8	NUMBER OF TIMES DRANK MILK <input type="checkbox"/>			8	SWEET/ FLAVORED 1	1	2	8	d)	1	2	8	NUMBER OF TIMES DRANK SOYMILK <input type="checkbox"/>			8	SWEET/ FLAVORED 1	1	2	8	e)	1	2	8	NUMBER OF TIMES DRANK YOGURT <input type="checkbox"/>			8	SWEET/ FLAVORED 1	1	2	8	f)	1	2	8	g)	1	2	8	h)	1	2	8	i)	1	2	8	SWEETENED ... 1	1	2	8	
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SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	<p>j) Any other liquids?</p> <p>IF YES: What was the drink?</p> <p>Was the drink sweetened?</p>	<p>j) 1 2 8</p> <p>OTHER DRINK(S) _____ (SPECIFY)</p> <p>SWEETENED ... 1 2 8</p>	
637	<p>Now I would like to ask you some about foods that (NAME) had yesterday during the day or at night. I am interested in foods your child ate whether at home or somewhere else. Please think about snacks and small meals as well as main meals.</p> <p>I will ask you about different foods, and I would like to know whether your child ate the food even if it was combined with other foods.</p> <p>Please do not answer 'yes' for any food or ingredient used only in a small amount to add flavor to a dish.</p> <p>a) Mtindi or roshoro?</p> <p>IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>YES NO DK</p> <p>a) 1 2 8</p> <p>NUMBER OF TIMES <input type="text"/> ATE YOGURT 8</p>	
	b) Ugali, porridge, rice, pasta, bread, chapati, or kitumbua?	b) 1 2 8	
	c) Carrots or orange flesh sweet potato (viaze lishe)?	c) 1 2 8	
	d) Cassava, cassava ugali, makopa, yam, green banana, Irish potato, white-flesh sweet potato?	d) 1 2 8	
	e1) Collard greens, amaranth leaves (mchicha), cassava leaves, potato leaves (matembele) spinach, chainizi, cowpea leaves (majani ya maharage), Chinese cabbage, cabbage, or	e1) 1 2 8	
	e2) Nightshade leaves (mnafu), spider flower (mgagani), jute mallow (mlenda), sweet potato leaves (matembele), pumpkin leaves (majani ya maboga), or Malabar spinach (delega)?	e2) 1 2 8	
	f) Any other vegetables, such as cabbage, tomato, African eggplant, eggplant, sweet pepper, cucumber, okra?	f) 1 2 8	
	g) Mango, papaya, or passionfruit?	g) 1 2 8	
	h) Any other fruits, such as bananas, oranges, watermelon, avocado, baobab?	h) 1 2 8	
	i) Liver, kidney, heart, or gizzard?	i) 1 2 8	
	j) Sausages or canned meat?	j) 1 2 8	
	k) Any other meat, such as beef, mutton, goat, pork, chicken, ducks, or bush meat?	k) 1 2 8	
	l) Eggs?	l) 1 2 8	
	m) Fresh fish, dried small fish, dried small tilapia, seafood, shrimp, or octopus?	m) 1 2 8	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	n) Beans, green peas, green gram, cowpeas, pigeon peas, peanut or groundnuts?	n) 1 2 8	
	o) Cheese?	o) 1 2 8	
	p) Grasshopper, flying termites, or termites?	p) 1 2 8	
	q) Sweet foods such as cakes, vishetti, sweet biscuits, candies, chocolates, or ice cream?	q) 1 2 8	
	r) Chips, bagia, mandaazi, fried potatoes, fried cassava, fried sweet potato, or instant noodles?	r) 1 2 8	
	s) Red palm oil?	s) 1 2 8	
	t) Any other solid, semi-solid, or soft food? IF YES: What was the food? MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL FOOD BELONGS TO, RECORD THE NAME OF THE FOOD.	t) 1 2 8 OTHER FOOD(S) _____ (SPECIFY)	
638	CHECK 637 (CATEGORIES 'a' THROUGH 'r'): NOT A SINGLE 'YES' <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/>		→ 640
639	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES 1 (GO BACK TO 637 TO RECORD FOOD EATEN YESTERDAY) (THEN CONTINUE TO 640) NO 2	→ 641
640	How many times did (NAME) 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	
641	In the last 6 months, did any healthcare provider or community health worker talk with you about how or what to feed your child?	YES 1 NO 2 DON'T KNOW 8	
642	The last time (NAME) 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 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
643	<p>Now I'd like to ask you about foods and drinks that you consumed yesterday during the day or night, whether you ate or drank it at home or somewhere else. Please think about snacks and small meals as well as main meals.</p> <p>I will ask you about different foods and drinks, and I would like to know whether you ate a food even if it was combined with other foods. .</p> <p>Please do not answer 'yes' for any food or ingredient only used in a small amount to add flavor to a dish.</p>				
		YES	NO	DK	
	a) Ugali, porridge, rice, pasta, bread, chapati, kitumbua, or maize?	a) 1	2	8	
	b) Orange flesh sweet potato or carrots?	b) 1	2	8	
	c) Cassava, cassava ugali, makopa, green banana, Irish potato, white-flesh sweet potato?	c) 1	2	8	
	d1) Chinese cabbage, cabbage, amaranth leaves, cowpea leaves, or cassava leaves?	d) 1	2	8	
	d2) Nightshade leaves, spider flower, jute mallow, sweet potato leaves, or pumpkin leaves?	d) 1	2	8	
	e) Any other vegetables such as, cabbage, tomato, African eggplant, eggplant, sweet pepper,	e) 1	2	8	
	f) Mango, papaya, or passionfruit?	f) 1	2	8	
	g1) Any other fruits such as, bananas, lemons, tangerines, pineapple, avocado, or grapes?	g) 1	2	8	
	g2) Pear, apple, watermelon, baobab, guava, or jackfruit?	g) 1	2	8	
	h) Liver, kidney, intestine, heart, or gizzard?	h) 1	2	8	
	i) Sausages or canned meat?	i) 1	2	8	
	j) Any other meat, such as beef, mutton, goat, or	j) 1	2	8	
	k) Eggs?	k) 1	2	8	
	l) Fresh fish, dried small fish, dried small tilapia, seafood, shrimp, or octopus?	l) 1	2	8	
	m) Beans, green peas, green gram, cowpeas, pigeon peas, peanut, groundnuts or makande?	m) 1	2	8	
	n) Pumpkin seeds, kashata, cashews, peanuts, or peanut paste?	n) 1	2	8	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	o) Milk, either by itself or in tea, coffee, porridge; cheese, sour milk, or roshoro?	o) 1 2 8	
	p) Any sweet foods such as cakes, candies, sweet biscuits, vishetti, chocolates, or ice cream?	p) 1 2 8	
	q) Chips, mandaazi, bagia, French fries, fried cassava, fried sweet potato, or instant noodles?	q) 1 2 8	
	r) Fruit juice or fruit drinks?	r) 1 2 8	
	s) Soft drinks like Coke, Pepsi, Fanta, Mirinda?	s) 1 2 8	
	t) Sweetened tea, sweetened coffee, Milo, cocoa?	t) 1 2 8	
	u) Any other liquids? IF YES: What was the drink? IF YES: Was the drink sweetened?	u) 1 2 8	
	v) Any other food? IF YES: What was the food? MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL DRINK OR FOOD, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL DRINK OR FOOD BELONGS TO,	v) 1 2 8	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
655A	CHECK THE COVER PAGE: HOUSEHOLD SELECTED FOR THE MEN'S SURVEY? Yes <input type="checkbox"/> No <input type="checkbox"/>		701
655	CHECK 101A: AGREED TO MEASUREMENT <input type="checkbox"/> DID NOT AGREE TO MEASUREMENT <input type="checkbox"/>		701
656	RECORD TIME.	HOUR MINUTES.....	
657	May I measure your blood pressure now? CIRCLE THE CODE AND SIGN YOUR NAME	GRANTED 1 _____ (SIGNATURE OF INTERVIEWER) REFUSED 2 (GO TO 701)	
658	TAKE THE SECOND BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND THE DIASTOLIC BLOOD PRESSURE. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	BLOOD PRESSURE READINGS SYSTOLIC DIASTOLIC TECHNICAL PROBLEMS 995 OTHER 996	

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	→ 706 → 709
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	→ 721
703	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	
704	CHECK 702: YES, <input type="checkbox"/> FORMERLY MARRIED ↓ YES, <input type="checkbox"/> LIVED WITH A MAN →		→ 714
705	Did you have a marriage certificate for your last marriage?	YES 1 NO 2 DON'T KNOW 8	→ 714 → 707
706	Do you have a marriage certificate for this marriage?	YES 1 NO 2 DON'T KNOW 8	→ 709
707	Was this marriage ever registered with the civil authority?	YES 1 NO 2 DON'T KNOW 8	
708	CHECK 701: YES, <input type="checkbox"/> CURRENTLY MARRIED ↓ NO, <input type="checkbox"/> NOT IN A UNION →		→ 714
709	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
710	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"/>	
711	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	→ 714
712	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	
713	Are you the first, second, ... wife?	RANK <input type="text"/> <input type="text"/> DON'T KNOW 98	
714	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	<p>CHECK 714:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> <p>a) In what month and year did you start living with your (husband/partner)?</p> </div> <div style="width: 45%;"> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></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>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	<p>→ 717</p>
716	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
717	<p>CHECK 714:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> </div> <div style="width: 45%;"> <p>MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> </div> </div>		→ 721
718	<p>CHECK 701:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>YES, <input type="checkbox"/> CURRENTLY MARRIED</p> </div> <div style="width: 30%;"> <p>YES, <input type="checkbox"/> LIVING WITH A MAN</p> </div> <div style="width: 35%;"> <p>NO, <input type="checkbox"/> NOT IN A UNION</p> </div> </div>		→ 721
719	Now I'd like to ask you about your current (husband/partner). In what month and year did you start living with him?	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	<p>→ 721</p>
720	How old were you when you first started living with your current (husband/partner)?	AGE <input type="text"/> <input type="text"/>	
721	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
722	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?	<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p>	→ 738
722A	The very first time you had sexual intercourse, would you say that you willingly wanted to have it?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 3</p>	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
723	<p>I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<table> <tr> <td>DAYS AGO</td><td>1</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td>WEEKS AGO</td><td>2</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td>MONTHS AGO</td><td>3</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td>YEARS AGO</td><td>4</td><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	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"/>	<p>→ 737</p>
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"/>																
724	<p>CHECK 232:</p> <p>NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓</p> <p>PREGNANT <input type="checkbox"/> → 727</p>																		
725	<p>The last time you had sexual intercourse, did you or your partner do something or use any method to delay or avoid getting pregnant?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 727</p>																
726	<p>Which method did you use?</p> <p>RECORD ALL MENTIONED.</p> <p>IF CODES 'G' OR 'H' ARE CIRCLED, SKIP TO 728 EVEN IF ANOTHER METHOD WAS ALSO USED.</p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>PILL F</p> <p>CONDOM G</p> <p>FEMALE CONDOM H</p> <p>EMERGENCY CONTRACEPTION I</p> <p>STANDARD DAYS METHOD J</p> <p>LACTATIONAL AMENORRHEA METHOD K</p> <p>RHYTHM METHOD L</p> <p>WITHDRAWAL M</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD Y</p>	<p>→ 728</p>																
727	<p>The last time you had sexual intercourse, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 730</p>																
728	<p>What is the brand name of the condom used?</p> <p>IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.</p>	<p>SALAMA 01</p> <p>DUME 02</p> <p>ROUGH RIDER 03</p> <p>FAMILIA 04</p> <p>CARE 05</p> <p>LADY PEPETA 06</p> <p>ZANA 07</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>																	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
729	<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, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL/ZONAL/SPECIALISED HOSP . . . 11</p> <p>REGIONAL REFERRAL HOSPITAL 12</p> <p>REGIONAL HOSPITAL 13</p> <p>DISTRICT HOSPITAL 14</p> <p>HEALTH CENTRE 15</p> <p>DISPENSARY 16</p> <p>CLINIC 17</p> <p>OTHER 18</p> <p>_____</p> <p align="center">(SPECIFY)</p> <p>RELIGIOUS / VOLUNTARY</p> <p>REFERRAL/SPECIALISED HOSPITAL 21</p> <p>DISTRICT HOSPITAL 22</p> <p>OTHER HOSPITAL 23</p> <p>HEALTH CENTRE 24</p> <p>DISPENSARY 25</p> <p>CLINIC 26</p> <p>OTHER 27</p> <p>_____</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>SPECIALISED HOSPITAL 31</p> <p>OTHER HOSPITAL 32</p> <p>HEALTH CENTRE 33</p> <p>DISPENSARY 34</p> <p>CLINIC 35</p> <p>OTHER PRIVATE MEDICAL SECTOR 36</p> <p>_____</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>PHARMACY 41</p> <p>ACREDITED DRUG DISPENSING</p> <p>OUTLET (ADDO) 42</p> <p>NGO 43</p> <p>SHOP/KIOSK 44</p> <p>BAR 45</p> <p>GUEST HOUSE/HOTEL/LODGE 46</p> <p>FRIEND RELATIVES 47</p> <p>VCT 48</p> <p>OTHER 96</p> <p>_____</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>	
730	<p>What was your relationship to this person with whom you had sexual intercourse?</p> <p>IF BOYFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'.</p> <p>IF NO, RECORD '3'.</p>	<p>HUSBAND 1</p> <p>LIVE-IN PARTNER 2</p> <p>BOYFRIEND NOT LIVING WITH</p> <p>RESPONDENT 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>CLIENT/SEX WORKER 5</p> <p>OTHER 6</p> <p>_____</p> <p align="center">(SPECIFY)</p>	
731	<p>Apart from this person, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p>	→ 737
732	<p>The last time you had sexual intercourse with this second person, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
733	<p>What was your relationship to this second person with whom you had sexual intercourse?</p> <p>IF BOYFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'. IF NO, RECORD '3'.</p>	<p>HUSBAND 1</p> <p>LIVE-IN PARTNER 2</p> <p>BOYFRIEND NOT LIVING WITH RESPONDENT 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>CLIENT/SEX WORKER 5</p> <p>OTHER 6 (SPECIFY)</p>													
734	<p>Apart from these two people, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p>	→ 737												
735	<p>The last time you had sexual intercourse with this third person, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p>													
736	<p>What was your relationship to this third person with whom you had sexual intercourse?</p> <p>IF BOYFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'. IF NO, RECORD '3'.</p>	<p>HUSBAND 1</p> <p>LIVE-IN PARTNER 2</p> <p>BOYFRIEND NOT LIVING WITH RESPONDENT 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>CLIENT/SEX WORKER 5</p> <p>OTHER 6 (SPECIFY)</p>													
737	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.</p>	<p>NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>													
738	<p>PRESENCE OF OTHERS DURING THIS SECTION.</p>	<table> <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 307: <div> NOT ASKED <input type="checkbox"/> NEITHER ARE STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/> </div>	→ 813	
802	CHECK 232: <div> PREGNANT <input type="checkbox"/> NOT PREGNANT OR UNSURE <input type="checkbox"/> </div>	→ 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 232: <div> NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> </div> <div> a) How long would you like to wait from now before the birth of (a/another) child? b) After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? </div>	MONTHS 1 YEARS 2 <div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> 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 232: <div> NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> </div>	→ 812	
807	CHECK 307: USING A CONTRACEPTIVE METHOD? <div> NOT ASKED <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/> </div>	→ 813	
808	CHECK 805: <div> '24' OR MORE MONTHS OR '02' OR MORE YEARS <input type="checkbox"/> NOT ASKED <input type="checkbox"/> '00-23' MONTHS OR '00-01' YEAR <input type="checkbox"/> </div>	→ 812	
809	CHECK 723: <div> DAYS, WEEKS OR MONTHS AGO <input type="checkbox"/> YEARS AGO <input type="checkbox"/> NOT ASKED <input type="checkbox"/> </div>	→ 811 → 811	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	<p>CHECK 804:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>WANTS TO HAVE <input type="checkbox"/> A/ANOTHER CHILD</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>Any other reason?</p> </div> <div style="width: 45%;"> <p>WANTS NO MORE/ <input type="checkbox"/> NONE</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> </div> </div> <p align="center">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>INCONVENIENT TO USE O</p> <p>CHANGES IN MENSTRUAL BLEEDING P</p> <p>METHODS COULD CAUSE INFERTILITY Q</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES R</p> <p>OTHER SIDE EFFECTS S</p> <p>COST/ACCESS/AVAILABILITY</p> <p>LACK OF ACCESS/TOO FAR T</p> <p>COSTS TOO MUCH U</p> <p>PREFERRED METHOD NOT AVAILABLE V</p> <p>NO METHOD AVAILABLE W</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW Z</p>	
811	<p>CHECK 307: USING A CONTRACEPTIVE METHOD?</p> <div style="display: flex; justify-content: space-around;"> <p>NOT <input type="checkbox"/> ASKED</p> <p>YES, <input type="checkbox"/> CURRENTLY USING</p> </div>		→ 813
812	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
813	<p>CHECK 224:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HAS LIVING <input type="checkbox"/> CHILDREN</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> </div> <div style="width: 45%;"> <p>NO LIVING <input type="checkbox"/> CHILDREN</p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> </div> <p align="center">PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>NUMBER <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>	<p>→ 815</p> <p>→ 815</p>
814	<p>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>	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <p>BOYS</p> <p>GIRLS</p> <p>EITHER</p> </div> <p>NUMBER .. <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
815	In the last 12 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) Seen anything about family planning on social media such as Facebook, Twitter, or Instagram? f) Seen anything about family planning on a poster, leaflet or brochure? g) Seen anything about family planning on an outdoor sign or billboard? h) Heard anything about family planning at community meetings or events?	<div style="text-align: right;">YES NO</div> a) RADIO 1 2 b) TELEVISION 1 2 c) NEWSPAPER OR MAGAZINE 1 2 d) MOBILE PHONE 1 2 e) FACEBOOK/TWITTER/ INSTAGRAM 1 2 f) POSTER/LEAFLET/BROCHURE 1 2 g) OUTDOOR SIGN/BILLBOARD 1 2 h) COMMUNITY MEETINGS/EVENTS .. 1 2	
817	CHECK 701: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>YES, <input type="checkbox"/> CURRENTLY MARRIED ↓</div> <div>YES, <input type="checkbox"/> LIVING WITH A MAN ↓</div> <div>NO, <input type="checkbox"/> _____ NOT IN A UNION</div> </div>		→ 901
818	Who usually makes the decision on whether or not you should use contraception, 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 <div style="text-align: center;">(SPECIFY)</div>	→ 820 → 820
819	When making this decision with your (husband/partner), would you say that your opinion is more important, equally important, or less important than your (husband's/partner's) opinion?	MORE IMPORTANT 1 EQUALLY IMPORTANT 2 LESS IMPORTANT 3	
820	Has your (husband/partner) or any other family member ever tried to pressure you to become pregnant when you did not want to become pregnant?	YES 1 NO 2	
821	CHECK 307: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>NOT ASKED <input type="checkbox"/> ↓</div> <div>NEITHER ARE <input type="checkbox"/> STERILIZED ↓</div> <div>HE OR SHE ARE <input type="checkbox"/> STERILIZED</div> </div>		→ 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?	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?	PRE PRIMARY 0 PRIMARY 1 POST PRIMARY TRAINING 2 SECONDARY 'O' LEVEL 3 POST SECONDARY 'O' LEVEL TRAINING 4 SECONDARY 'A' LEVEL 5 POST SECONDARY 'A' LEVEL TRAINING 6 UNIVERSITY 7 DON'T KNOW 8	→ 906
905	What was the highest grade he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE <input type="text"/> <input type="text"/> DON'T KNOW 98	
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 7 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 7 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 7 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: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> </div> <div style="text-align: center;"> NOT IN UNION <input type="checkbox"/> </div> </div>		→ 925
918	CHECK 916: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> CODE '1' OR '2' CIRCLED <input type="checkbox"/> </div> <div style="text-align: center;"> OTHER <input type="checkbox"/> </div> </div>		→ 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 <div style="text-align: center;">(SPECIFY)</div>	
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 <div style="text-align: center;">(SPECIFY)</div>	
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 01 JOINTLY WITH HUSBAND/PARTNER ONLY .. 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 928
926	Do you have a title deed or other government recognized document for any house you own?	YES 1 NO 2 DON'T KNOW 8	→ 928
927	Is your name on this document?	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 01 JOINTLY WITH HUSBAND/PARTNER ONLY .. 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 931
929	Do you have a title deed or other government recognized document for any land you own?	YES 1 NO 2 DON'T KNOW 8	→ 931
930	Is your name on this document?	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)	<div style="text-align: right; margin-right: 20px;">PRES./</div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: right;">PRES./</div> <div style="text-align: right;">NOT</div> <div style="text-align: right;">NOT</div> </div> <div style="text-align: right; margin-right: 20px;">LISTEN. LISTEN. PRES.</div> 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?	<div style="text-align: right; margin-right: 20px;">YES NO DK</div> 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	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1000	Now I would like to talk about HIV and AIDS.		
1002	CHECK 111: AGE 15-24 YEARS <input type="checkbox"/> ↓ 25 YEARS OR OLDER <input type="checkbox"/>		→ 1008
1003	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	
1004	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
1005	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	
1006	Can people get HIV by sharing food with a person who has HIV?	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	
1008	Have you heard of ARVs, that is, antiretroviral medicines that treat HIV?	YES 1 NO 2	
1009	Are there any special medicines that a doctor or a nurse can give to a pregnant woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8	
1010	Have you heard of PrEP, a medicine taken daily that can prevent a person from getting HIV?	YES 1 NO 2	→ 1012
1011	Do you agree of people who take a PrEP every day to prevent getting HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1012	CHECK 220 AND 223: LAST LIVE BIRTH 0-23 MONTHS BEFORE THE SURVEY <input type="checkbox"/> ↓ NO LIVE BIRTHS <input type="checkbox"/> LAST LIVE BIRTH 24 MONTHS OR MORE BEFORE THE SURVEY <input type="checkbox"/>		→ 1024 → 1024
1013	CHECK 412 HAD ANTENATAL CARE <input type="checkbox"/> ↓ NO ANTENATAL CARE <input type="checkbox"/>		→ 1018

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1014	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
1015	Were you tested for HIV as part of your antenatal care while you were pregnant with (NAME)?	YES 1 NO 2	→ 1018
1016	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	PUBLIC SECTOR NATIONAL/ZONAL/SPECIALISED HOSP 11 REGIONAL REFERRAL HOSPITAL 12 STAND-ALONE HTC CENTER 13 FAMILY PLANNING CLINIC 14 MOBILE HTC SERVICES 15 REGIONAL HOSPITAL 16 DISTRICT HOSPITAL/HEALTH CENTRE .. 17 DISPENSARY/CLINIC 18 OTHER PUBLIC SECTOR 19 _____ (SPECIFY) RELIGIOUS / VOLUNTARY REFERRAL/SPECIALISED 21 DISTRICT HOSPITAL 22 OTHER HOSPITAL 23 HEALTH CENTRE 24 DISPENSARY 25 CLINIC 26 OTHER RELIGIOUS/VOLUNTARY SECTOR 27 _____ (SPECIFY) PRIVATE MEDICAL SECTOR SPECIALISED HOSPITAL 31 OTHER HOSPITAL 32 HEALTH CENTRE 33 DISPENSARY 34 CLINIC 35 STAND-ALONE HTC CENTER 36 MOBILE HTC SERVICES 37 OTHER PRIVATE MEDICAL SECTOR 38 _____ (SPECIFY) OTHER 96 _____ (SPECIFY)	
1017	Did you get the results of the test?	YES 1 NO 2	
1018	CHECK 435 FOR LAST LIVE BIRTH ('TYPE 1'): ANY CODE <input type="checkbox"/> '21-46' CIRCLED ↓	OTHER <input type="checkbox"/> _____	→ 1021
1019	Between the time you went for delivery but before the baby was born, were you tested for HIV?	YES 1 NO 2	→ 1021
1020	Did you get the results of the test?	YES 1 NO 2	→ 1022

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1021	CHECK 1015: <div style="display: flex; justify-content: space-around; align-items: center;"> YES <input type="checkbox"/> NO OR <input type="checkbox"/> NOT ASKED </div>		→ 1024
1022	Have you been tested for HIV since that time you were tested during your pregnancy?	YES 1 NO 2	→ 1025
1023	In what month and year was your most recent HIV test?	<div style="display: flex; justify-content: space-between;"> <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 </div> <div style="border-left: 1px solid black; padding-left: 10px; text-align: center;"> → 1028 </div> </div>	
1024	Have you ever been tested for HIV?	YES 1 NO 2	→ 1032
1025	In what month and year was your most recent HIV test?	<div style="display: flex; justify-content: space-between;"> <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 </div> </div>	
1026	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER 12 STAND-ALONE HTC CENTER 13 FAMILY PLANNING CLINIC 14 MOBILE HTC SERVICES 15 OTHER PUBLIC SECTOR 16 <div style="text-align: center;">_____ (SPECIFY)</div> PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 21 PRIVATE CLINIC 22 PRIVATE DOCTOR 23 STAND-ALONE HTC CENTER 24 PHARMACY 25 MOBILE HTC SERVICES 26 OTHER PRIVATE MEDICAL SECTOR 27 <div style="text-align: center;">_____ (SPECIFY)</div> NGO MEDICAL SECTOR NGO HOSPITAL 31 NGO CLINIC 32 OTHER NGO MEDICAL SECTOR 36 <div style="text-align: center;">_____ (SPECIFY)</div> OTHER SOURCE HOME 41 WORKPLACE 42 CORRECTIONAL FACILITY 43 OTHER _____ 96 <div style="text-align: center;">_____ (SPECIFY)</div>	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1027	Did you get the results of the test?	YES 1 NO 2	→ 1031
1028	What was the result of the test?	POSITIVE 1 NEGATIVE 2 INDETERMINATE 3 DECLINED TO ANSWER 4 DID NOT RECEIVE TEST RESULT 5	→ 1031
1029	In what month and year did you receive your first HIV-positive test result?	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 SAME DATE AS LAST HIV TEST 95	
1030	Are you currently taking ARVs, that is antiretroviral medicines? By currently, I mean that you may have missed some doses but you are still taking ARVs.	YES 1 NO 2 DON'T KNOW 8	
1031	How many times have you been tested for HIV in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE, IF NUMBER OF TESTS IS 95 OR MORE, RECORD '95'.	NUMBER OF HIV TESTS <input type="text"/> <input type="text"/>	
1032	Have you heard of test kits people can use to test themselves for HIV?	YES 1 NO 2	→ 1034
1033	Have you ever tested yourself for HIV using a self-test kit?	YES 1 NO 2	
1034	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	
1035	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	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
1036	<p>CHECK 1028:</p> <p align="center"> CODE '1' <input type="checkbox"/> CIRCLED OTHER <input type="checkbox"/> → 1040 </p>																				
1037	<p>Now I would like to ask you a few questions about your experiences living with HIV.</p> <p>Have you disclosed your HIV status to anyone other than me?</p>	<p>YES 1</p> <p>NO 2</p>																			
1038	<p>Do you agree or disagree with the following statement: I have felt ashamed because of my HIV status.</p>	<p>AGREE 1</p> <p>DISAGREE 2</p>																			
1039	<p>Please tell me if the following things have happened to you, or if you think they have happened to you, because of your HIV status in the last 12 months:</p> <p>a) People have talked badly about me because of my HIV status.</p> <p>b) Someone else disclosed my HIV status without my permission.</p> <p>c) I have been verbally insulted, harassed, or threatened because of my HIV status.</p> <p>d) Healthcare workers talked badly about me because of my HIV status.</p> <p>e) Healthcare workers yelled at me, scolded me, called me names, or verbally abused me in another way because of my HIV status.</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) PEOPLE TALK BADLY</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) DISCLOSED STATUS</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) VERBALLY INSULTED</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) HEALTHCARE WORKERS TALKED BADLY</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) HEALTHCARE WORKERS VERBALLY ABUSED</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) PEOPLE TALK BADLY	1	2	b) DISCLOSED STATUS	1	2	c) VERBALLY INSULTED	1	2	d) HEALTHCARE WORKERS TALKED BADLY	1	2	e) HEALTHCARE WORKERS VERBALLY ABUSED	1	2	
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e) HEALTHCARE WORKERS VERBALLY ABUSED	1	2																			
1040	<p>Have you heard about infections that can be transmitted through sexual contact?</p>	<p>YES 1</p> <p>NO 2</p>																			

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1041	CHECK 722: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 1046
1042	CHECK 1040: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 1044
1043	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?	YES 1 NO 2 DON'T KNOW 8	
1044	Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?	YES 1 NO 2 DON'T KNOW 8	
1045	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DON'T KNOW 8	
1046	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	
1047	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	
1048	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 1101
1049	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	
1050	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	How long does it take in minutes to go from your home to the nearest healthcare facility, which could be a hospital, a health centre, a dispensary, or a clinic ?	MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
1102	How do you travel to this healthcare facility from your home? IF MORE THAN ONE WAY OF TRAVEL IS MENTIONED, CIRCLE THE ONE HIGHEST ON THE LIST.	MOTORIZED CAR/TRUCK 01 PUBLIC BUS 02 MOTORCYCLE/SCOOTER 03 BOAT WITH MOTOR 04 NOT MOTORIZED ANIMAL-DRAWN CART 05 BICYCLE 06 BOAT WITHOUT MOTOR 07 WALKING 08 OTHER 96 <div align="center">(SPECIFY)</div>				
1103A	Have you ever heard about breast cancer?	YES 1 NO 2				
1103	Has a doctor or other healthcare provider examined your breasts to check for breast cancer?	YES 1 NO 2 DON'T KNOW 8				
1104	Now I'm going to ask you about tests a healthcare worker can do to check for cervical cancer, which is cancer in the cervix. The cervix connects the womb to the vagina. To be checked for cervical cancer, a woman is asked to lie on her back with her legs apart. Then the healthcare worker will use a brush or swab to collect a sample from inside her. The sample is sent to a laboratory for testing. This test is called a Pap smear or HPV test. Another method is called a VIA or Visual Inspection with Acetic Acid. In this test, the healthcare worker puts vinegar on the cervix to see if there is a reaction.					
1105	Has a doctor or other healthcare worker ever tested you for cervical cancer?	YES 1 NO 2 DON'T KNOW 8				
1106	Now I would like to ask you some questions on smoking and tobacco use. Do you currently smoke cigarettes every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 1108			
1107	On average, how many cigarettes do you currently smoke each day?	NUMBER OF CIGARETTES <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>				
1108	Do you currently smoke or use any other type of tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 1110			
1109	What other type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	KRETEKS A PIPES FULL OF TOBACCO B CIGARS, CHEROOTS, OR CIGARILLOS C WATER PIPE D SNUFF BY MOUTH E SNUFF BY NOSE F CHEWING TOBACCO G BETEL QUID WITH TOBACCO H OTHER X <div align="center">(SPECIFY)</div>				
1110	Now I would like to ask you some questions about drinking alcohol. Have you ever consumed any alcohol, such as beer, wine, spirits, or bege, ulanzi, gongo, chang'aa?	YES 1 NO 2	→ 1113			

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
1111	<p>We count one drink of alcohol as one can or bottle of beer, one glass of wine, one shot of spirits, or one cup of mbege, ulanzi, gongo, chang'aa etc. During the last one month, on how many days did you have at least one drink of alcohol?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF RESPONDENT ANSWERS 'EVERY DAY' OR 'ALMOST EVERY DAY,' CODE '95'.</p>	<p>DID NOT HAVE EVEN ONE DRINK 00</p> <p>NUMBER OF DAYS <input type="text"/> <input type="text"/></p> <p>EVERY DAY/ALMOST EVERY DAY 95</p>	→ 1113															
1112	In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?	NUMBER OF DRINKS <input type="text"/> <input type="text"/>																
1113	<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>BIG PROBLEM</th><th>NOT A BIG PROBLEM</th></tr> </thead> <tbody> <tr> <td>a) PERMISSION TO GO</td><td>1</td><td>2</td></tr> <tr> <td>b) GETTING MONEY</td><td>1</td><td>2</td></tr> <tr> <td>c) DISTANCE</td><td>1</td><td>2</td></tr> <tr> <td>d) GO ALONE</td><td>1</td><td>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	
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a) PERMISSION TO GO	1	2																
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c) DISTANCE	1	2																
d) GO ALONE	1	2																
1114	Are you covered by any health insurance?	<p>YES 1</p> <p>NO 2</p>	→ 1116															
1115	<p>What type of health insurance are you covered by?</p> <p>RECORD ALL MENTIONED.</p>	<p>NHIF A</p> <p>NSSF (SHIB-Social Health Insurance Benefit) B</p> <p>AAR C</p> <p>STRATEGY D</p> <p>JUBILEE E</p> <p>CHF Improved F</p> <p>TIKA (Tiba kwa Kadi) G</p> <p>OTHER EMPLOYED BASED H</p> <p>OTHER COMMUNITY BASED/MUTUAL (eg. UMIASITA, VIBINDO) I</p> <p>PRIVATELY PURCHASED (eg. Phoenix) J</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW Z</p>																
1116	<p>Now I would like to talk to you about TB.</p> <p>Have you ever heard or read information/messages of an illness called Tuberculosis (TB) from radio, television, friends and relatives, magazines and posters?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																
1117	Do you know that TB spread from one person to another through air when infected person coughs, laughs, talks or sneezes?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																
1118	There are 5 main signs of TB. Can you mention atleast one of them?	<p>COUGHING A</p> <p>COUGHING BLOOD SPOOT B</p> <p>REDUCE WEIGHT C</p> <p>FEVER D</p> <p>SWEATING AT NIGHT E</p> <p>DON'T KNOW Z</p> <p>OTHER X</p> <p align="center">SPECIFY</p>																

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1119	Can TB be treated and cured?	YES 1 NO 2 DON'T KNOW 8	
1120	If a member of your family get TB, would you be in position to disclose his/her illness for the purpose of helping him/her?	YES 1 NO 2 DON'T KNOW 8	
1121	Do you know which illnesses can facilitate a person to contract TB?	HIV/ AIDS A CANCER B DIABETES C MALNUTRITION D OTHERS X SPECIFY DON'T KNOW Z	
1122	If happen you feel signs of TB where will you go first to seek treatment?	HEALTH FACILITY 1 PHARMACY 2 OTC/ DUKA LA DAWA 3 TRADITIONAL HEALER 4 OTHERS 5 SPECIFY DON'T KNOW 8	
1123	Heard anything on television or radio about anti-inflammatory medicine like Prednisolone or Citrizine	YES 1 NO 2	
1124	These next questions are about blood pressure. Before today, have you ever had your blood pressure measured by a doctor or other health worker?	YES 1 NO 2 DON'T KNOW 8	
1125	Have you ever been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES 1 NO 2	→ 1129
1126	In the past 12 months, have you been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES 1 NO 2	
1127	Has a doctor or other health worker prescribed medication to control your blood pressure?	YES 1 NO 2	
1128	Are you taking medication to control your blood pressure?	YES 1 NO 2	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1128A	CHECK THE COVER PAGE: HOUSEHOLD SELECTED FOR THE MEN'S SURVEY? Yes <input type="checkbox"/> No <input type="checkbox"/>		1300A
1129	CHECK 101A: AGREED TO MEASUREMENT <input type="checkbox"/> DID NOT AGREE TO MEASUREMENT <input type="checkbox"/>		1300A
1130	RECORD TIME.	HOUR MINUTES	
1131	May I measure your blood pressure now? CIRCLE THE CODE AND SIGN YOUR NAME	GRANTED 1 _____ (SIGNATURE OF INTERVIEWER) REFUSED 2 (GO TO 1201)	
1132	TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND THE DIASTOLIC BLOOD PRESSURE. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	BLOOD PRESSURE READINGS SYSTOLIC DIASTOLIC TECHNICAL PROBLEMS 995 OTHER 996	

SECTION 12. AVERAGING BLOOD PRESSURE MEASURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1201	CHECK 658 AND 1132: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN BOTH 658 AND 1132 <input type="checkbox"/> </div> <div style="text-align: center;"> SYSTOLIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN BOTH 658 AND 1132 <input type="checkbox"/> </div> </div>		1207
1202	RECORD AND CALCULATE THE AVERAGE OF THE SYSTOLIC AND THE AVERAGE OF THE DIASTOLIC BLOOD PRESSURE FROM 658 AND 1132:		
1203	BLOOD PRESSURE FROM 658:	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> SYSTOLIC <input type="text"/><input type="text"/><input type="text"/> </div> <div style="text-align: center;"> DIASTOLIC <input type="text"/><input type="text"/><input type="text"/> </div> </div>	
1204	BLOOD PRESSURE FROM 1132:	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> SYSTOLIC <input type="text"/><input type="text"/><input type="text"/> </div> <div style="text-align: center;"> DIASTOLIC <input type="text"/><input type="text"/><input type="text"/> </div> </div>	
1205	RECORD THE SUM OF SYSTOLIC AND DIASTOLIC MEASURES.	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> SUM SYSTOLIC <input type="text"/><input type="text"/><input type="text"/> </div> <div style="text-align: center;"> SUM DIASTOLIC <input type="text"/><input type="text"/><input type="text"/> </div> </div>	
1206	CALCULATE THE AVERAGE SYSTOLIC AND AVERAGE DIASTOLIC BLOOD PRESSURE BY DIVIDING EACH OF THE SUMS IN 1205 BY 2.	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> AVERAGE SYSTOLIC <input type="text"/><input type="text"/><input type="text"/> </div> <div style="text-align: center;"> AVERAGE DIASTOLIC <input type="text"/><input type="text"/><input type="text"/> </div> </div>	1211
1207	CHECK 1132: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> SYSTOLIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN 1132 <input type="checkbox"/> </div> <div style="text-align: center;"> SYSTOLIC AND DIASTOLIC BLOOD PRESSURE BOTH RECORDED IN 1132 <input type="checkbox"/> </div> </div>		1210
1208	CHECK 658: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> SYSTOLIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN 658 <input type="checkbox"/> </div> <div style="text-align: center;"> SYSTOLIC AND DIASTOLIC BLOOD PRESSURE BOTH RECORDED IN 658 <input type="checkbox"/> </div> </div>		1210
1209	CHECK 101E: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN 101E <input type="checkbox"/> </div> <div style="text-align: center;"> SYSTOLIC AND DIASTOLIC BLOOD PRESSURE BOTH NOT RECORDED IN 101E <input type="checkbox"/> </div> </div>		
1210	RECORD SYSTOLIC AND DIASTOLIC BLOOD PRESSURE.	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> SYSTOLIC <input type="text"/><input type="text"/><input type="text"/> </div> <div style="text-align: center;"> DIASTOLIC <input type="text"/><input type="text"/><input type="text"/> </div> </div>	

SECTION 12. AVERAGING BLOOD PRESSURE MEASURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																								
1211	<p>USE THE TABLE TO DETERMINE THE CORRECT VALUE TO RECORD ON THE BLOOD PRESSURE REPORT AND REFERRAL FORM:</p> <p>CIRCLE THE ROW WHICH INCLUDES THE VALUE OF THE SYSTOLIC BLOOD PRESSURE RECORDED IN 1206 OR 1210.</p> <p>THEN CIRCLE THE COLUMN WHICH INCLUDES THE VALUE OF THE DIASTOLIC BLOOD PRESSURE RECORDED IN 1206 OR 1210.</p> <p>THE VALUE IN THE CELL WHERE THE ROW AND THE COLUMN MEET WILL BE USED IN COMPLETING 1212.</p> <table border="1"> <thead> <tr> <th>AVERAGE SYSTOLIC PRESSURE</th><th colspan="6">AVERAGE DIASTOLIC PRESSURE</th></tr> <tr> <th></th><th>< 84</th><th>85 - 89</th><th>90 - 99</th><th>100 - 109</th><th>110 - 119</th><th>> = 120</th></tr> </thead> <tbody> <tr> <td>< =129</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr> <td>130 - 139</td><td>2</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr> <td>140 - 159</td><td>3</td><td>3</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr> <td>160 - 179</td><td>4</td><td>4</td><td>4</td><td>4</td><td>5</td><td>6</td></tr> <tr> <td>180 - 209</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>6</td></tr> <tr> <td>> = 210</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> </tbody> </table>	AVERAGE SYSTOLIC PRESSURE	AVERAGE DIASTOLIC PRESSURE							< 84	85 - 89	90 - 99	100 - 109	110 - 119	> = 120	< =129	1	2	3	4	5	6	130 - 139	2	2	3	4	5	6	140 - 159	3	3	3	4	5	6	160 - 179	4	4	4	4	5	6	180 - 209	5	5	5	5	5	6	> = 210	6	6	6	6	6	6		
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180 - 209	5	5	5	5	5	6																																																					
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1212	<p>CIRCLE THE VALUE FROM 1211 IN THE TABLE BELOW. CIRCLE THE SAME VALUE IN THE BLOOD PRESSURE REPORTING FORM. READ ALOUD TO THE RESPONDENT THE REPORTING FORM INSTRUCTIONS TO THE RIGHT OF THAT NUMBER, THEN GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS THE RESPONDENT MAY HAVE.</p> <table border="1"> <thead> <tr> <th>VALUE FROM 1211:</th><th>RESPONDENT'S BLOOD PRESSURE CATEGORY:</th><th>CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:</th></tr> </thead> <tbody> <tr> <td>1</td><td>ACCEPTABLE RANGE</td><td>24 MONTHS</td></tr> <tr> <td>2</td><td>AT THE HIGH END OF THE ACCEPTABLE RANGE</td><td>12 MONTHS</td></tr> <tr> <td>3</td><td>ABOVE ACCEPTABLE RANGE</td><td>2 MONTHS PROVIDE COUNCELLING</td></tr> <tr> <td>4</td><td>MODERATELY HIGH</td><td>1 MONTH PROVIDE COUNCELLING</td></tr> <tr> <td>5</td><td>HIGH</td><td>TODAY PROVIDE COUNCELLING AND REFERRAL</td></tr> <tr> <td>6</td><td>VERY HIGH</td><td>NOW PROVIDE COUNCELLING AND REFERRAL</td></tr> </tbody> </table>	VALUE FROM 1211:	RESPONDENT'S BLOOD PRESSURE CATEGORY:	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:	1	ACCEPTABLE RANGE	24 MONTHS	2	AT THE HIGH END OF THE ACCEPTABLE RANGE	12 MONTHS	3	ABOVE ACCEPTABLE RANGE	2 MONTHS PROVIDE COUNCELLING	4	MODERATELY HIGH	1 MONTH PROVIDE COUNCELLING	5	HIGH	TODAY PROVIDE COUNCELLING AND REFERRAL	6	VERY HIGH	NOW PROVIDE COUNCELLING AND REFERRAL																																					
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1213	CHECK IF THE RESPONDENT RECEIVED THE BLOOD PRESSURE REPORTING FORM WITH WRITTEN RESULTS	REPORTING FORM RECEIVED 1 NOT RECEIVED 2																																																									

SECTION 13. MALARIA KNOWLEDGE AND BELIEFS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1300A	CHECK THE COVER PAGE: HOUSEHOLD SELECTED FOR THE MEN'S SURVEY? YES <input type="checkbox"/> NO <input type="checkbox"/>		1501
1300	In your opinion, what is the most serious health problem in your community?	HIV/AIDS 01 TUBERCULOSIS 02 MALARIA 03 MALNUTRITION 04 DIABETES 05 CANCER 06 FLU 07 ROAD TRAFFIC ACCIDENTS 08 DIARRHEA 09 HEART DISEASE 10 OTHER 96 (SPECIFY) DON'T KNOW 98	
1301A	LOCATION OF INTERVIEW: MAINLAND TANZANIA <input type="checkbox"/> ZANZIBAR <input type="checkbox"/>		1301
1301B	In the last year, have you ever heard or seen the phrase "ZIRO MALARIA INAAANZA NA MIMI"?	YES 1 NO 2	
1301	In the last six months, have you seen or heard any messages about malaria?	YES 1 NO 2	1303
1302	Where did you see or hear these messages? PROBE: Anywhere else? RECORD ALL MENTIONED.	RADIO A TELEVISION B POSTER/BILLBOARD C NEWSPAPER/MAGAZINE D LEAFLET/BROCHURE E HEALTHCARE PROVIDER F COMMUNITY HEALTH WORKER G SOCIAL MEDIA H OTHER X (SPECIFY) DON'T REMEMBER Z	
1303	Are there ways to avoid getting malaria?	YES 1 NO 2	1305
1304	What are the things that people can do to prevent themselves from getting malaria? RECORD ALL MENTIONED.	SLEEP UNDER A MOSQUITO NET A SLEEP UNDER AN INSECTICIDE-TREATED MOSQUITO NET B USE MOSQUITO REPELLENT C TAKE PREVENTATIVE MEDICATIONS D SPRAY HOUSE WITH INSECTICIDE E FILL IN STAGNANT WATERS (PUDDLES) F KEEP SURROUNDINGS CLEAN G PUT MOSQUITO SCREEN ON WINDOWS H PUT MOSQUITO SCREEN ON DOORS I CUT THE GRASS J OTHER X (SPECIFY) DON'T KNOW Z	

SECTION 13. MALARIA KNOWLEDGE AND BELIEFS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1304A	Can ACTs be obtained at your nearest health facility or pharmacy (duka la dawa muhimu)?	YES 1 NO 2 DON'T KNOW 88	
1304B	In the past six months, were you visited by a health worker or volunteer who talked to you about malaria?	YES 1 NO 2	
1305	Now I am going to read some statements and I would like you to tell me whether you agree or disagree with each statement. If you don't know, say, don't know. People in this community only get malaria during the rainv season. Do vou adree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8	
1306	When a child has a fever, you almost always worry it might be malaria. Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8	
1307	Getting malaria is not a problem because it can be easily treated. Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8	
1308	Only weak children can die from malaria. Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8	
1309	You can sleep under a mosquito net for the entire night when there are lots of mosquitoes. Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8	
1310	You can sleep under a mosquito net for the entire night when there are few mosquitoes Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8	
1311	You do not like sleeping under a mosquito net when the weather is too warm. Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8	

SECTION 13. MALARIA KNOWLEDGE AND BELIEFS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1312	When a child has a fever, it is best to start by giving them any medicine you have at home. Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8	
1312A	You can easily protect myself and my children from malaria Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8	
1312B	It is important to sleep under a net every single night Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8	
1312C	Pregnant women are at high risk of getting malaria. Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8	
1312D	You can easily get treatment if my child gets malaria. Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8	
1312E	The only way to be sure someone has malaria is to test their blood. Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8	
1312F	It is important to take the entire course of malaria medicine to make sure the disease will be fully cured. Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8	
1313	People in your community usually take their children to a health care provider on the same day or day after they develop a fever. Do you agree or disagree? IF RESPONDENT DOESN'T KNOW, PROBE: Would	AGREE/MORE THAN HALF 1 DISAGREE/LESS THAN HALF 2 DON'T KNOW/UNCERTAIN 8	
1314	People in your community who have a mosquito net usually sleep under a mosquito net every night. Do you agree or disagree? IF RESPONDENT DOESN'T KNOW, PROBE: Would you say more than half or less than half of the	AGREE/MORE THAN HALF 1 DISAGREE/LESS THAN HALF 2 DON'T KNOW/UNCERTAIN 8	

FEMALE GENITAL CUTTING FOR WOMAN'S QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1400	CHECK THE COVER PAGE: HOUSEHOLD SELECTED FOR THE MEN'S SURVEY? YES <input type="checkbox"/> NO <input type="checkbox"/>		1501
1401	Now I would like to ask some questions about a practice known as female genital cutting. Have you ever heard of female genital cutting?	YES 1 NO 2	→ 1403
1402	In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES 1 NO 2	→ 1501
1403	Have you yourself ever been circumcised?	YES 1 NO 2	→ 1409
1404	Now I would like to ask you what was done to you at that time. Was any flesh removed from the genital area?	YES 1 NO 2 DON'T KNOW 8	→ 1406
1405	Was the genital area just nicked without removing any flesh?	YES 1 NO 2 DON'T KNOW 8	
1406	Was your genital area narrowed?	YES 1 NO 2 DON'T KNOW 8	
1407	How old were you when you were circumcised? IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> AS A BABY/DURING INFANCY 95 DON'T KNOW 98	
1408	Who performed the circumcision?	TRADITIONAL TRADITIONAL CIRCUMCISER 11 TRADITIONAL BIRTH ATTENDANT 12 OTHER TRADITIONAL PROVIDER 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 TRAINED NURSE/MIDWIFE 22 AUXILIARY MIDWIFE 23 OTHER HEALTH PROFESSIONAL 26 (SPECIFY) DON'T KNOW 98	
1409	CHECK 219, 220, AND 224 IN THE PREGNANCY HISTORY: HAS ONE OR MORE LIVING DAUGHTERS BORN IN 2008 OR LATER <input type="checkbox"/> HAS NO LIVING DAUGHTERS BORN IN 2008 OR LATER <input type="checkbox"/>		→ 1417

FEMALE GENITAL CUTTING FOR WOMAN'S QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1410	Now I would like to ask you some questions about your (daughter/daughters).		
1411	<p>RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 215 AND 218 OF EACH LIVING DAUGHTER BORN IN 2008 OR LATER, STARTING WITH THE YOUNGEST.</p> <p>NAME _____ PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/></p>		
1412	Is (NAME OF DAUGHTER) circumcised?	<p>YES 1</p> <p>NO 2</p>	→ 1416
1413	<p>How old was (NAME OF DAUGHTER) when she was circumcised?</p> <p>IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN ESTIMATE.</p>	<p>AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
1414	Was her genital area sewn closed?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1415	Who performed the circumcision?	<p>TRADITIONAL</p> <p>TRADITIONAL CIRCUMCISER 11</p> <p>TRADITIONAL BIRTH ATTENDANT 12</p> <p>OTHER TRADITIONAL PROVIDER 16</p> <p>(SPECIFY)</p> <p>HEALTH PROFESSIONAL</p> <p>DOCTOR 21</p> <p>TRAINED NURSE/MIDWIFE 22</p> <p>AUXILIARY MIDWIFE 23</p> <p>OTHER HEALTH PROFESSIONAL 26</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	
1416	<p>CHECK 1409: ANY MORE DAUGHTERS BORN IN 2005 OR LATER?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(GO TO 1411 FOR THE NEXT YOUNGEST DAUGHTER) ←</p>		→ 1417
1417	Do you believe that female circumcision is required by your religion?	<p>YES 1</p> <p>NO 2</p> <p>NO RELIGION 3</p> <p>DON'T KNOW 8</p>	
1418	Do you think that female circumcision should be continued, or should it be stopped?	<p>CONTINUED 1</p> <p>STOPPED 2</p> <p>DEPENDS 3</p> <p>DON'T KNOW 8</p>	

SECTION 15. ADULT AND MATERNAL MORTALITY MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																												
1501	<p>Now I would like to ask you some questions about your brothers and sisters born to your natural mother, including those who are living with you, those living elsewhere and those who have died. From our experience in prior surveys, we know it may sometimes be difficult to establish a complete list of all the children born to your natural mother. We will work together to draw the most complete list and work to recall all your siblings. Could you please now give me the names of all of your brothers and sisters born to your natural mother.</p> <p>DO NOT FILL IN THE ORDER NUMBER YET.</p> <table border="1"> <thead> <tr> <th>NAME</th> <th>ORDER NUMBER</th> <th>NAME</th> <th>ORDER NUMBER</th> </tr> </thead> <tbody> <tr> <td>a _____</td> <td><input type="text"/> <input type="text"/></td> <td>k _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>b _____</td> <td><input type="text"/> <input type="text"/></td> <td>l _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>c _____</td> <td><input type="text"/> <input type="text"/></td> <td>m _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>d _____</td> <td><input type="text"/> <input type="text"/></td> <td>n _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>e _____</td> <td><input type="text"/> <input type="text"/></td> <td>o _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>f _____</td> <td><input type="text"/> <input type="text"/></td> <td>p _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>g _____</td> <td><input type="text"/> <input type="text"/></td> <td>q _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>h _____</td> <td><input type="text"/> <input type="text"/></td> <td>r _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>i _____</td> <td><input type="text"/> <input type="text"/></td> <td>s _____</td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>j _____</td> <td><input type="text"/> <input type="text"/></td> <td>t _____</td> <td><input type="text"/> <input type="text"/></td> </tr> </tbody> </table>			NAME	ORDER NUMBER	NAME	ORDER NUMBER	a _____	<input type="text"/> <input type="text"/>	k _____	<input type="text"/> <input type="text"/>	b _____	<input type="text"/> <input type="text"/>	l _____	<input type="text"/> <input type="text"/>	c _____	<input type="text"/> <input type="text"/>	m _____	<input type="text"/> <input type="text"/>	d _____	<input type="text"/> <input type="text"/>	n _____	<input type="text"/> <input type="text"/>	e _____	<input type="text"/> <input type="text"/>	o _____	<input type="text"/> <input type="text"/>	f _____	<input type="text"/> <input type="text"/>	p _____	<input type="text"/> <input type="text"/>	g _____	<input type="text"/> <input type="text"/>	q _____	<input type="text"/> <input type="text"/>	h _____	<input type="text"/> <input type="text"/>	r _____	<input type="text"/> <input type="text"/>	i _____	<input type="text"/> <input type="text"/>	s _____	<input type="text"/> <input type="text"/>	j _____	<input type="text"/> <input type="text"/>	t _____	<input type="text"/> <input type="text"/>
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SECTION 15. ADULT AND MATERNAL MORTALITY MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1502	CHECK 1501: ONE OR MORE BROTHERS <input type="checkbox"/> OR SISTERS LISTED NO BROTHERS <input type="checkbox"/> OR SISTERS LISTED		1504
1503	READ THE NAMES OF THE BROTHERS AND SISTERS TO THE RESPONDENT AND AFTER THE LAST ONE ASK: Are there any other brothers and sisters from the same mother that you have not mentioned? NO <input type="checkbox"/> YES <input type="checkbox"/> → LIST ADDITIONAL BROTHERS AND SISTERS IN 1501.		
1504	Sometimes people forget to mention children born to their natural mother because they do not live with them or they do not see them very often. Are there any brothers or sisters who do not live with you that you have not mentioned? NO <input type="checkbox"/> YES <input type="checkbox"/> → LIST ADDITIONAL BROTHERS AND SISTERS IN 1501.		
1505	Sometimes people forget to mention children born to their natural mother because they have died. Are there any brothers or sisters who died that you have not mentioned? NO <input type="checkbox"/> YES <input type="checkbox"/> → LIST ADDITIONAL BROTHERS AND SISTERS IN 1501.		
1506	Some people have brothers or sisters from the same mother but a different father. Are there any brothers or sisters born to your natural mother, but who have a different natural father, that you have not mentioned? NO <input type="checkbox"/> YES <input type="checkbox"/> → LIST ADDITIONAL BROTHERS AND SISTERS IN 1501.		
1507	COUNT THE NUMBER OF BROTHERS AND SISTERS RECORDED IN 1501.	TOTAL BROTHERS AND SISTERS .. <input type="text"/> <input type="text"/>	
1508	CHECK 1507: Just to make sure that I have this right: Your mother had in TOTAL _____ births, excluding you, during her lifetime. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 1501 AND/OR 1507.		
1509	CHECK 1507: ONE OR MORE <input type="checkbox"/> BROTHERS/SISTERS NO <input type="checkbox"/> BROTHER OR SISTER		NEXT SECT.
1510	Please tell me, which brother or sister was born first? And which was born next? RECORD '01' FOR THE ORDER NUMBER IN 1501 FOR THE FIRST BROTHER OR SISTER, '02' FOR THE SECOND, AND SO ON UNTIL YOU HAVE RECORDED THE ORDER NUMBER FOR ALL BROTHERS AND SISTERS.		
1511	How many births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS .. <input type="text"/> <input type="text"/>	

SECTION 15. ADULT AND MATERNAL MORTALITY MODULE

1512	LIST THE BROTHERS AND SISTERS ACCORDING TO THE ORDER NUMBER IN 1501. ASK 1513 TO 1524 FOR ONE BROTHER OR SISTER BEFORE ASKING ABOUT THE NEXT BROTHER OR SISTER. IF THERE ARE MORE THAN 12 BROTHERS AND SISTERS, USE AN ADDITIONAL QUESTIONNAIRE.						
1513	NAME OF BROTHER OR SISTER.	(01) _____	(02) _____	(03) _____	(04) _____	(05) _____	(06) _____
1514	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
1515	Is (NAME) still alive?	YES 1 NO 2 GO TO 1517 ← DK 8 GO TO (02) ←	YES 1 NO 2 GO TO 1517 ← DK 8 GO TO (03) ←	YES 1 NO 2 GO TO 1517 ← DK 8 GO TO (04) ←	YES 1 NO 2 GO TO 1517 ← DK 8 GO TO (05) ←	YES 1 NO 2 GO TO 1517 ← DK 8 GO TO (06) ←	YES 1 NO 2 GO TO 1517 ← DK 8 GO TO (07) ←
1516	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (02)	<input type="text"/> <input type="text"/> GO TO (03)	<input type="text"/> <input type="text"/> GO TO (04)	<input type="text"/> <input type="text"/> GO TO (05)	<input type="text"/> <input type="text"/> GO TO (06)	<input type="text"/> <input type="text"/> GO TO (07)
1517	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"/>
1518	How old was (NAME) when (he/she) died? IF DON'T KNOW, PROBE AND ASK ADDITIONAL QUESTIONS TO GET AN ESTIMATE.	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523
1519	Was (NAME) pregnant when she died?	YES 1 GO TO 1523 ← NO 2	YES 1 GO TO 1523 ← NO 2	YES 1 GO TO 1523 ← NO 2	YES 1 GO TO 1523 ← NO 2	YES 1 GO TO 1523 ← NO 2	YES 1 GO TO 1523 ← NO 2
1520	Did (NAME) die during childbirth?	YES 1 GO TO (02) ← NO 2	YES 1 GO TO (03) ← NO 2	YES 1 GO TO (04) ← NO 2	YES 1 GO TO (05) ← NO 2	YES 1 GO TO (06) ← NO 2	YES 1 GO TO (07) ← NO 2
1521	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2 GO TO 1523 ←	YES 1 NO 2 GO TO 1523 ←	YES 1 NO 2 GO TO 1523 ←	YES 1 NO 2 GO TO 1523 ←	YES 1 NO 2 GO TO 1523 ←	YES 1 NO 2 GO TO 1523 ←
1522	How many days after the end of the pregnancy or childbirth 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"/>
1523	Was (NAME)'s death due to an act of violence?	YES 1 GO TO (02) ← NO 2	YES 1 GO TO (03) ← NO 2	YES 1 GO TO (04) ← NO 2	YES 1 GO TO (05) ← NO 2	YES 1 GO TO (06) ← NO 2	YES 1 GO TO (07) ← NO 2
1524	Was (NAME)'s death due to an accident?	YES 1 NO 2 GO TO (02)	YES 1 NO 2 GO TO (03)	YES 1 NO 2 GO TO (04)	YES 1 NO 2 GO TO (05)	YES 1 NO 2 GO TO (06)	YES 1 NO 2 GO TO (07)
IF NO MORE BROTHERS OR SISTERS, GO TO NEXT SECTION.							

SECTION 15. ADULT AND MATERNAL MORTALITY MODULE

1512	LIST THE BROTHERS AND SISTERS ACCORDING TO THE ORDER NUMBER IN 1501. ASK 1513 TO 1524 FOR ONE BROTHER OR SISTER BEFORE ASKING ABOUT THE NEXT BROTHER OR SISTER. IF THERE ARE MORE THAN 12 BROTHERS AND SISTERS, USE AN ADDITIONAL QUESTIONNAIRE.						
1513	NAME OF BROTHER OR SISTER.	(07)	(08)	(09)	(10)	(11)	(12)
1514	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
1515	Is (NAME) still alive?	YES 1 NO 2 GO TO 1517 ← DK 8 GO TO (08) ←	YES 1 NO 2 GO TO 1517 ← DK 8 GO TO (09) ←	YES 1 NO 2 GO TO 1517 ← DK 8 GO TO (10) ←	YES 1 NO 2 GO TO 1517 ← DK 8 GO TO (11) ←	YES 1 NO 2 GO TO 1517 ← DK 8 GO TO (12) ←	YES 1 NO 2 GO TO 1517 ← DK 8 GO TO (13) ←
1516	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (08)	<input type="text"/> <input type="text"/> GO TO (09)	<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)
1517	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"/>
1518	How old was (NAME) when (he/she) died? IF DON'T KNOW, PROBE AND ASK ADDITIONAL QUESTIONS TO GET AN ESTIMATE.	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523
1519	Was (NAME) pregnant when she died?	YES 1 GO TO 1523 ← NO 2	YES 1 GO TO 1523 ← NO 2	YES 1 GO TO 1523 ← NO 2	YES 1 GO TO 1523 ← NO 2	YES 1 GO TO 1523 ← NO 2	YES 1 GO TO 1523 ← NO 2
1520	Did (NAME) die during childbirth?	YES 1 GO TO (08) ← NO 2	YES 1 GO TO (09) ← NO 2	YES 1 GO TO (10) ← NO 2	YES 1 GO TO (11) ← NO 2	YES 1 GO TO (12) ← NO 2	YES 1 GO TO (13) ← NO 2
1521	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2 GO TO 1523 ←	YES 1 NO 2 GO TO 1523 ←	YES 1 NO 2 GO TO 1523 ←	YES 1 NO 2 GO TO 1523 ←	YES 1 NO 2 GO TO 1523 ←	YES 1 NO 2 GO TO 1523 ←
1522	How many days after the end of the pregnancy or childbirth 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"/>
1523	Was (NAME)'s death due to an act of violence?	YES 1 GO TO (08) ← NO 2	YES 1 GO TO (09) ← NO 2	YES 1 GO TO (10) ← NO 2	YES 1 GO TO (11) ← NO 2	YES 1 GO TO (12) ← NO 2	YES 1 GO TO (13) ← NO 2
1524	Was (NAME)'s death due to an accident?	YES 1 NO 2 GO TO (08)	YES 1 NO 2 GO TO (09)	YES 1 NO 2 GO TO (10)	YES 1 NO 2 GO TO (11)	YES 1 NO 2 GO TO (12)	YES 1 NO 2 GO TO (13)
IF NO MORE BROTHERS OR SISTERS, GO TO NEXT SECTION.							

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
1600A	CHECK THE COVER PAGE: HOUSEHOLD SELECTED FOR THE MEN'S SURVEY? YES <input type="checkbox"/> NO <input type="checkbox"/>		1701																								
1600	CHECK COVER PAGE: WOMAN SELECTED FOR DV MODULE? WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/> WOMAN NOT SELECTED <input type="checkbox"/>		1701																								
1601	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED 1 PRIVACY NOT POSSIBLE 2		1637																								
1602	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 TANZANIA. 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.																										
1603	CHECK 701 AND 702: NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/> CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/ MALE PARTNER') <input type="checkbox"/>		1606 1606																								
1604	You have said that you are not married and are not living with a man as if married. Are you currently in an intimate relationship with a man even if you are not living with him?	YES 1 NO 2	1606																								
1605	Have you ever been in an intimate relationship with a man even if you did not ever live with him?	YES 1 NO 2	1619																								
1606	Now, I am going to ask you about some situations that can happen between some women and their (husband/male partner). A. Please tell me if these descriptions apply to your relationship with your (last) (husband/male partner). B. How often did this happen during the last 12 months: often, only sometimes, or not at all?																										
		<table border="1"> <thead> <tr> <th>EVER</th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT IN LAST 12 MONTHS</th></tr> </thead> <tbody> <tr> <td>a) He (is/was) jealous or angry if you (talk/talked) to other men? YES 1 NO 2</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>b) He wrongly (accuses/accused) you of being unfaithful? YES 1 NO 2</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>c) He (does/did) not permit you to meet your female friends? YES 1 NO 2</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>d) He (tries/tried) to limit your contact with your family? YES 1 NO 2</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>e) He (insists/insisted) on knowing where you (are/were) at all times? 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) He (is/was) jealous or angry if you (talk/talked) to other men? YES 1 NO 2	→ 1	2	3	b) He wrongly (accuses/accused) you of being unfaithful? YES 1 NO 2	→ 1	2	3	c) He (does/did) not permit you to meet your female friends? YES 1 NO 2	→ 1	2	3	d) He (tries/tried) to limit your contact with your family? YES 1 NO 2	→ 1	2	3	e) He (insists/insisted) on knowing where you (are/were) at all times? YES 1 NO 2	→ 1	2	3	
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DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
1607	<p>Now I need to ask some more questions about your relationship with your (last) (husband/male partner).</p> <p>A. Did your (last) (husband/male partner) ever:</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>			
		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
1608	<p>A. Did your (last) (husband/male partner) ever do any of the following things to you:</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>			
		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) 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

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
1609	CHECK 1608A (a-j): <div style="display: flex; justify-content: space-around;"> <div>AT LEAST ONE <input type="checkbox"/> 'YES' ↓</div> <div>NOT A SINGLE <input type="checkbox"/> 'YES' →</div> </div>		1611																				
1610	Did the following ever happen as a result of what your (last) (husband/male 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																					
1611	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/male partner) at times when he was not already beating or physically hurting you?	YES 1 NO 2	1613																				
1612	In the last 12 months, how often have you done this to your (last) (husband/male partner): often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3																					
1613	Does (did) your (last) (husband/male partner) drink alcohol?	YES 1 NO 2	1615																				
1614	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3																					
1615	Are (Were) you afraid of your (last) (husband/male partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3																					
1616	A. So far we have been talking about the behavior of your (current/last) (husband/male partner). Now I want to ask you about the behavior of any previous husband or any other current or previous male partner that you may have ever had.	B. How long ago did this last happen?																					
		<table border="1"> <thead> <tr> <th>EVER</th><th>0 - 11 MONTHS AGO</th><th>12+ MONTHS AGO</th><th>DON'T REMEMBER</th></tr> </thead> <tbody> <tr> <td colspan="4">HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER 6</td></tr> <tr> <td>a) Did any previous husband or any other current or previous male partner ever hit, slap, kick, or do anything else to hurt you physically? YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>b) Did any previous husband or any other current or previous male partner physically force you to have intercourse or perform any other sexual acts that you did not want to? YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>c) Did any previous husband or any other current or previous male partner humiliate you in front of others, threaten to hurt you or someone you care about, or insult you or make you feel bad about yourself? YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> </tbody> </table>	EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER 6				a) Did any previous husband or any other current or previous male partner ever hit, slap, kick, or do anything else to hurt you physically? YES 1 NO 2 ↓	→ 1	2	3	b) Did any previous husband or any other current or previous male partner physically force you to have intercourse or perform any other sexual acts that you did not want to? YES 1 NO 2 ↓	→ 1	2	3	c) Did any previous husband or any other current or previous male partner humiliate you in front of others, threaten to hurt you or someone you care about, or insult you or make you feel bad about yourself? YES 1 NO 2 ↓	→ 1	2	3	1617
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DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1617	CHECK 1608A (h-j) AND 1616A (b): AT LEAST ONE <input type="checkbox"/> 'YES' ↓	NOT A SINGLE <input type="checkbox"/> YES →	1619
1618	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by any current or previous husband or male partner?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
1619	CHECK 212 AND 232: CURRENTLY PREGNANT <input type="checkbox"/> 232=1 OR HAD ONE OR MORE PAST PREGNANCIES 212>0 ↓	NOT PREGNANT 232=2 AND <input type="checkbox"/> NO PAST PREGNANCIES 212=0 →	1622
1620	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	1622
1621	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 SCHOOLMATE/CLASSMATE N EMPLOYER/SOMEONE AT WORK O POLICE/SOLDIER P OTHER X (SPECIFY)	
1622	CHECK 701 AND 702 AND 1604 AND 1605: EVER MARRIED/EVER <input type="checkbox"/> LIVED WITH A MAN/ EVER HAD A MALE PARTNER ↓ a) From the time you were 15 years old, has anyone other than a husband or male partner, hit you, slapped you, kicked you, or done anything else to hurt you physically? Remember, I do not want you to include any husband or any other male partner.	NEVER MARRIED/ NEVER HAD <input type="checkbox"/> A MALE PARTNER ↓ 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	1625

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1623	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 SCHOOLMATE/CLASSMATE L EMPLOYER/SOMEONE AT WORK .. M POLICE/SOLDIER N OTHER X (SPECIFY)	
1624	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	
1625	CHECK 701 AND 702 AND 1604 AND 1605: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> EVER MARRIED/ EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> <div style="text-align: center;"> NEVER MARRIED/ NEVER HAD A MALE PARTNER <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> </div>		→ 1627
1626	At any time in your life, as a child or as an adult, has anyone other than any previous husband or any other current or previous male partner ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to? Remember I do not want you to include any husband or male partner.	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1628 → 1631
1627	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	→ 1631
1628	CHECK 701 AND 702 AND 1604 AND 1605: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> <div style="width: 45%;"> NEVER MARRIED/ NEVER HAD A MALE PARTNER <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> </div> <div style="display: flex;"> <div style="width: 45%;"> a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by anyone, not including any husband or any other male partner? </div> <div style="width: 45%;"> b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to? </div> </div>	AGE IN COMPLETED YEARS <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> DON'T KNOW 98	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
1629	<p>Who has forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>FATHER/STEP-FATHER A</p> <p>BROTHER/STEP-BROTHER B</p> <p>OTHER RELATIVE C</p> <p>CURRENT BOYFRIEND D</p> <p>FORMER BOYFRIEND E</p> <p>IN-LAW F</p> <p>OWN FRIEND/ACQUAINTANCE G</p> <p>FAMILY FRIEND H</p> <p>TEACHER I</p> <p>SCHOOLMATE/CLASSMATE J</p> <p>EMPLOYER/SOMEONE AT WORK K</p> <p>POLICE/SOLDIER L</p> <p>PRIEST/RELIGIOUS LEADER M</p> <p>STRANGER N</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>			
1630	<p>CHECK 701 AND 702 AND 1604 AND 1605:</p> <table border="0"> <tr> <td> <p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER</p> <p>↓</p> <p>a) In the last 12 months, has anyone other than any previous husband or any other current or previous male partner forced you to have sexual intercourse or perform any other sexual acts that you did not want</p> </td><td> <p>NEVER MARRIED/ NEVER HAD A MALE PARTNER</p> <p>↓</p> <p>b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> </td></tr> </table>	<p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER</p> <p>↓</p> <p>a) In the last 12 months, has anyone other than any previous husband or any other current or previous male partner forced you to have sexual intercourse or perform any other sexual acts that you did not want</p>	<p>NEVER MARRIED/ NEVER HAD A MALE PARTNER</p> <p>↓</p> <p>b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER</p> <p>↓</p> <p>a) In the last 12 months, has anyone other than any previous husband or any other current or previous male partner forced you to have sexual intercourse or perform any other sexual acts that you did not want</p>	<p>NEVER MARRIED/ NEVER HAD A MALE PARTNER</p> <p>↓</p> <p>b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p>				

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1631	CHECK 1608A (a-j), 1616A (a,b), 1620, 1622, 1626, AND 1627: <div style="display: flex; justify-content: space-around;"> <div>AT LEAST ONE 'YES' <input type="checkbox"/></div> <div>NOT A SINGLE 'YES' <input type="checkbox"/></div> </div>		→ 1635																
1632	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	→ 1634																
1633	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 (NGOs/CSOs) K OTHER X (SPECIFY)	→ 1635																
1634	Have you ever told any one about this?	YES 1 NO 2																	
1635	As far as you know, did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8																	
	THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.																		
1636	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="0"> <thead> <tr> <th></th><th>YES, ONCE</th><th>YES, MORE THAN ONCE</th><th>NO</th></tr> </thead> <tbody> <tr> <td>HUSBAND</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OTHER MALE ADULT ..</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>FEMALE ADULT</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		YES, ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT ..	1	2	3	FEMALE ADULT	1	2	3	
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HUSBAND	1	2	3																
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FEMALE ADULT	1	2	3																
1637	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE. _____ _____ _____																		

EARLY CHILDHOOD DEVELOPMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1701	CHECK 225 AND 226: ANY CHILDREN AGED 24-59 MONTHS LIVING WITH THEIR MOTHERS? <div style="display: flex; justify-content: space-around;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </div> <div style="text-align: center; margin-top: 10px;"> ↓ </div>		→ 1724
1702	CHECK 225 AND 226: SELECT THE YOUNGEST CHILD OF 24-59 MONTHS LIVING WITH HIS OR HER MOTHER AND WRITE THE NAME AND LINE NUMBER. NAME OF THE YOUNGEST CHILD FROM Q. 218 _____ LINE NUMBER OF THE YOUNGEST CHILD Q.215 <input type="text"/> <input type="text"/>		
1703	I would like to ask you about certain things (NAME) is currently able to do. Please keep in mind that children can develop and learn at a different pace. For example, some start talking earlier than others, or they might already say some words but not yet form sentences. So, it is fine if your child is not able to do all the things I am going to ask you about. You can let me know if you have any doubts about what answer to give.		
1704 ECD1	Can (NAME) walk on an uneven surface, for example, a bumpy or steep road, without falling?	YES 1 NO 2 DON'T KNOW 8	
1705	Can (NAME) jump up with both feet leaving the ground?	YES 1 NO 2 DON'T KNOW 8	
1706	Can (NAME) dress (him/herself), that is, put on pants and a shirt, without help?	YES 1 NO 2 DON'T KNOW 8	
1707	Can (NAME) fasten and unfasten buttons without help?	YES 1 NO 2 DON'T KNOW 8	
1708	Can (NAME) say 10 or more words, like 'mama' or 'ball'?	YES 1 NO 2 DON'T KNOW 8	
1709	Can (NAME) speak using sentences of 3 or more words that go together, for example, "I want water" or "The house is big"?	YES 1 NO 2 DON'T KNOW 8	→ 1711
1710	Can (NAME) speak using sentences of 5 or more words that go together, for example, "The house is very big"?	YES 1 NO 2 DON'T KNOW 8	
1711	Can (NAME) correctly use any of the words 'I,' 'you,' 'she,' or 'he,' for example, "I want water" or "He eats rice"?	YES 1 NO 2 DON'T KNOW 8	

EARLY CHILDHOOD DEVELOPMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1712	<p>If you show (NAME) an object (he/she) knows well, such as a cup or animal, can (he/she) consistently name it?</p> <p>By consistently we mean that (he/she) uses the same word to refer to the same object, even if the word used</p>	YES 1 NO 2 DON'T KNOW 8	
1713	Can (NAME) recognize at least 5 letters of the alphabet?	YES 1 NO 2 DON'T KNOW 8	
1714	Can (NAME) write (his/her) name?	YES 1 NO 2 DON'T KNOW 8	
1715	Can (NAME) recognize all numbers from 1 to 5?	YES 1 NO 2 DON'T KNOW 8	
1716	If you ask (NAME) to give you 3 objects, such as 3 stones or 3 beans, does (he/she) give you the correct amount?	YES 1 NO 2 DON'T KNOW 8	
1717	Can (NAME) count 10 objects, for example 10 fingers or 10 blocks, without mistakes?	YES 1 NO 2 DON'T KNOW 8	
1718	Can (NAME) do an activity, such as colouring or playing with building blocks, without repeatedly asking for help or giving up too quickly?	YES 1 NO 2 DON'T KNOW 8	
1719	Does (NAME) ask about familiar people other than parents when they are not there, for example, "Where is Grandma?"?	YES 1 NO 2 DON'T KNOW 8	
1720	Does (NAME) offer to help someone who seems to need help?	YES 1 NO 2 DON'T KNOW 8	
1721 ECD18	Does (NAME) get along well with other children?	YES 1 NO 2 DON'T KNOW 8	
1722 ECD19	<p>How often does (NAME) seem to be very sad or depressed?</p> <p>Would you say: daily, weekly, monthly, a few times a year, or never?</p>	DAILY 1 WEEKLY 2 MONTHLY 3 A FEW TIMES A YEAR 4 NEVER 5 DON'T KNOW 8	
1723 ECD20	<p>Compared with children of the same age, how much does (NAME) kick, bite, or hit other children or adults?</p> <p>Would you say: not at all, the same or less, more, or a lot more?</p>	NOT AT ALL 1 THE SAME OR LESS 2 MORE 3 A LOT MORE 4 DON'T KNOW 8	
1724	RECORD THE TIME.	HOURS MINUTES <div><div></div><div></div><div></div><div></div></div>	

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 (2)

B BIRTHS
P PREGNANCIES
T TERMINATIONS

0 NO METHOD

1 FEMALE STERILIZATION
2 MALE STERILIZATION
3 IUD
4 INJECTABLES
5 IMPLANTS
6 PILL
7 CONDOM
8 FEMALE CONDOM
9 EMERGENCY CONTRACEPTION
J STANDARD DAYS METHOD
K LACTATIONAL AMENORRHEA METHOD
L RHYTHM METHOD

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 CHANGES IN MENSTRUAL BLEEDING
6 OTHER SIDE EFFECTS/HEALTH CONCERNS
7 LACK OF ACCESS/TOO FAR
8 COSTS TOO MUCH
N INCONVENIENT TO USE
F UP TO GOD/FATALISTIC
A DIFFICULT TO GET PREGNANT/MENOPAUSAL
D MARITAL DISSOLUTION/SEPARATION
X OTHER

(SPECIFY)

Z DON'T KNOW

(1) Year of fieldwork is assumed to be 2022. For fieldwork beginning in 2023, all references to calendar years should be increased by one; for example, 2017 should be changed to 2018, 2018 should be changed to 2019, and similarly for all years throughout the questionnaire.

(2) Response categories may be added for other methods, including fertility awareness methods.

			COL. 1	COL. 2
	12	DEC	01	
	11	NOV	02	
	10	OCT	03	
2	09	SEP	04	2
0	08	AUG	05	0
2	07	JUL	06	2
2	06	JUN	07	2
	05	MAY	08	2
	04	APR	09	
(1)	03	MAR	10	
	02	FEB	11	
	01	JAN	12	
	12	DEC	13	
	11	NOV	14	
	10	OCT	15	
2	09	SEP	16	2
0	08	AUG	17	0
2	07	JUL	18	2
1	06	JUN	19	1
	05	MAY	20	
	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	2
0	08	AUG	29	0
2	07	JUL	30	2
0	06	JUN	31	0
	05	MAY	32	
	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	2
0	08	AUG	41	0
1	07	JUL	42	1
9	06	JUN	43	9
	05	MAY	44	
	04	APR	45	
	03	MAR	46	
	02	FEB	47	
	01	JAN	48	
	12	DEC	49	
	11	NOV	50	
	10	OCT	51	
2	09	SEP	52	2
0	08	AUG	53	0
1	07	JUL	54	1
8	06	JUN	55	8
	05	MAY	56	
	04	APR	57	
	03	MAR	58	
	02	FEB	59	
	01	JAN	60	
	12	DEC	61	
	11	NOV	62	
	10	OCT	63	
2	09	SEP	64	2
0	08	AUG	65	0
1	07	JUL	66	1
7	06	JUN	67	7
	05	MAY	68	
	04	APR	69	
	03	MAR	70	
	02	FEB	71	
	01	JAN	72	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS
