

THE STATE OF ERITREA
OFFICE OF THE PRESIDENT
NATIONAL STATISTICS AND EVALUATION OFFICE

ERITREA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD SCHEDULE

ALL INFORMATION COLLECTED IS CONFIDENTIAL AND IS ONLY FOR STATISTICAL USE

IDENTIFICATION	
ZOBA	
SUB-ZOBA	
VILLAGE/TOWN NAME [ASMARA=1, OTHER TOWN =2, RURAL = 3]	
CLUSTER NUMBER	
HOUSEHOLD NUMBER	
NAME OF HOUSEHOLD HEAD	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY	DAY MONTH YEAR TEAM NAME RESULT
TEAM INTERVIEWER'S NAME RESULT SEE * BELOW				
NEXT VISIT: DATE TIME	DD / MM / YYYY DD / MM / YYYY	DD / MM / YYYY DD / MM / YYYY		TOTAL NO. OF VISITS
<p>* RESULT CODES</p> <p>1=COMPLETED 2=NO HOUSEHOLD MEMBER/COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3=ENTIRE HOUSEHOLD ABSENT FOR EXT. PERIOD 4=POSTPONED 5=REFUSED 6=DWELLING VACANT OR ADDRESS NOT A DWELLING 7=DWELLING DESTROYED 8=DWELLING NOT FOUND 9=OTHER (SPECIFY)</p>				
<p>LANGUAGE:SEE ** BELOW</p> <p>QUESTIONNAIRE LANGUAGE OF INTERVIEW NATIVE LANGUAGE OF THE RESPONDENT</p> <p>** LANGUAGE CODES: 01=AFAR 02= BILEN 03= HEDARIB (Tobedawi) 04= KUNAMA 05= NARA 06= RASHAIDA (Arabic) 07= SAHO 08= TIGRE 09= TIGRIGNA 10= OTHER</p> <p>TRANSLATOR USED (1= NOT AT ALL, 2= SOMETIMES, 3= ALL THE TIME).....</p>				<p>TOTAL PERSONS IN THE HOUSEHOLD</p> <p>TOTAL ELIGIBLE WOMEN</p> <p>LINE NUMBER OF RESPONDENT TO HOUSEHOLD SCHEDULE</p>
SUPERVISOR NAME DATE DD / MM / YYYY	FIELD EDITOR NAME DATE DD / MM / YYYY	OFFICE EDITOR	KEYED BY	

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now

LINE NO.	USUAL RESIDENTS AND VISITORS	SEX	RELATION TO HEAD OF HOUSEHOLD*	RESIDENCE		AGE	EDUCATION			
							IF AGE 6 YEARS OR OLDER			
	Please give me the name of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	Is (NAME) male or female?	What is the relationship of (NAME) to the head of the household? SEE * BELOW	Does (NAME) usually live here?	Did (NAME) Stay here last night?	How old is (NAME)?	Can (NAME) read and write in any language without difficulty?	Has (NAME) ever been to school? IF NO GO TO 12	IF ATTENDED SCHOOL	
									What is the highest level of school (NAME) attended?	IF AGE LESS THAN 25 YEARS
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
		M F		YES NO	YES NO	IN YEARS	YES NO	YES NO	LEVEL GRADE	YES NO
01		1 2		1 2	1 2		1 2	1 2		1 2
02		1 2		1 2	1 2		1 2	1 2		1 2
03		1 2		1 2	1 2		1 2	1 2		1 2
04		1 2		1 2	1 2		1 2	1 2		1 2
05		1 2		1 2	1 2		1 2	1 2		1 2
06		1 2		1 2	1 2		1 2	1 2		1 2
07		1 2		1 2	1 2		1 2	1 2		1 2
08		1 2		1 2	1 2		1 2	1 2		1 2
09		1 2		1 2	1 2		1 2	1 2		1 2
10		1 2		1 2	1 2		1 2	1 2		1 2
11		1 2		1 2	1 2		1 2	1 2		1 2
12		1 2		1 2	1 2		1 2	1 2		1 2
13		1 2		1 2	1 2		1 2	1 2		1 2
14		1 2		1 2	1 2		1 2	1 2		1 2

TICK HERE IF CONTINUATION SHEET USED

☐

Just to make sure that I have a complete listing:

- Are there any other persons such as small children or infants that we have not listed?.....YES ☐ ENTER EACH IN TABLE NO ☐
- In addition, are there any other people who may not be members of your family such as domestic servants, lodgers or friends who usually live here?.....YES ☐ ENTER EACH IN TABLE NO ☐
- Are there any guests or temporary visitors staying here, or any one else who slept here last night that have not been listed?.....YES ☐ ENTER EACH IN TABLE NO ☐

PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD				IF AGE ≥15	ASK FOR THOSE AGED 10 YEARS OR MORE				ELIGIBILITY	
These questions refer to the biological parents of the child. Record "00" if parent not member of the household.										
Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this household? If YES, what is her name? RECORD MOTHER'S LINE NUMBER	Is (NAME)'s natural father alive?	IF ALIVE Does (NAME)'s natural father live in this household? If YES, what is his name? RECORD FATHER'S LINE NUMBER	What is (NAME)'s current marital status? SEE *** BELOW	Did (NAME) work during last month?	IF YES TO QUESTION 15B:ASK QUESTIONS 15C AND 15D			CIRCLE LINE NUMBER OF ALL WOMEN AGED 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6
						Is (NAME) paid in cash or kind for the work he/she does? 1=CASH 2=KIND 3=BOTH 4=NOT PAID	What is the main work that (NAME) does?	OCCU PA- TION CODE		
(12)	(13)	(14)	(15)	(15A)	(15B)	(15C)	(15D)	(15E)	(16)	(17)
YES NO DK 1 2 3	<input type="text"/>	YES NO DK 1 2 3	<input type="text"/>	<input type="text"/>	YES NO 1 2	1 2 3 4	<input type="text"/>	<input type="text"/>	01	01
1 2 3	<input type="text"/>	1 2 3	<input type="text"/>	<input type="text"/>	1 2	1 2 3 4	<input type="text"/>	<input type="text"/>	02	02
1 2 3	<input type="text"/>	1 2 3	<input type="text"/>	<input type="text"/>	1 2	1 2 3 4	<input type="text"/>	<input type="text"/>	03	03
1 2 3	<input type="text"/>	1 2 3	<input type="text"/>	<input type="text"/>	1 2	1 2 3 4	<input type="text"/>	<input type="text"/>	04	04
1 2 3	<input type="text"/>	1 2 3	<input type="text"/>	<input type="text"/>	1 2	1 2 3 4	<input type="text"/>	<input type="text"/>	05	05
1 2 3	<input type="text"/>	1 2 3	<input type="text"/>	<input type="text"/>	1 2	1 2 3 4	<input type="text"/>	<input type="text"/>	06	06
1 2 3	<input type="text"/>	1 2 3	<input type="text"/>	<input type="text"/>	1 2	1 2 3 4	<input type="text"/>	<input type="text"/>	07	07
1 2 3	<input type="text"/>	1 2 3	<input type="text"/>	<input type="text"/>	1 2	1 2 3 4	<input type="text"/>	<input type="text"/>	08	08
1 2 3	<input type="text"/>	1 2 3	<input type="text"/>	<input type="text"/>	1 2	1 2 3 4	<input type="text"/>	<input type="text"/>	09	09
1 2 3	<input type="text"/>	1 2 3	<input type="text"/>	<input type="text"/>	1 2	1 2 3 4	<input type="text"/>	<input type="text"/>	10	10
1 2 3	<input type="text"/>	1 2 3	<input type="text"/>	<input type="text"/>	1 2	1 2 3 4	<input type="text"/>	<input type="text"/>	11	11
1 2 3	<input type="text"/>	1 2 3	<input type="text"/>	<input type="text"/>	1 2	1 2 3 4	<input type="text"/>	<input type="text"/>	12	12
1 2 3	<input type="text"/>	1 2 3	<input type="text"/>	<input type="text"/>	1 2	1 2 3 4	<input type="text"/>	<input type="text"/>	13	13
1 2 3	<input type="text"/>	1 2 3	<input type="text"/>	<input type="text"/>	1 2	1 2 3 4	<input type="text"/>	<input type="text"/>	14	14

*** CODES FOR Q.4**

RELATIONSHIP TO HEAD OF HOUSEHOLD:

01=Head	07=Parent-in-law
02=Wife or husband	08=Brother or sister
03=Son or daughter	09=Co-wife
04=Son in-law or daughter in-law	10=Other relatives
05=Grand child	11= Adopted/foster/step child
06=Parent	12= Not related
98=Don't know	

**** CODES FOR Q.10**

EDUCATIONAL LEVEL:

1=Primary/elementary	2=Middle
3=Secondary	4=Higher
8=Don't know	

EDUCATIONAL GRADE:

00=Less than one year completed
98=Don't know

*****CODES FOR Q.15A**

MARITAL STATUS:

1=Married
2=Living together
3=Widowed
4=Divorced
5=Separated
6=Single /never married

THE QUESTIONNAIRE HAS SPACES TO RECORD UP TO 14 HOUSEHOLD MEMBERS, IF MORE ADD ANOTHER QUESTIONNAIRE.

17A During the past two years, that is 24 months, has any of the usual members of this household died?

YES ☐ NO ☐ → SKIP TO 18

Now we would like to have some information about all of the deaths that occurred in this household to usual residents during the past 24 months.

IF MORE THAN FOUR DEATHS ADD NEW HOUSEHOLD QUESTIONNAIRE

Sr. No.	NAME OF PERSON	SEX	AGE AT DEATH	DATE OF DEATH	
				MONTH	YEAR
	Please give me the names of all the persons who were usual residents of this household and died during the past 24 months, that is, since 2000 to the to the month of interview.	Was (NAME) Male or Female?	How old was (NAME) when he/she died? RECORD IN COMPLETED YEARS	In what month did (NAME) die? PROBE: During what season?	In what year did (NAME) die? PROBE: This year or last year?
	(17B)	(17C)	(17D)	(17E)	(17F)
1		M F 1 2	AGE <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"/>
2		1 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3		1 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4		1 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
TOTAL DEATHS IN THE HOUSEHOLD		<input type="text"/>			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
18	Are there any members in this household who are displaced because of the recent war between Eritrea and Ethiopia? IF YES, how many? IF NONE RECORD "00".	NUMBER OF PERSONS DISPLACED <input type="text"/> <input type="text"/>	
19	What is the main source of drinking water for members of your household?	PIPED WATER PIPED IN TO RESIDENCE /YARD /PLOT..... 11 → 21 PUBLIC TAP 12 PROTECTED WELL WATER WELL IN RESIDENCE/YARD/PLOT 21 → 21 PUBLIC WELL 22 UN PROTECTED WELL WATER WELL IN RESIDENCE/YARD/PLOT 31 → 21 PUBLIC WELL 32 SURFACE WATER SPRING 41 RIVER/STREAM 42 POND/LAKE 43 DAM 44 TANKER TRUCK..... 61 OTHER 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
20	How long does it take to go there, get water, and come back? IF LESS THAN ONE MINUTE CIRCLE '996'.	MINUTES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table> ON PREMISES.....996				→21																		
20A	How long is the normal wait to take your turn to get water at the (NAME OF THE WATER SOURCE)?	MINUTES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table> NO WAIT996																						
20B	Who mainly fetch water for the household?	MALE 1 FEMALE..... 2																						
21	What kind of toilet facility does your household have?	FLUSH TOILET OWN FLUSH TOILET 11 SHARED FLUSH TOILET..... 12 PIT TOILET /LATRINE TRADITIONAL PIT TOILET 21 VENTILATED IMPROVED PIT (VIP) LATRINE 22 NO FACILITY /BUSH/FIELD 31 OTHER 96 (SPECIFY)																						
22	Does your household have: Electricity? A radio? A television? A telephone? A refrigerator?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>ELECTRICITY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEPHONE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	ELECTRICITY.....	1	2	RADIO.....	1	2	TELEVISION.....	1	2	TELEPHONE.....	1	2	REFRIGERATOR.....	1	2				
	YES	NO																						
ELECTRICITY.....	1	2																						
RADIO.....	1	2																						
TELEVISION.....	1	2																						
TELEPHONE.....	1	2																						
REFRIGERATOR.....	1	2																						
22A	Does your household: Own the house it is living in? Have cropland? Have cattle or camels? Have horse or mule or donkey? Have sheep or goats? Grow cash crops?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>OWN HOUSE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CROPLAND.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CATTLE/CAMEL.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HORSE/MULE/DONKEY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SHEEP/GOATS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CASH CROPS.....</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	OWN HOUSE.....	1	2	CROPLAND.....	1	2	CATTLE/CAMEL.....	1	2	HORSE/MULE/DONKEY.....	1	2	SHEEP/GOATS.....	1	2	CASH CROPS.....	1	2	
	YES	NO																						
OWN HOUSE.....	1	2																						
CROPLAND.....	1	2																						
CATTLE/CAMEL.....	1	2																						
HORSE/MULE/DONKEY.....	1	2																						
SHEEP/GOATS.....	1	2																						
CASH CROPS.....	1	2																						
23A	How many rooms excluding kitchen and toilet in this dwelling are for the exclusive use for the members of this household?	NUMBER OF ROOMS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>																						
23B	How many rooms in your household are used for sleeping?	NUMBER OF ROOMS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>																						
23C	Are any farm animals kept within the living area of the household?	YES 1 NO 2																						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
24	<p>MAIN MATERIAL OF THE FLOOR</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL FLOOR</p> <p>EARTH /SAND..... 11</p> <p>DUNG..... 12</p> <p>RUDIMENTARY FLOOR</p> <p>WOOD PLANKS 21</p> <p>PALM /BAMBOO 22</p> <p>FINISHED FLOOR</p> <p>PARQUET OR POLISHED WOOD 31</p> <p>VINIL OR ASPHALT STRIPS 32</p> <p>CERAMIC TILES..... 33</p> <p>CEMENT..... 34</p> <p>CARPET..... 35</p> <p>OTHER 96</p> <p>(SPECIFY)</p>																
25	<p>Does any member of your household own:</p> <p>A donkey cart?</p> <p>A bicycle?</p> <p>A motorcycle?</p> <p>A car or truck?</p>	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>DONKEY CART</td><td>1</td><td>2</td></tr> <tr> <td>BICYCLE.....</td><td>1</td><td>2</td></tr> <tr> <td>MOTORCYCLE</td><td>1</td><td>2</td></tr> <tr> <td>CAR/TRUCK.....</td><td>1</td><td>2</td></tr> </table>		YES	NO	DONKEY CART	1	2	BICYCLE.....	1	2	MOTORCYCLE	1	2	CAR/TRUCK.....	1	2	
	YES	NO																
DONKEY CART	1	2																
BICYCLE.....	1	2																
MOTORCYCLE	1	2																
CAR/TRUCK.....	1	2																
25A	<p>What type of fuel dose your household mainly use for cooking?</p>	<p>ELECTRICITY 01</p> <p>LPG/NATURAL GAS 02</p> <p>BIOGAS 03</p> <p>KEROSINE 04</p> <p>COAL, LIGINITE 05</p> <p>CHARCOAL 06</p> <p>FIREWOOD, STRAW 07</p> <p>ANIMAL DUNG CAKES 08</p> <p>OTHERS 96</p> <p>(SPECIFY)</p>																
26	<p>ASK RESPONDENT FOR A TEASPOONFUL OF SALT THEY USUALLY USE.</p> <p>TEST FOR IODINE</p> <p>RECORD PPM (PARTS PER MILLION)</p>	<p>0 PPM (NO IODINE)..... 1</p> <p>7 PPM 2</p> <p>15 PPM 3</p> <p>30 PPM 4</p> <p>NO SALT IN THE HH 5</p> <p>SALT NOT TESTED 6</p> <p>(SPECIFY REASONS)</p>																
27	<p>Does your household have any mosquito nets that can be used while sleeping?</p>	<p>YES..... 1</p> <p>NO 2</p>	→ 28A															
28	<p>How many mosquito nets are there in this household?</p>	<p>MOSQUITO NETS <input type="text"/></p> <p>DON'T KNOW 98</p>																

WEIGHT AND HEIGHT MEASUREMENT

28A. CHECK COLUMNS (16) AND (17): RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 AND ALL CHILDREN UNDER AGE 6.

WOMEN 15-49				WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 15-49			
LINE NO. FROM COL. (16)	NAME FROM COL. (2)	AGE FROM COL. (7)	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1= MEASURED 2= NOT PRESENT 3= REFUSED 6= OTHER
(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)
		YEARS					
<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"/>		<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"/>		<input type="text"/>

CHILDREN UNDER AGE 6				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 1997 OR LATER			
LINE NO. FROM COL. (17)	NAME FROM COL. (2)	AGE FROM COL. (7)	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	HEIGHT MEASURED LYING DOWN OR STANDING UP	RESULT 1= MEASURED 2= NOT PRESENT 3= REFUSED 6= OTHER
		YEARS	DAY MONTH YEAR			LYING STAND	
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>

TICK HERE IF CONTINUATION SHEET USED ☐

THANK YOU!

THANK YOU!!

THANK YOU!!!

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: ____/____/____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: ____/____/____

**ERITREA DEMOGRAPHIC AND HEALTH SURVEY
WOMEN'S QUESTIONNAIRE**

ALL INFORMATION COLLECTED IS CONFIDENTIAL AND IS ONLY FOR STATISTICAL USE

IDENTIFICATION

ZOBA

SUB-ZOBA

VILLAGE/TOWN NAME
[ASMARA=1, OTHER TOWN =2, RURAL = 3]

CLUSTER NUMBER

HOUSEHOLD NUMBER

NAME OF HOUSEHOLD HEAD

NAME AND LINE NUMBER OF WOMAN

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY	DAY MONTH YEAR
TEAM				TEAM
INTERVIEWER'S NAME				NAME
RESULT SEE* BELOW				RESULT
NEXT VISIT: DATE TIME	DD / MM / YYYY	DD / MM / YYYY		TOTAL NO. OF VISITS

*** RESULT CODES**

1=COMPLETED
2=NOT AT HOME
3=POSTPONED

4= REFUSED
5=PARTIALLY COMPLETED
6=INCAPACITATED

7=OTHER _____
(SPECIFY)

LANGUAGE: SEE ** BELOW

QUESTIONNAIRE

--	--

LANGUAGE OF
INTERVIEW

--	--

NATIVE LANGUAGE
OF RESPONDENT

--	--

**** LANGUAGE CODES:**

01=AFAR
06= RASHAIDA (Arabic)

02= BILEN
07= SAHO

03= HEDARIB (Tobedawi)
08= TIGRE

04= KUNAMA
09= TIGRIGNA

05= NARA
10= OTHER _____

TRANSLATOR USED (1= NOT AT ALL, 2= SOMETIMES, 3= ALL THE TIME).....

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SUPERVISOR

NAME

DATE / /
DD MM YYYY

--	--

FIELD EDITOR

NAME

DATE / /
DD MM YYYY

--	--

OFFICE
EDITOR

--	--

KEYED
BY

--	--

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION

Hello. My name is _____ and I am working with the National Statistics and Evaluation Office. We are conducting a national survey about the health of women and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The questionnaire usually takes between 20 and 45 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> MINUTES <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in a village?	CITY 1 TOWN 2 VILLAGE 3	
102A	What was the name of the village/town/city in which you lived as child? RECORD NAME OF VILLAGE/TOWN AND ZOBA. IF PLACE WAS OUTSIDE OF ERITREA, RECORD NAME OF THE COUNTRY.	VILLAGE/TOWN/CITY ZOBA NAME <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> COUNTRY 96	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> ALWAYS 95 VISITOR 96	105
104	Just before you moved here, did you live in a city, in a town, or in a village?	CITY 1 TOWN 2 VILLAGE 3	
104A	What was the name of the zoba in which you lived just before you moved here? RECORD NAME OF ZOBA. IF PLACE WAS OUTSIDE OF ERITREA, RECORD NAME OF THE COUNTRY	ZOBA NAME <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> COUNTRY 96	
104B	What was the main reason for your move?	LIBERATION 01 WAR 02 DROUGHT/DEFORESTATION 03 FAMINE 04 EMPLOYMENT 05 EDUCATION 06 SECURITY 07 MARRIAGE 08 OWN/BETTER HOME 09 DEPORTED 10 INTERNAL DISPLACEMENT 11 OTHER 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
105	In what month and year were you born?	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH..... 98 YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR..... 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS..... <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES 1 NO 2	→ 113A
108	What is the highest level of school you attended: Primary, middle, secondary, or higher?	PRIMARY 1 MIDDLE 2 SECONDARY 3 HIGHER..... 4	
109	What is the highest grade you completed at that level?	GRADE..... <input type="text"/> <input type="text"/>	
110	CHECK 106: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> AGE 24 OR BELOW <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> AGE 25 OR ABOVE <input type="checkbox"/> </div> </div>		→ 113
111	Are you currently attending school?	YES 1 NO 2	→ 113
112	What was the main reason you stopped attending school?	GOT PREGNANT 01 GOT MARRIED 02 TO CARE FOR YOUNGER CHILDREN 03 FAMILY NEEDED HELP ON FARM OR IN BUSINESS 04 COULD NOT PAY SCHOOL FEES 05 NEEDED TO EARN MONEY 06 GRADUATED/HAD ENOUGH SCHOOLING..... 07 DID NOT PASS ENTRANCE EXAM..... 08 DID NOT LIKE SCHOOL 09 SCHOOL NOT ACCESSABLE/TOO FAR 10 ILLNESS 11 OTHER 96 (SPECIFY) DON'T KNOW 98	
113	CHECK 108: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> PRIMARY <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> MIDDLE SCHOOL OR ABOVE <input type="checkbox"/> </div> </div>		→ 114
113A	Are you currently participating in a literacy program or any other program (not including primary school) that involves learning to read or write?	YES 1 NO 2	
113B	Can you read and write in any language without any difficulty?	YES 1 NO 2	→ 115

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
114	Do you usually read a newspaper or magazine at least once a week?	YES 1 NO 2	
115	Do you usually listen to a radio at least once a week?	YES 1 NO 2	
116	Do you usually watch television at least once a week?	YES 1 NO 2	
117	What is your religion?	ORTHODOX 1 CATHOLIC 2 PROTESTANT 3 MUSLIM 4 TRADITIONAL BELIEVER 5 OTHER 6 (SPECIFY)	
118	To which ethnic group do you belong?	AFAR 01 BILEN 02 HEDARIB 03 KUNAMA 04 NARA 05 RASHAIDA 06 SAHO 07 TIGRE 08 TIGRIGNA 09 OTHER 96 (SPECIFY)	

SECTION 2: REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	<div> <div>SONS AT HOME</div> <div>DAUGHTERS AT HOME</div> </div> <div> <div><div><div></div><div></div></div></div> <div><div><div></div><div></div></div></div> </div>	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	<div> <div>SONS ELSEWHERE.....</div> <div>DAUGHTERS ELSEWHERE</div> </div> <div> <div><div><div></div><div></div></div></div> <div><div><div></div><div></div></div></div> </div>	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	<div> <div>BOYS DEAD</div> <div>GIRLS DEAD</div> </div> <div> <div><div><div></div><div></div></div></div> <div><div><div></div><div></div></div></div> </div>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL.....	<div><div><div></div><div></div></div></div>
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> <div>YES</div> <div><div><div></div></div></div> <div>NO</div> <div><div><div></div></div></div> <div>→</div> <div>PROBE AND CORRECT 201-208 AS NECESSARY.</div> </div>		
210	CHECK 208: <div> <div>ONE OR MORE BIRTHS</div> <div><div><div></div></div></div> <div>NO BIRTHS</div> <div><div><div></div></div></div> <div>→</div> <div>225</div> </div>		

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

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

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	220 IF DEAD:	221
What name was given to your next baby? (NAME)	Were any of these births twins?	Is (NAME)) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COM- PLETED YEARS.	Is (NAME) living with you?		How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between [NAME OF PREVIOUS BIRTH] AND [NAME]?
08	SING.. 1 MULT 2	BOY. 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.... 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO..... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GOTO 221)	DAYS..... 1 MONTHS.. 2 YEARS.... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES..... 1 NO..... 2
09	SING.. 1 MULT 2	BOY. 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.... 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO..... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GOTO 221)	DAYS..... 1 MONTHS.. 2 YEARS.... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES..... 1 NO..... 2
10	SING.. 1 MULT 2	BOY. 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.... 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO..... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GOTO 221)	DAYS..... 1 MONTHS.. 2 YEARS.... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES..... 1 NO..... 2
11	SING.. 1 MULT 2	BOY. 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.... 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO..... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GOTO 221)	DAYS..... 1 MONTHS.. 2 YEARS.... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES..... 1 NO..... 2
12	SING.. 1 MULT 2	BOY. 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.... 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES..... 1 NO..... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GOTO 221)	DAYS..... 1 MONTHS.. 2 YEARS.... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES..... 1 NO..... 2
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?						YES..... 1 NO 2		
IF YES, ADD THAT BIRTH TO THE END OF THE BIRTH HISTORY (212)									
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE) ↓ CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBED TO DETERMINE EXACT NUMBER OF MONTHS								
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 1997 OR LATER. IF NONE, RECORD "0".								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 226
225A	When did the last such pregnancy end?	MONTH YEAR.....	
225B	CHECK 225A: LAST PREGNANCY ENDED IN 1997 OR LATER <input type="checkbox"/> LAST PEGNANCY ENDED BEFORE 1997 <input type="checkbox"/>		→ 226
225C	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS	MONTHS RECORD NUMBER OF COMPLETED MONTHS	
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 237
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	NUMBER OF MONTHS.....	
228	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 LATER 2 NOT AT ALL..... 3	
237	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 WEEKS AGO..... 2 MONTHS AGO 3 YEARS AGO 4 IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED..... 996	
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	→ 301
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS..... 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED..... 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER..... 6 (SPECIFY) DON'T KNOW 8	

SECTION 3. CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301 ASK 302.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK Have you ever heard of (METHOD)?	302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any (more) children.	YES..... 1 NO 2 ↘
02	MALE STERILIZATION Men can have an operation to avoid having any (more) children.	YES..... 1 NO 2 ↘
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES..... 1 NO 2 ↘
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES..... 1 NO 2 ↘
05	INJECTIONS Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES..... 1 NO 2 ↘
06	IMPLANTS Women can have several 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 ↘
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES..... 1 NO 2 ↘
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES..... 1 NO 2 ↘
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES..... 1 NO 2 ↘
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse.	YES..... 1 NO 2 ↘
11	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES..... 1 NO 2 ↘
12	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES..... 1 NO 2 ↘
13	WITHDRAWAL Men can be careful and pull out before climax	YES..... 1 NO 2 ↘
14	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES..... 1 NO 2 ↘
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES..... 1 _____ (SPECIFY) _____ (SPECIFY) NO 2
303	CHECK 302: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> NOT A SINGLE 'YES' (NEVER USED) <input type="checkbox"/> </div> <div style="text-align: center;"> AT LEAST ONE 'YES' (EVER USED) <input type="checkbox"/> </div> </div> <div style="text-align: right; margin-top: 10px;">→ 307</div>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES..... 1 NO..... 2	→ 329
306	What have you used or done? CORRECT 302 (AND 301 IF NECESSARY).	_____	
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN..... <input type="text"/> <input type="text"/>	
307A	When you first began to use family planning, did you want to have a (another) child but at a later time, or did you not want to have a (another) child at all ?	WANTED CHILD LATER..... 1 DID NOT WANT A (ANOTHER) CHILD AT ALL..... 2 OTHER..... 6 (SPECIFY)	
308	CHECK 302 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 311A
309	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 329A
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES..... 1 NO..... 2	→ 329
311	Which method are you using? IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTABLES E IMPLANTS F CONDOM..... G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMEN. METHOD..... K PERIODIC ABSTINENCE..... L WITHDRAWAL M OTHER X (SPECIFY)	→ 313 → 316A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.		
312	How much does one packet or cycle of pills cost you?	COST <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> FREE..... 9996 DON'T KNOW 9998	→ 316A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	<p>In what facility did the sterilization take place?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>OTHER PUBLIC 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PRIVATE DOCTOR 23</p> <p>OTHER PRIVATE MEDICAL 26</p> <p>(SPECIFY)</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	
316	<p>In what month and year was the sterilization performed?</p>	<p>MONTH.....</p> <p>YEAR.....</p>	<p>332</p>
316A	<p>In what month and year did you start using (CURRENT METHOD) continuously?</p>	<p>MONTH.....</p> <p>YEAR.....</p>	
327	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p>	<p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM..... 07</p> <p>FEMALE CONDOM..... 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>PERIODIC ABSTINENCE 12</p> <p>WITHDRAWAL 13</p> <p>OTHER METHOD 96</p>	<p>329A</p>
328	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>FAMILY PLANNING CLINIC..... 13</p> <p>OTHER PUBLIC 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PHARMACY 22</p> <p>PRIVATE DOCTOR 23</p> <p>OTHER PRIVATE MEDICAL 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP..... 31</p> <p>FRIEND/RELATIVE..... 32</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>332</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
329	What is the main reason you are not using a method of contraception to delay or avoid pregnancy?	NOT MARRIED 11 FERTILITY RELATED REASONS NOT HAVING SEX 21 INFREQUENT SEX 22 MENOPOSA/HYSTRECTOMY 23 SUBFECUND/INFECUND 24 POSTPARTUM/BREASTFEEDING 25 WANTS MORE CHILDREN 26 OPPOSITION TO USE RESPONDENT OPPOSED 31 HUSBAND OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION..... 34 LACK OF KNOWLEDGE KNOWS NO METHODS..... 41 KNOWS NO SOURCE 42 METHOD RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COST TOO MUCH..... 54 INCONVINIENT TO USE..... 55 INTERFEARS WITH BODY'S NORMAL PROCESSES 56 OTHER 96 (SPECIFY) DONT KNOW 98	
329A	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2	→ 332
330	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC,WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL PLACES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B FAMILY PLANNING CLINIC..... C OTHER PUBLIC D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC E PHARMACY F PRIVATE DOCTOR G OTHER PRIVATE MEDICAL H (SPECIFY) OTHER SOURCE SHOP..... I FRIEND/RELATIVE..... J OTHER X (SPECIFY)	
332	In the last 12 months, have you visited a health facility for care of yourself (or your children)?	YES 1 NO 2	→ 401
333	Did any staff member at the health facility speak to you about family planning methods?	YES 1 NO 2	

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

401	CHECK 224: ONE OR MORE BIRTHS IN 1997 OR LATER <input type="checkbox"/> NO BIRTH IN 1997 OR LATER <input type="checkbox"/> → 483A
402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1997 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately)
403	LINE NUMBER FROM 212 LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/> NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>
404	NAME FROM 212 AND SURVIVAL STATUS FROM 216 NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all? THEN 1 (SKIP TO 406A) ← LATER 2 NOT AT ALL 3 (SKIP TO 406A) ← THEN 1 (SKIP TO 423) ← LATER 2 NOT AT ALL 3 (SKIP TO 423) ←
406	How much longer would you like to have waited? MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998 MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998
406A	When you were pregnant with (NAME), did you see anyone for antenatal care? YES 1 NO 2 (SKIP TO 415) ←
407	Whom did you see for antenatal care for this pregnancy? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN. PUBLIC MEDICAL SECTOR DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C PRIVATE MEDICAL SECTOR DOCTOR D NURSE/MIDWIFE E AUXILIARY MIDWIFE F OTHER PERSON TRADITIONAL BIRTH ATTENDANT G OTHER X (SPECIFY)
408	How many months pregnant were you when you first received antenatal care for this pregnancy? MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
409	How many times did you receive antenatal care during this pregnancy? NO. OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98
410	CHECK 409: NUMBER OF TIMES RECEIVED ANTENATAL CARE ONCE <input type="checkbox"/> MORE THAN ONCE OR DON'T KNOW <input type="checkbox"/> (SKIP TO 412)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
411	How many months pregnant were you the last time you received antenatal care?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW..... 98	
412	During this pregnancy, were any of the following done at least once? Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	<div style="text-align: right;">YES NO</div> WEIGHT..... 1 2 HEIGHT..... 1 2 BLOOD PRESSURE..... 1 2 URINE SAMPLE..... 1 2 BLOOD SAMPLE..... 1 2	
413	Were you told about the signs of pregnancy complications?	YES..... 1 NO..... 2 (SKIP TO 415) ← DON'T KNOW..... 8	
414	Were you told where to go if you had these complications?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES..... 1 NO..... 2 (SKIP TO 417) ← DON'T KNOW..... 8	
416	During this pregnancy, how many times did you get this injection?	TIMES..... <input type="text"/> DON'T KNOW..... 8	
417	During this pregnancy, did you receive iron tablets? SHOW TABLETS	YES..... 1 NO..... 2 (SKIP TO 418A) ← DON'T KNOW..... 8	
418	During the whole pregnancy, for how many days did you take the tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER OF DAYS..... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW..... 998	
418A	During this pregnancy, did you receive multiple vitamin tablets or syrup? SHOW TABLET AND SYRUP	YES..... 1 NO..... 2 DON'T KNOW..... 8	
418B	During this pregnancy, did you receive vitamin C tablets like this? SHOW TABLETS	YES..... 1 NO..... 2 DON'T KNOW..... 8	
419	During this pregnancy did you have difficulty with your vision during the daylight?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
420	During this pregnancy, did you suffer from night blindness?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
421	During this pregnancy, did you take any drugs in order to prevent you from getting malaria?	YES..... 1 NO..... 2 (SKIP TO 423) ← DON'T KNOW..... 8	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
422	Which drugs did you take to prevent malaria? RECORD ALL MENTIONED IF TYPE OF DRUG IS NOT DETERMINED, SHOW ANTIMALARIAL DRUGS TO RESPONDENT FOR EACH DRUG CIRCLED, ASK: How many times did you take (NAME OF DRUG) during this pregnancy?	TIMES CHLOROQUINE..... A <input type="text"/> <input type="text"/> FANSIDAR..... B <input type="text"/> <input type="text"/> OTHER..... X <input type="text"/> <input type="text"/> (SPECIFY) DON'T KNOW..... Z	
422A	CHECK 406A: SEE ANYONE FOR ANTENATAL CARE DURING THIS PREGNANCY?	ANY ONE <input type="checkbox"/> NO ONE <input type="checkbox"/> ↓ ↓ (SKIP TO 423)	
422B	Did you get these drugs during an antenatal visit, another visit to health facility or from some other source?	ANTENATAL VISIT 1 ANOTHER FACILITY VISITS 2 OTHER SOURCE 6 (SPECIFY)	
423	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
424	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 426) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 426) ← DON'T KNOW 8
425	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
426	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY	PUBLIC MEDICAL SECTOR DOCTOR..... A NURSE/MIDWIFE B AUXILIARY MIDWIFE C PRIVATE MEDICAL SECTOR DOCTOR..... D NURSE/MIDWIFE E AUXILIARY MIDWIFE..... F OTHER PERSON TRADITIONAL BIRTH ATTENDANT..... G RELATIVE/FRIEND H OTHER..... X (SPECIFY) NO ONE..... Y	PUBLIC MEDICAL SECTOR DOCTOR..... A NURSE/MIDWIFE B AUXILIARY MIDWIFE C PRIVATE MEDICAL SECTOR DOCTOR..... D NURSE/MIDWIFE E AUXILIARY MIDWIFE..... F OTHER PERSON TRADITIONAL BIRTH ATTENDANT..... G RELATIVE/FRIEND H OTHER..... X (SPECIFY) NO ONE Y

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____								
426A	At the time of the birth of (NAME), did you have any of the following problems: Long labor, that is , did your regular contractions last more than 12 hours? Excessive bleeding that was so much that you feared it was life threatening? A high fever with bad smelling vaginal discharge? Convulsions not caused by fever?	<p>YES NO</p> <p>LABOR MORE THAN 12 HOURS..... 1 2</p> <p>EXCESSIVE BLEEDING..... 1 2</p> <p>FEVER/BAD SMELLING VAG. DISCHARGE..... 1 2</p> <p>CONVULSIONS..... 1 2</p>	<p>YES NO</p> <p>LABOR MORE THAN 12 HOURS..... 1 2</p> <p>EXCESSIVE BLEEDING..... 1 2</p> <p>FEVER/BAD SMELLING VAG. DISCHARGE..... 1 2</p> <p>CONVULSIONS..... 1 2</p>								
427	Where did you give birth to (NAME)? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	<p>HOME YOUR HOME 11 (SKIP TO 429) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR GOVT.HOSPITAL 21 GOVT. HEALTH CENTER..... 22 GOVT. HEALTH STATION 23 OTHER PUBLIC 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT.HOSPITAL/CLINIC 31 OTHER PRIVATE MEDICAL 36 (SPECIFY)</p> <p>OTHER 96 (SPECIFY) (SKIP TO 429) ←</p>	<p>HOME YOUR HOME 11 (SKIP TO 429) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR GOVT.HOSPITAL 21 GOVT. HEALTH CENTER..... 22 GOVT. HEALTH STATION 23 OTHER PUBLIC 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT.HOSPITAL/CLINIC 31 OTHER PRIVATE MEDICAL 36 (SPECIFY)</p> <p>OTHER 96 (SPECIFY) (SKIP TO 429) ←</p>								
428	Was (NAME) delivered by caesarian section?	<p>YES 1 (SKIP TO 433) ←</p> <p>NO 2</p>	<p>YES 1 (SKIP TO 435) ←</p> <p>NO 2</p>								
429	After (NAME) was born, did a health professional or a traditional birth attendant check on your health?	<p>YES 1 NO 2 (SKIP TO 433) ←</p>	<p>YES 1 NO 2</p>								
430	How many days or weeks after delivery did the first check take place? RECORD '00' DAYS IF SAME DAY.	<p>DAYS AFTER DEL 1 <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>WEEKS AFTER DEL 2 <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>DON'T KNOW 998</p>									
431	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	<p>PUBLIC MEDICAL SECTOR DOCTOR..... 11 NURSE/MIDWIFE 12 AUXILIARY MIDWIFE 13 PRIVATE MEDICAL SECTOR DOCTOR..... 21 NURSE/MIDWIFE 22 AUXILIARY MIDWIFE..... 23 OTHER PERSON TRADITIONAL BIRTH ATTENDANT..... 31 OTHER 96 (SPECIFY)</p>									

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
432	Where did this first check take place? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH STATION 23 OTHER PUBLIC 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL 36 (SPECIFY) OTHER 96 (SPECIFY)	
433	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW AMPULE, CAPSULE, AND SYRUP.	YES 1 NO 2	
434	Has your period returned since the birth of (NAME)?	YES 1 (SKIP TO 436) ← NO 2 (SKIP TO 437) ←	
435	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 439) ←
436	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
437	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT <input type="checkbox"/> NANT ↓ ↓ (SKIP TO 439)	
438	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 440) ←	
439	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
440	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 447) ←	YES 1 NO 2 (SKIP TO 447) ←

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____																
441	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 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS..... 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									IMMEDIATELY 000 HOURS..... 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
442	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 444) ←	YES 1 NO 2 (SKIP TO 444) ←																
443	What was (NAME) given to drink ? Anything else? RECORD ALL LIQUIDS MENTIONED.	FRESH MILK (OTHER THAN BREAST MILK)..... A TINNED /POWDERED MILK B PLAIN WATER..... C SUGAR OR GLUCOSE WATER..... D GRIPE WATER..... E SUGAR-SALT-WATER SOLUTION..... F FRUIT JUICE G INFANT FORMULA H TEA/INFUSIONS/ABAKE OR KERKEDE I HONEY..... J BUTTER..... K OTHER..... X (SPECIFY)	FRESH MILK (OTHER THAN BREAST MILK)..... A TINNED /POWDERED MILK B PLAIN WATER..... C SUGAR OR GLUCOSE WATER D GRIPE WATER..... E SUGAR-SALT-WATER SOLUTION F FRUIT JUICE G INFANT FORMULA H TEA/INFUSIONS/ABAKE OR KERKEDE I HONEY..... J BUTTER..... K OTHER..... X (SPECIFY)																
444	CHECK 404: CHILD ALIVE?	ALIVE <table border="1"><tr><td></td></tr></table> ↓ (SKIP TO 446)		ALIVE <table border="1"><tr><td></td></tr></table> ↓ (SKIP TO 446)															
445	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 448) ← NO 2	YES 1 (SKIP TO 448) ← NO 2																
446	For how many months did you breastfeed (NAME)?	MONTHS..... <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW98			MONTHS <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW 98														
446A	Why did you stop breastfeeding (NAME)?	MOTHER ILL/ WEAK 01 CHILD ILL/ WEAK 02 CHILD DIED 03 NIPPLE/BREAST PROBLEM 04 NOT ENOUGH MILK 05 MOTHER WORKING 06 CHILD REFUSED 07 WEANING AGE/ AGE TO STOP ... 08 BECAME PREGNANT 09 STARTED USING CONTRACEPTION 10 OTHER 96 (SPECIFY)	MOTHER ILL/ WEAK 01 CHILD ILL/ WEAK 02 CHILD DIED 03 NIPPLE/BREAST PROBLEM 04 NOT ENOUGH MILK 05 MOTHER WORKING 06 CHILD REFUSED 07 WEANING AGE/ AGE TO STOP ... 08 BECAME PREGNANT 09 STARTED USING CONTRACEPTION 10 OTHER 96 (SPECIFY)																

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
447	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> ↓ (SKIP TO 450)	DEAD <input type="checkbox"/> ↓ (GO BACK TO 403/404 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 452)
448	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHT TIME FEEDINGS.... <input type="text"/>	NUMBER OF NIGHT TIME FEEDINGS..... <input type="text"/>
449	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS <input type="text"/>	NUMBER OF DAYLIGHT FEEDINGS <input type="text"/>
450	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
451	Was sugar added to any of the foods or liquids (NAME) ate yesterday?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
451A	(Aside from breastfeeding and other liquids), how many times did (NAME) eat solid, semi-solid or soft foods yesterday or at night, including both meals and snacks? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8
451B		GO BACK TO 403/404 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 452.	GO BACK TO 403/404 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 452.

NO.	QUESTIONS AND FILTERS	SKIP																												
452	<p>CHECK 215 AND 218</p> <p>HAS AT LEAST ONE CHILD BORN IN 1999 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>DOES NOT HAVE ANY CHILDREN BORN IN 1999 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 452A) _____</p> <p>(NAME)</p>	454																												
452A	<p>Now I would like to ask you about liquids (NAME FROM Q452) drank over the last seven days, including yesterday.</p> <p>How many days during the last 7 days did (NAME FROM Q452) drink each of the following? FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BEFORE PROCEEDING TO THE NEXT ITEM, ASK:</p> <p>In total, how <u>many</u> times yesterday during the day or at night did (NAME FROM Q452) drink (ITEM)?</p> <p>a Plain water?</p> <p>b Sugar water?</p> <p>c Fruit juice?</p> <p>d Tea, kerkede,abake, coffee, soft drinks?</p> <p>e Baby formula?</p> <p>f Tinned or powdered milk?</p> <p>g Fresh milk?</p> <p>h Any other liquids?</p> <p>FOR EACH ITEM NOT GIVEN IN THE LAST SEVEN DAYS RECORD '0' IN THE CORROSPONDING NUMBER OF DAYS BOX AND LEAVE THE NUMBER OF TIMES BOX BLANK.</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p> <p>IF DON'T KNOW RECORD '8'.</p>	<table border="1"> <thead> <tr> <th>LAST 7 DAYS</th><th>YESTERDAY/ LAST NIGHT</th></tr> <tr> <th>NUMBER OF DAYS</th><th>NUMBER OF TIMES</th></tr> </thead> <tbody> <tr><td>a <input type="text"/></td><td>a <input type="text"/></td></tr> <tr><td>b <input type="text"/></td><td>b <input type="text"/></td></tr> <tr><td>c <input type="text"/></td><td>c <input type="text"/></td></tr> <tr><td>d <input type="text"/></td><td>d <input type="text"/></td></tr> <tr><td>e <input type="text"/></td><td>e <input type="text"/></td></tr> <tr><td>f <input type="text"/></td><td>f <input type="text"/></td></tr> <tr><td>g <input type="text"/></td><td>g <input type="text"/></td></tr> <tr><td>h <input type="text"/></td><td>h <input type="text"/></td></tr> </tbody> </table>	LAST 7 DAYS	YESTERDAY/ LAST NIGHT	NUMBER OF DAYS	NUMBER OF TIMES	a <input type="text"/>	a <input type="text"/>	b <input type="text"/>	b <input type="text"/>	c <input type="text"/>	c <input type="text"/>	d <input type="text"/>	d <input type="text"/>	e <input type="text"/>	e <input type="text"/>	f <input type="text"/>	f <input type="text"/>	g <input type="text"/>	g <input type="text"/>	h <input type="text"/>	h <input type="text"/>								
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452B	<p>Now I would like to ask you about type of foods (NAME FROM Q452) ate over the last seven days, including yesterday.</p> <p>How many days during the last 7 days did (NAME FROM Q452) eat each of the following foods either separately or combined with other food?</p> <p>FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BEFORE PROCEEDING TO THE NEXT ITEM, ASK:</p> <p>In total, how <u>many</u> times yesterday during the day or at night did (NAME FROM Q452) eat (ITEM)?</p> <p>a Any green leafy vegetables?</p> <p>b Mangos and Papayas?</p> <p>c Any other fruits such as orange, bananas, apples/sauce, avocados, tomatoes?</p> <p>d Pumpkin, red or yellow yams or squash, carrots, or red sweet potatoes?</p> <p>e Injera</p> <p>f Any food made from grains such as gaat, sebko, ajja, biscuits etc.?</p> <p>g Any other food made from roots or tubers such as white potatoes, white yams, manioc, cassava, or other local roots or tubers?</p> <p>h Any food made from legumes such as lentils, beans, soyabeans, pulses, or peanuts?</p> <p>i Cheese or yoghurt?</p> <p>j Meat, poultry, fish or Eggs?</p> <p>k Any food made with oil, fat, or butter?</p> <p>l Any other solid or semi-solid foods?</p> <p>FOR EACH ITEM NOT GIVEN IN THE LAST SEVEN DAYS RECORD '0' IN THE CORROSPONDING NUMBER OF DAYS BOX AND LEAVE THE NUMBER OF TIMES BOX BLANK.</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p> <p>IF DON'T KNOW RECORD '8'.</p>	<table border="1"> <thead> <tr> <th>LAST 7 DAYS</th><th>YESTERDAY/ LAST NIGHT</th></tr> <tr> <th>NUMBER OF DAYS</th><th>NUMBER OF TIMES</th></tr> </thead> <tbody> <tr><td>a <input type="text"/></td><td>a <input type="text"/></td></tr> <tr><td>b <input type="text"/></td><td>b <input type="text"/></td></tr> <tr><td>c <input type="text"/></td><td>c <input type="text"/></td></tr> <tr><td>d <input type="text"/></td><td>d <input type="text"/></td></tr> <tr><td>e <input type="text"/></td><td>e <input type="text"/></td></tr> <tr><td>f <input type="text"/></td><td>f <input type="text"/></td></tr> <tr><td>g <input type="text"/></td><td>g <input type="text"/></td></tr> <tr><td>h <input type="text"/></td><td>h <input type="text"/></td></tr> <tr><td>i <input type="text"/></td><td>i <input type="text"/></td></tr> <tr><td>j <input type="text"/></td><td>j <input type="text"/></td></tr> <tr><td>k <input type="text"/></td><td>k <input type="text"/></td></tr> <tr><td>l <input type="text"/></td><td>l <input type="text"/></td></tr> </tbody> </table>	LAST 7 DAYS	YESTERDAY/ LAST NIGHT	NUMBER OF DAYS	NUMBER OF TIMES	a <input type="text"/>	a <input type="text"/>	b <input type="text"/>	b <input type="text"/>	c <input type="text"/>	c <input type="text"/>	d <input type="text"/>	d <input type="text"/>	e <input type="text"/>	e <input type="text"/>	f <input type="text"/>	f <input type="text"/>	g <input type="text"/>	g <input type="text"/>	h <input type="text"/>	h <input type="text"/>	i <input type="text"/>	i <input type="text"/>	j <input type="text"/>	j <input type="text"/>	k <input type="text"/>	k <input type="text"/>	l <input type="text"/>	l <input type="text"/>
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SECTION 4B. IMMUNIZATION, HEALTH AND NUTRITION

454	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1997 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES).												
455	LINE NUMBER FROM 212				LAST BIRTH LINE NUMBER..... <input type="text"/> <input type="text"/>				NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>				
456	NAME FROM 212 AND ALIVE OR DEAD FROM 216				NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 456 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 483A)				NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 456 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 483A)				
457	Did (NAME) receive a vitamin A dose like this during the last 6 months? SHOW AMPULE, CAPSULE AND SYRUP.				YES..... 1 NO 2 DON'T KNOW 8				YES 1 NO 2 DON'T KNOW 8				
458	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?				YES, SEEN..... 1 (SKIP TO 460) ← YES, NOT SEEN 2 (SKIP TO 462) ← NO CARD 3				YES, SEEN..... 1 (SKIP TO 460) ← YES, NOT SEEN..... 2 (SKIP TO 462) ← NO CARD 3				
459	Did you ever have a vaccination card for (NAME)?				YES..... 1 (SKIP TO 462) ← NO 2				YES..... 1 (SKIP TO 462) ← NO 2				
460	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.												
	VACCINE				DAY MONTH YEAR				VACCINE DAY MONTH YEAR				
	BCG	BCG						BCG					
	POLIO 0 (POLIO GIVEN AT BIRTH)	POLIO 0						POLIO 0					
	POLIO 1	POLIO 1						POLIO 1					
	POLIO 2	POLIO 2						POLIO 2					
	POLIO 3	POLIO 3						POLIO 3					
	DPT 1	DPT 1						DPT 1					
	DPT 2	DPT 2						DPT 2					
	DPT 3	DPT 3						DPT 3					
	MEASLES	MEASLES						MEASLES					

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
460A	CHECK 460: CHILD RECEIVED ALL VACCINATIONS	NO <input type="checkbox"/> YES <input type="checkbox"/> (SKIP TO 464)	NO <input type="checkbox"/> YES <input type="checkbox"/> (SKIP TO 464)
461	Has (NAME) received any vaccinations that are not recorded on this card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINE (S).	YES..... 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) (SKIP TO 464) ← NO..... 2 DON'T KNOW..... 8	YES..... 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) (SKIP TO 464) ← NO..... 2 DON'T KNOW..... 8
462	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES..... 1 NO..... 2 (SKIP TO 465A) ← DON'T KNOW..... 8	YES..... 1 NO..... 2 (SKIP TO 465A) ← DON'T KNOW..... 8
463	Please tell me if (name) received any of the following vaccinations:		
463A	A BCG vaccination against tuberculosis that is, an injection in the arm or shoulders that usually causes a scar?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
463B	Polio vaccine, that is, drops in the mouth?	YES..... 1 NO..... 2 (SKIP TO 463E) ← DON'T KNOW..... 8	YES..... 1 NO..... 2 (SKIP TO 463E) ← DON'T KNOW..... 8
463C	When was the first polio vaccine received, just after birth or later?	JUST AFTER BIRTH..... 1 LATER..... 2	JUST AFTER BIRTH..... 1 LATER..... 2
463D	How many times was the polio vaccine received?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
463E	A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES..... 1 NO..... 2 (SKIP TO 463G) ← DON'T KNOW..... 8	YES..... 1 NO..... 2 (SKIP TO 463G) ← DON'T KNOW..... 8
463F	How many times was the DPT received?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
463G	An injection to prevent measles?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
464	Were any of the vaccinations (NAME) received during the last two years given as a part of a national immunization day campaign?	YES..... 1 NO..... 2 (SKIP TO 465A) ← NO VACCINATION IN THE LAST 2 YEARS..... 3 (SKIP TO 465A) ← DON'T KNOW..... 8 (SKIP TO 465A) ←	YES..... 1 NO..... 2 (SKIP TO 465A) ← NO VACCINATION IN THE LAST 2 YEARS..... 3 (SKIP TO 465A) ← DON'T KNOW..... 8 (SKIP TO 465A) ←
465	At which national immunization day campaigns did (NAME) receive vaccinations? RECORD ALL CAMPAIGNS MENTIONED	POLIO VACCINATION CAMPAIGN 2000..... A POLIO VACCINATION CAMPAIGN 2001..... B POLIO VACCINATION CAMPAIGN 2002..... C	POLIO VACCINATION COMPAGIN 2000..... A POLIO VACCINATION COMPAGIN 2001..... B POLIO VACCINATION CAMPAIGN 2002..... C

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
465A	CHECK 27 IN THE HOUSEHOLD QUESTIONNAIRE BED NETS IN THE HOUSEHOLD?	YES <input type="checkbox"/> ↓ (SKIP TO 466)	YES <input type="checkbox"/> ↓ (SKIP TO 466)
465B	Does (NAME) usually sleep under a mosquito net?	YES..... 1 NO..... 2	YES..... 1 NO..... 2
465C	Did (NAME) sleep under a mosquito net last night?	YES..... 1 (SKIP TO 465E) ← NO..... 2 DON'T KNOW 8	YES..... 1 (SKIP TO 465E) ← NO..... 2 DON'T KNOW 8
465D	CHECK 465B: SLEEPS UNDER A MOSQUITO NET?	YES <input type="checkbox"/> ↓ (SKIP TO 466)	YES <input type="checkbox"/> ↓ (SKIP TO 466)
465E	Now let us talk about the mosquito net (NAME) sleeps under. How long ago was the mosquito net bought or obtained? IF LESS THAN ONE MONTH, RECORD '00'. IF MORE THAN 95 MONTHS, RECORD '95'.	MONTHS <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> DON'T KNOW 98
465F	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?	YES..... 1 NO..... 2 (SKIP TO 466) ← DON'T KNOW 8	YES..... 1 NO..... 2 (SKIP TO 466) ← DON'T KNOW 8
465G	How long ago was the mosquito net last soaked or dipped? IF LESS THAN 1 MONTH, RECORD '00'. IF MORE THAN 95 MONTHS, RECORD '95'.	MONTHS <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> DON'T KNOW 98
466	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES..... 1 NO..... 2 (SKIP TO 467) ← DON'T KNOW 8	YES..... 1 NO..... 2 (SKIP TO 467) ← DON'T KNOW 8
466A	Does (NAME) have a fever now?	YES..... 1 NO..... 2 DON'T KNOW 8	YES..... 1 NO..... 2 DON'T KNOW 8
466B	Was (NAME) given drugs for the fever?	YES..... 1 NO..... 2 (SKIP TO 467) ← DON'T KNOW 8	YES..... 1 NO..... 2 (SKIP TO 467) ← DON'T KNOW 8

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
466C	What drugs did (NAME) take? RECORD ALL MENTIONED ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN. IF TYPE OF DRUGS IS STILL NOT DETERMINED, SHOW TYPICAL ANTI-MALARIAL DRUGS TO RESPONDENT. FOR EACH ANTI-MALARIAL DRUGS TAKEN ASK: For how many days (NAME) take (NAME OF THE DRUGS)?	ANTI-MALARIAL DAYS CHLOROQUINE..... A <input type="text"/> <input type="text"/> FANSIDAR..... B <input type="text"/> <input type="text"/> QUININE..... C <input type="text"/> <input type="text"/> OTHER DRUGS ASPRIN..... E PANADOL..... F OTHER..... X (SPECIFY) DON'T KNOW..... Z	ANTI-MALARIAL DAYS CHLOROQUINE..... A <input type="text"/> <input type="text"/> FANSIDAR..... B <input type="text"/> <input type="text"/> QUININE..... C <input type="text"/> <input type="text"/> OTHER DRUGS ASPRIN..... E PANADOL..... F OTHER..... X (SPECIFY) DON'T KNOW..... Z
466D	CHECK 466C: ANTI-MALARIAL DRUG GIVEN?	CODE A, B, OR C CIRCLED <input type="checkbox"/> ↓ CODES A, B AND C NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 467)	CODE A, B, OR C CIRCLED <input type="checkbox"/> ↓ CODES A, B AND C NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 467)
466E	How long after the fever started did (NAME) first take (NAMES OF THE ANTI-MALARIAL DRUGS CIRCLED IN 466C)?	SAME DAY..... 0 NEXT DAY..... 1 TWO DAYS AFTER THE FEVER..... 2 THREE OR MORE DAYS AFTER THE FEVER..... 3 DON'T KNOW..... 8	SAME DAY..... 0 NEXT DAY..... 1 TWO DAYS AFTER THE FEVER..... 2 THREE OR MORE DAYS AFTER THE FEVER..... 3 DON'T KNOW..... 8
466F	Is the child still taking (NAMES OF THE ANTI-MALARIAL DRUGS CIRCLED IN 466C)?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
467	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES..... 1 NO..... 2 (SKIP TO 475) ← DON'T KNOW..... 8	YES..... 1 NO..... 2 (SKIP TO 475) ← DON'T KNOW..... 8
468	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
470	Did you seek advice or treatment for the cough?	YES..... 1 NO..... 2 (SKIP TO 475) ←	YES..... 1 NO..... 2 (SKIP TO 475) ←

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
480	What was given to treat the diarrhea? Anything else? RECORD ALL MENTIONED.	HOME MADE LIQUIDS..... A PILL OR SYRUP B INJECTION..... C (I.V.) INTRAVENOUS..... D HOME REMEDIES/ HERBAL MEDICINES..... E OTHER _____ X (SPECIFY)	HOME MADE LIQUIDS..... A PILL OR SYRUP..... B INJECTION..... C (I.V.) INTRAVENOUS..... D HOME REMEDIES/ HERBAL MEDICINES..... E OTHER _____ X (SPECIFY)
481	Did you seek advice or treatment for the diarrhea?	YES..... 1 NO..... 2 (SKIP TO 483) ←	YES..... 1 NO..... 2 (SKIP TO 483) ←
482	Where did you seek advice or treatment for diarrhea? IF SOURCE IS HOSPITAL, HEALTH CENYTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE _____ (NAME OF PLACE) Anywhere else? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL..... A GOVT. HEALTH CENTER..... B GOVT. HEALTH STATION..... C OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC..... G PHARMACY..... H PVT. DOCTOR..... I COMM. HEALTH WORKER..... K OTHER PVT. MEDICAL _____ L (SPECIFY) OTHER SOURCE SHOP..... M TRAD. PRACTITIONER..... N OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL..... A GOVT. HEALTH CENTER..... B GOVT. HEALTH STATION..... C OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC..... G PHARMACY..... H PVT. DOCTOR..... I COMM. HEALTH WORKER..... K OTHER PVT. MEDICAL _____ L (SPECIFY) OTHER SOURCE SHOP..... M TRAD. PRACTITIONER..... N OTHER _____ X (SPECIFY)
483		GO BACK TO 456 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 483A.	GO BACK TO 456 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 483A.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
483A	When a child has diarrhea, should he/she be given less to drink than usual, about the same amount, or more than usual?	LESS TO DRINK 1 ABOUT SAME AMOUNT TO DRINK 2 MORE TO DRINK 3 DON'T KNOW 8	
483B	When a child has diarrhea, should he/she be given less to eat than usual, about the same amount, or more than usual?	LESS TO EAT 1 ABOUT SAME AMOUNT TO EAT 2 MORE TO EAT 3 DON'T KNOW 8	
483C	When a child is sick with diarrhea, what signs of illness would tell you that he/she should be taken to a health facility or health worker? Anything else? RECORD ALL SIGNS MENTIONED	REPEATED WATERY STOOLS A ANY WATERY STOOLS B REPEATED VOMITING C ANY VOMITING D BLOOD IN STOOLS E FEVER F MARKED THIRST G NOT EATING/NOT DRINKING WELL H GETTING SICKER/VERY SICK I NOT GETTING BETTER J OTHER X (SPECIFY) DON'T KNOW Z	
483D	When a child is sick with cough, what signs of illness would tell you that he/she should be taken to a health facility or health worker? RECORD ALL SIGNS MENTIONED	FAST BREATHING A DIFFICULT BREATHING B NOISY BREATHING C FEVER D UNABLE TO DRINK E NOT EATING/ NOT DRINKING WELL F GETTING SICKER/VERY SICK G NOT GETTING BETTER H OTHER X (SPECIFY) DON'T KNOW Z	
486	CHECK 478: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> NOT ASKED <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> → 490 </div> </div>		
487	Have you ever heard of a special product called ORS you can get for the treatment of diarrhea?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
490	<p>Now I would like to ask you some questions about medical care for you yourself.</p> <p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?</p> <p>Knowing where to go 1</p> <p>Getting permission to go 1</p> <p>Getting money needed for treatment 1</p> <p>The distance to the health facility 1</p> <p>Having to take transport 1</p> <p>Not wanting to go alone 1</p> <p>Concern that there may not be a female health provider 1</p> <p>Queuing in line for treatment 1</p> <p>Quality of the health service 1</p>	<table><thead><tr><th>BIG PROBLEM</th><th>NOT A BIG PROBLEM</th></tr></thead><tbody><tr><td>1</td><td>2</td></tr><tr><td>1</td><td>2</td></tr><tr><td>1</td><td>2</td></tr><tr><td>1</td><td>2</td></tr><tr><td>1</td><td>2</td></tr><tr><td>1</td><td>2</td></tr><tr><td>1</td><td>2</td></tr><tr><td>1</td><td>2</td></tr><tr><td>1</td><td>2</td></tr></tbody></table>	BIG PROBLEM	NOT A BIG PROBLEM	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	
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490A	Where is the nearest trained health worker or health institution whom you would try to see if you were having complications during pregnancy labor, delivery or postpartum?	INSIDE VILLAGE/TOWN 1 OUTSIDE VILLAGE/TOWN 2 DON'T KNOW 8	→ 491																				
490B	<p>What is the type of that health facility?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVT. HOSPITAL..... 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>GOVT. HEALTH STATION..... 13</p> <p>OTHER PUBLIC 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC 21</p> <p>PHARMACY 22</p> <p>PVT. DOCTOR 23</p> <p>COMM. HEALTH WORKER 24</p> <p>OTHER PVT. MEDICAL 26</p> <p>(SPECIFY)</p> <p>OTHER PERSON</p> <p>TRAD. BIRTH ATTENDANT..... 31</p> <p>OTHER 96</p> <p>(SPECIFY)</p>																					
490C	<p>How long, on the average, would it take to organize transport (traditional or modern facility) to that trained health worker or health institution?</p> <p>RECORD 'MINUTES' IF THE TIME IT TAKES IS LESS THAN ONE HOUR AND 'HOURS' IF IT IS LESS THAN 24 HOURS AND IN 'DAYS' IF ONE OR MORE DAYS.</p>	<p>MINUTES 1 <input type="text"/><input type="text"/></p> <p>HOURS 2 <input type="text"/><input type="text"/></p> <p>DAYS 3 <input type="text"/><input type="text"/></p> <p>NO TRANSPORT FACILITY/ ON FOOT..... 997</p> <p>DON'T KNOW 998</p>																					
490D	<p>IF CODE '997' CIRCLED IN 490C ASK: How long on the average would it take to reach that trained health worker or health institution on foot?</p> <p>FOR OTHER RESPONSES ASK: How long on the average, once you have arranged transport, would it take to reach that trained health worker or health institution?</p> <p>RECORD 'MINUTES' IF THE TIME IT TAKES IS LESS THAN ONE HOUR AND 'HOURS' IF IT IS LESS THAN 24 HOURS AND IN 'DAYS' IF ONE OR MORE DAYS.</p>	<p>MINUTES 1 <input type="text"/><input type="text"/></p> <p>HOURS 2 <input type="text"/><input type="text"/></p> <p>DAYS 3 <input type="text"/><input type="text"/></p> <p>DON'T KNOW 998</p>																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
490E	Once you arrive at a health facility or trained health worker, how long does it take to receive health care service?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> NO WAIT 996	
491	CHECK 27 IN THE HOUSEHOLD QUESTIONNAIRE BED NETS IN THE HOUSEHOLD? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 501
492	Do you usually sleep under a mosquito net?	YES 1 NO 2	
493	Did you sleep under a mosquito net last night?	YES 1 NO 2	→ 495
494	CHECK 492: “YES” CIRCLED <input type="checkbox"/> “YES” NOT CIRCLED <input type="checkbox"/>		→ 501
495	Now let us talk about the mosquito net you sleep under. How long ago was the mosquito net bought or obtained? IF LESS THAN ONE MONTH, RECORD ‘00’. IF MORE THAN 95 MONTHS, RECORD ‘95’.	MONTHS <input type="text"/> <input type="text"/> DON’T KNOW 98	
496	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?	YES 1 NO 2 DON’T KNOW 8	→ 501
497	How long ago was the mosquito net last soaked or dipped? IF LESS THAN 1 MONTH, RECORD ‘00’. IF MORE THAN 95 MONTHS, RECORD ‘95’.	MONTHS <input type="text"/> <input type="text"/> DON’T KNOW 98	

SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Are you currently married or living with a man?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	→ 505
501A	Do you currently have a regular sexual partner, an occasional sexual partner, or no sexual partner at all?	REGULAR SEXUAL PARTNER 1 OCCASIONAL SEXUAL PARTNER 2 NO SEXUAL PARTNER 3	
502	Have you ever been married or lived with a man?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 510 → 514
504	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 510
505	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	→ 506
505A	When was the last time you were living with your husband/partner together? IF LESS THAN A MONTH RECORD '00' IN MONTHS BOX. RECORD 'MONTHS AGO' IF LESS THAN A YEAR, OTHERWISE RECORD 'YEARS AGO'.	MONTHS AGO 1 <input type="text"/> <input type="text"/> YEARS AGO 2 <input type="text"/> <input type="text"/>	
506	RECORD THE HUSBAND/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME LINE NUMBER <input type="text"/> <input type="text"/>	
507	Does your husband/partner have any other wives besides yourself?	YES 1 NO 2 DON'T KNOW 8	→ 510
508	How many other wives does he have?	NUMBER <input type="text"/> <input type="text"/> DON'T KNOW 98	→ 510
509	Are you his first, second... wife?	RANK <input type="text"/> <input type="text"/>	
510	Have you been married or lived with a man only once, or more than once?	ONCE 1 MORE THAN ONCE 2	
511	CHECK 510: MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/> MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/> In what month and year did you start living with your husband/partner? Now we will talk about your first husband/partner. In what month and year did you start living with him?	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	→ 514
512	How old were you when you started living with him?	AGE <input type="text"/> <input type="text"/>	
514	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse (if ever)?	NEVER 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	→ 524

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
515	<p>When was the last time you had sexual intercourse?</p> <p>RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1</p> <p>WEEKS AGO..... 2</p> <p>MONTHS AGO 3</p> <p>YEARS AGO 4</p> <div style="display: flex; align-items: center;"> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <div style="margin-left: 10px;">→ 524</div> </div>									
516	<p>CHECK 301 AND 301A:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>KNOWS CONDOM <input style="width: 30px; height: 20px;" type="checkbox"/></p> <p>↓</p> <p>The last time you had sex, was condom used?</p> </div> <div style="text-align: center;"> <p>DOES NOT KNOW CONDOM <input style="width: 30px; height: 20px;" type="checkbox"/></p> <p>↓</p> <p>Some men use a condom, which means that they put a rubber sheath during sexual intercourse.</p> <p>The last time you had sex, was condom used?</p> </div> </div>	<p>YES..... 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>									
524	Do you know of a place where a person can get condoms?	<p>YES..... 1</p> <p>NO 2</p>	→ 601								
525	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER..... B</p> <p>FAMILY PLANNING CLINIC C</p> <p>OTHER PUBLIC F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC..... G</p> <p>PHARMACY..... H</p> <p>PRIVATE DOCTOR I</p> <p>OTHER PRIVATE MEDICAL L</p> <p>(SPECIFY)</p> <p>OTHER PRIVATE SECTOR</p> <p>SHOP M</p> <p>FRIEND/RELATIVE N</p> <p>OTHER X</p> <p>(SPECIFY)</p>									

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	<p>CHECK 311/311A:</p> <p>NEITHER <input type="checkbox"/> HE OR SHE <input type="checkbox"/></p> <p>STERILIZED</p>		614
602	<p>CHECK 226:</p> <p>NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>OR UNSURE</p> <p>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?</p> <p>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?</p>	<p>HAVE (A/ANOTHER) CHILD 1</p> <p>NO MORE/NONE 2</p> <p>SAYS SHE CAN'T GET PREGNANT 3</p> <p>UNDECIDED/DON'T KNOW 8</p>	<p>604</p> <p>614</p> <p>608</p>
603	<p>CHECK 226:</p> <p>NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>OR UNSURE</p> <p>How long would you like to wait from now before the birth of (a/another) child?</p> <p>After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?</p>	<p>MONTHS..... 1 <input type="text"/></p> <p>YEARS..... 2 <input type="text"/></p> <p>SOON/NOW 993</p> <p>SAYS SHE CAN'T GET PREGNANT 994</p> <p>AFTER MARRIAGE..... 995</p> <p>OTHER 996</p> <p>(SPECIFY)</p> <p>DON'T KNOW 998</p>	<p>609</p> <p>614</p> <p>609</p>
604	<p>CHECK 226:</p> <p>NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>OR UNSURE</p>		610
605	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <p>NOT <input type="checkbox"/> NOT <input type="checkbox"/> YES <input type="checkbox"/></p> <p>ASKED</p> <p>CURRENTLY USING</p> <p>CURRENTLY USING</p>		608
606	<p>CHECK 603:</p> <p>NOT <input type="checkbox"/> 24 OR MORE MONTHS <input type="checkbox"/></p> <p>ASKED</p> <p>OR 2 OR MORE YEARS</p> <p>< 24 MONTHS</p>		610

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
607	<p>CHECK 606:</p> <p>24 OR MORE MONTHS <input type="checkbox"/></p> <p>NOT ASKED <input type="checkbox"/></p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why?</p> <p>Can you tell me why? Any other reason?</p> <p>RECORD ALL REASONS MENTIONED</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>SUBFECUND/INFECUND E</p> <p>POSTPARTUM AMENORRHEIC F</p> <p>BREASTFEDING G</p> <p>FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS O</p> <p>FEAR OF SIDE EFFECTS P</p> <p>LACK OF ACCESS/TOO FAR Q</p> <p>COST TOO MUCH R</p> <p>INCONVENIENT TO USE S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES T</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	
608	In the next few weeks, if you discovered that you were pregnant, would that be a big problem, small problem or no problem for you?	<p>BIG PROBLEM 1</p> <p>SMALL PROBLEM 2</p> <p>NO PROBLEM 3</p>	
609	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>NOT CURRENTLY USING <input type="checkbox"/></p> <p>YES CURRENTLY USING <input type="checkbox"/></p>		614
610	Do you think you will use a method to delay or avoid pregnancy within the next 12 months?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	611
610A	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	612

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
611	Which contraceptive method would you prefer to use?	FEMALE STERILIZATION..... 01 MALE STERILIZATION 02 PILL 03 IUD..... 04 INJECTIONS 05 IMPLANTS..... 06 CONDOM..... 07 FEMALE CONDOM..... 08 DIAPHRAGM 09 FOAM/JELLY 10 LACT.AMEN. METHOD 11 PERIODIC ABSTINENCE 12 WITHDRAWAL..... 13 OTHER _____ 96 (SPECIFY) UNSURE..... 98	<div style="text-align: right;">➔ 614</div>
612	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED 11 FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX..... 21 MENOPAUSAL/HYSTERECTOMY 22 SUBFECUND/INFECUND..... 23 WANTS AS MANY CHILDREN AS POSSIBLE 24 OPPOSITION TO USE RESPONDENT OPPOSED 31 HUSBAND OPPOSED..... 32 OTHERS OPPOSED..... 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE..... 42 METHOD-RELATED REASONS HEALTH CONCERNS..... 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR..... 53 COST TOO MUCH..... 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	<div style="text-align: right;">➔ 614</div>
613	Would you ever use a contraceptive method if you were married?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
614	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NUMBER..... <input type="text"/> <input type="text"/></p> <p>DON'T WANT ANY CHILD 00</p> <p>OTHER 96 (SPECIFY)</p>	<p>→ 615A</p>
615	<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 the sex not matter?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER.... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER 96 (SPECIFY)</p>	
615A	<p>What do you think is the best number of months or years between the birth of one child and the birth of next child?</p>	<p>YEARS..... 1 <input type="text"/> <input type="text"/></p> <p>MONTHS..... 2 <input type="text"/> <input type="text"/></p> <p>OTHER 996 (SPECIFY)</p> <p>DON'T KNOW 998</p>	
615B	<p>How long should a couple wait before starting sexual intercourse after the birth of a baby?</p>	<p>MONTHS..... <input type="text"/> <input type="text"/></p> <p>OTHER 96 (SPECIFY)</p> <p>DON'T KNOW 98 (SPECIFY)</p>	
615C	<p>Should a mother wait until she has completely stopped breastfeeding before starting to have sexual relations again, or it doesn't matter?</p>	<p>WAIT 1</p> <p>DOESN'T MATTER 2</p>	
616	<p>Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?</p>	<p>APPROVE 1</p> <p>DISAPPROVE 2</p> <p>NO OPINION 3</p>	
616A	<p>Is it acceptable or not acceptable to you for information on family planning to be provided:</p> <p>On the radio?.....</p> <p>On the television?</p>	<p>NOT ACCEPT- ACCEPT- ABLE ABLE DK</p> <p>RADIO 1 2 8</p> <p>TELEVISION 1 2 8</p>	
617	<p>In the last 12 months have you heard about family planning:</p> <p>On the radio?</p> <p>On the television?</p> <p>In a newspaper or magazine?</p> <p>From a poster?</p> <p>From leaflets or brochures?</p>	<p>YES NO</p> <p>RADIO 1 2</p> <p>TELEVISION 1 2</p> <p>NEWSPAPER OR MAGAZINE..... 1 2</p> <p>POSTER..... 1 2</p> <p>LEAFLETS OR BROCHURES 1 2</p>	
619	<p>In the last 12 months, have you discussed the practice of family planning with your friends, neighbors, or relatives?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 621</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
620	<p>With whom have you discussed?</p> <p>Anyone else?</p> <p>RECORD ALL PERSONS MENTIONED.</p>	<p>HUSBAND/PARTNER..... A</p> <p>MOTHER..... B</p> <p>FATHER..... C</p> <p>SISTER (S)..... D</p> <p>BROTHER (S)..... E</p> <p>DAUGHTER(S)..... F</p> <p>SON(S)..... G</p> <p>MOTHER-IN-LAW..... H</p> <p>FATHER-IN-LAW..... I</p> <p>FRIENDS/NEIGHBORS..... J</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
621	<p>CHECK 501:</p> <p>YES, <input type="checkbox"/> YES, <input type="checkbox"/> NO, <input type="checkbox"/></p> <p>CURRENTLY MARRIED LIVING WITH A MAN NOT IN UNION</p>		701
622	<p>Spouse/partners don't always agree on every thing. Now I want to ask you about your husband's/partner's views on family planning.</p> <p>Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?</p>	<p>APPROVES..... 1</p> <p>DISAPPROVES..... 2</p> <p>DON'T KNOW..... 8</p>	
623	<p>How often have you talked to your husband/partner about family planning in the last 12 months?</p>	<p>NEVER..... 1</p> <p>ONCE OR TWICE..... 2</p> <p>MORE OFTEN..... 3</p>	
624	<p>Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?</p>	<p>SAME NUMBER..... 1</p> <p>MORE CHILDREN..... 2</p> <p>FEWER CHILDREN..... 3</p> <p>DON'T KNOW..... 8</p>	
625	<p>CHECK 311/311A:</p> <p>ANY CODE CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/></p>		701
626	<p>You have told me that you are currently using contraception. Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision or did you both decide together?</p>	<p>MAINLY RESPONDENT..... 1</p> <p>MAINLY HUSBAND/PARTNER..... 2</p> <p>JOINT DECISION..... 3</p> <p>OTHER..... 6</p> <p>(SPECIFY)</p>	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	<p>CHECK 501 AND 502:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div>→ 702A</div> <div>→ 707</div> </div>	
702	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS..... <input type="text"/> <input type="text"/>	
702A	Can your (last) husband/partner read and write in any language with out any difficulty?	YES 1 NO 2	
703	Did your (last) husband/partner ever attend school?	YES 1 NO 2	→ 706
704	What was the highest level of school he attended: primary/elementary, middle, secondary, or higher?	PRIMARY 1 MIDDLE 2 SECONDARY 3 HIGHER 4 DON'T KNOW 8	→ 706
705	What was the highest grade he completed at that level?	GRADE..... <input type="text"/> <input type="text"/> DON'T KNOW 98	
706	<p>CHECK 701:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="width: 45%;"> <p>What is your husband's/partner's occupation? That is, what kind of work does he mainly do?</p> </div> <div style="width: 45%;"> <p>What was your (last) husband's/partner's occupation? That is, what kind of work did he mainly do?</p> </div> </div>	<div style="text-align: right; margin-bottom: 10px;"> <input type="text"/> <input type="text"/> </div> <hr/> <hr/> <hr/>	
707	Aside from your own housework, are you currently working?	YES 1 NO 2	→ 710
708	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES 1 NO 2	→ 710
709	Have you done any work in the last 12 months?	YES 1 NO 2	→ 724
710	What is your usual occupation, that is, what kind of work do you mainly do?	<div style="text-align: right; margin-bottom: 10px;"> <input type="text"/> <input type="text"/> </div> <hr/> <hr/> <hr/>	
711	<p>CHECK 710:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>WORKS IN AGRICULTURE</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>DOES NOT WORK IN AGRICULTURE</p> <input type="checkbox"/> </div> </div>	→ 713	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
712	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND..... 1 FAMILY LAND..... 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
713	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	
714	Do you usually work at home or away from home?	HOME..... 1 AWAY 2	
715	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	
716	Are you paid or do you earn 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	→ 722
721	<p>CHECK 501:</p> <p>YES, CURRENTLY MARRIED <input type="checkbox"/></p> <p>YES, LIVING WITH A MAN <input type="checkbox"/></p> <p>↓</p> <p>Who mainly decides how the money you earn will be used: you, your husband/partner, you and your husband/partner jointly, someone else, or you and someone else jointly?</p> <p>NO, NOT IN UNION <input type="checkbox"/></p> <p>↓</p> <p>Who mainly decides how the money you earn will be used: You, someone else, or you and someone else jointly?</p>	<p>RESPONDENT DECIDES 1</p> <p>HUSBAND/PARTNER DECIDES..... 2</p> <p>JOINTLY WITH HUSBAND/PARTNER..... 3</p> <p>SOMEONE ELSE DECIDES 4</p> <p>JOINTLY WITH SOMEONE ELSE 5</p>	
722	<p>CHECK 217 AND 218: A CHILD AGE 5 OR LESS AND LIVING AT HOME?</p> <p>YES <input type="checkbox"/></p> <p>↓</p> <p>_____</p> <p>(WRITE NAME OF THE YOUNGEST CHILD)</p> <p>NO <input type="checkbox"/></p> <p>→ 724</p>		
723	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	<p>RESPONDENT 01</p> <p>HUSBAND/PARTNER..... 02</p> <p>OLDER FEMALE CHILD..... 03</p> <p>OLDER MALE CHILD 04</p> <p>OTHER RELATIVES 05</p> <p>NEIGHBORS 06</p> <p>FRIENDS..... 07</p> <p>SERVANTS/HIRED HELP 08</p> <p>CHILD IS IN SCHOOL 09</p> <p>INSTITUTIONAL CHILDCARE..... 10</p> <p>HAS NOT WORKED SINCE LAST BIRTH..... 95</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
724	Who in the family usually has the final say on the following decisions?							
		RESPONDENT	HUSBAND/PARTNER	RESPONDENT & HUSBAND/PARTNER JOINTLY	SOMEONE ELSE	RESPONDENT & SOMEONE ELSE JOINTLY	DECISION NOT MADE/NOT APPLICABLE	
	Your own health care?	1	2	3	4	5	6	
	Making large household purchases?	1	2	3	4	5	6	
	Making household purchases for daily needs?	1	2	3	4	5	6	
	Visits to family or relatives?	1	2	3	4	5	6	
	What food should be cooked each day?	1	2	3	4	5	6	
	Assisting your family?	1	2	3	4	5	6	
724A	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:							
				YES	NO	DK		
	If she goes out without telling him?	GOES OUT	1	2	8			
	If she neglects the children?	NEGL. CHILDREN	1	2	8			
	If she argues with him?	ARGUES	1	2	8			
	If she refuses to have sex with him?	REFUSES SEX	1	2	8			
	If she burns the food?	BURNS FOOD	1	2	8			

SECTION 7B FEMALE CIRCUMCISION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
725	Have you ever heard of female circumcision?	YES 1 NO 2	→ 725B
725A	In a number of countries, there is a practice in which a girl may have a part of her genitals cut. Have you ever heard about this practice?	YES 1 NO 2	→ 801
725B	Have you yourself ever been circumcised/ had your genitals cut?	YES 1 NO 2	→ 729
726	Now I Would like to ask you what was done to you at this time? Was any flesh removed from the genital area?	YES 1 NO 2 DON'T KNOW 8	→ 726B
726A	Was the genital area just nicked without removing any flesh?	YES 1 NO 2 DON'T KNOW 8	
726B	Was your genital area sewn closed?	YES 1 NO 2 DON'T KNOW 8	
727	How old were you when you were circumcised? PROBE FOR A NUMERIC ANSWER BEFORE CIRCLING DON'T KNOW	AGE DAYS 1 MONTHS 2 YEARS 3 DON'T KNOW 998	
728	Who performed the circumcision?	DOCTOR 1 TRAINED NURSE/MIDWIFE 2 TRADITIONAL MIDWIFE 3 CIRCUMCISION PRACTITIONER 4 OTHER 6 (SPECIFY) DON'T KNOW 8	
729	CHECK 214 AND 217: HAS AT LEAST ONE LIVING DAUGHTER <input type="checkbox"/> HAS NO LIVING DAUGHTER <input type="checkbox"/>		→ 734
730	Have any of your alive daughters been circumcised/had her genitals cut? IF YES: How many?	NUMBER CIRCUMCISED <input type="text"/> <input type="text"/> NO DAUGHTER CIRCUMCISED 95	→ 734
730A	IF ONLY ONE DAUGHTER IN Q730 ASK: What is her name? _____ (DAUGHTER'S NAME) IF MORE THAN ONE DAUGHTER IN Q730 ASK: To which of your daughters did this happen most recently? _____ (DAUGHTER'S NAME) INTERVIEWER: CHECK 212 AND RECORD THE LINE NUMBER FOR THE DAUGHTER	DAUGHTER'S LINE NUMBER FROM 212 <input type="text"/> <input type="text"/>	
730B	Now I would like to ask you what was done to her at this time? Was any flesh removed from the genital area?	YES 1 NO 2 DON'T KNOW 8	→ 730D
730C	Was the genital area just nicked without removing any flesh?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
730D	Was her genital area sewn closed?	YES 1 NO 2 DON'T KNOW 8	
731	How old was she when she was circumcised? PROBE FOR A NUMERIC ANSWER BEFORE CIRCLING DON'T KNOW	AGE DAYS 1 MONTHS 2 YEARS 3 DON'T KNOW 998	
732	Who performed the circumcision?	DOCTOR 1 TRAINED NURSE/MIDWIFE 2 TRADITIONAL MIDWIFE 3 CIRCUMCISION PRACTITIONER 4 OTHER 6 (SPECIFY) DON'T KNOW 8	
733	Did you or any one object to her being circumcised? IF YES: Who was that? Any one else? RECORED ALL PERSONS MENTIONED	RESPONDENT A RESPONDENT'S HUSBAND B RESPONDENT'S MOTHER C RESPONDENT'S MOTHER-IN-LAW D OTHER RELATIVE OF RESPONDENT ... E OTHERS X (SPECIFY) NO ONE Y	
734	CHECK 514: HAD SEX <input type="checkbox"/> NEVER HAD SEX <input type="checkbox"/>		→ 739
735	CHECK 725B: CIRCUMCISED <input type="checkbox"/> NOT CIRCUMCISED <input type="checkbox"/>		→ 739
736	CHECK 210: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTH <input type="checkbox"/>		→ 738
737	Did you have any health problems or other complications during delivery because of your circumcision?	YES 1 NO 2	→ 738
737A	What did you do in case of health problems and complications during delivery?	WENT TO HEALTH INSTITUTION 1 WENT TO TRADITIONAL HEALER 2 NOTHING 3 OTHER 6 (SPECIFY)	
738	Did you have any health problems or other complications during sexual relations because of your circumcision?	YES 1 NO 2	→ 739
738A	What did you do in case of health problems and complications during sexual relations?	WENT TO HEALTH INSTITUTION 1 WENT TO TRADITIONAL HEALER 2 NOTHING 3 OTHER 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
739	What benefits do girls themselves get if they undergo genital cutting? PROBE: Any other benefits? RECORD ALL BENEFITS MENTIONED	CLEANLINESS/HYGINE A SOCIAL ACCEPTANCE B BETTER MARRIAGE PROSPECTS C PRESERVE VIRGINITY/PREVENT PREMARITAL SEX..... D MORE SEXUAL PLEASURE FOR THE MAN..... E RELIGIOUS APPROVAL F OTHER X (SPECIFY) NO BENEFITS Y	
740	What benefits do girls themselves get if they don't undergo genital cutting? PROBE: Any other benefits? RECORD ALL BENEFITS MENTIONED	FEWER MEDICAL PROBLEMS..... A AVOIDING PAIN B MORE SEXUAL PLEASURE FOR HER C MORE SEXUAL PLEASURE FOR THE MAN..... D FOLLOWS RELIGION E OTHER X (SPECIFY) NO BENEFITS Y	
741	Would you say that this practice is a way to prevent a girl from having sex before marriage or does have no effect on premarital sex?	PREVENT SEX 1 NO EFFECT 2 DON'T KNOW 8	
742	Do you believe that this practice is required by your religion?	YES 1 NO 2 DON'T KNOW 8	
742A	Do you think that this practice should be continued, or should it be discontinued?	CONTINUED 1 DISCONTINUED 2 DEPENDS 3 DON'T KNOW 8	
742B	Do you think that men want this practice to be continued, or discontinued?	CONTINUED 1 DISCONTINUED 2 DEPENDS 3 DON'T KNOW 8	
743	CHECK 501: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> </div> <div style="text-align: center;"> NO, NOT IN UNION <input type="checkbox"/> </div> </div> <div style="text-align: right; margin-top: -40px;">→ 745</div>		
744	Does your husband/partner think female circumcision should be continued or discontinued?	CONTINUED 1 DISCONTINUED 2 DON'T KNOW 8	
745	Have there been any activities against female circumcision arranged in this area?	YES 1 NO 2 DON'T KNOW 8	→ 801
746	Please describe the activities?	DESCRIPTION OF THE ACTIVITIES _____ _____ _____	

SECTION 8: AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO..... 2	→ 817
801A	From which sources of information have you learned most about AIDS? Any other sources? RECORD ALL SOURCES MENTIONED	RADIO..... A TV B NEWS PAPERS/MAGAZINES C PAMPHLETS/POSTERS..... D HEALTH WORKERS..... E MOSQUES/CHURCHES..... F SCHOOLS/TEACHERS G COMMUNITY MEETINGS..... H FRIENDS/RELATIVES..... I WORK PLACE J OTHER _____ X (SPECIFY)	
802	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES..... 1 NO..... 2 DON'T KNOW 8	→ 804
803	What can a person do to avoid getting AIDS? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX..... A USE CONDOMS..... B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEXUAL PARTNERS..... D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS..... F AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY H AVOID BLOOD TRANSFUSIONS..... I AVOID INJECTIONS..... J AVOID SHARING RAZORS/BLADES..... K AVOID KISSING..... L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL HEALER..... N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
804	Can people reduce their chances of getting the AIDS virus by having just one sex partner who has no other partners?	YES..... 1 NO..... 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
805	Can a person get the AIDS virus from mosquito bites?	YES..... 1 NO..... 2 DON'T KNOW 8	
806	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES..... 1 NO..... 2 DON'T KNOW 8	
807	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES..... 1 NO..... 2 DON'T KNOW 8	
809	Is it possible for a healthy-looking person to have the AIDS virus?	YES..... 1 NO..... 2 DON'T KNOW 8	
809A	Do you think that persons with AIDS almost never die from the disease, sometimes die, or almost always die?	ALMOST NEVER 1 SOMETIMES 2 ALMOST ALWAYS..... 3 DON'T KNOW 8	
809B	Can AIDS be cured?	YES..... 1 NO..... 2 DON'T KNOW 8	
809C	Do you think your chance of getting AIDS is small, moderate, great, or no risk at all?	SMALL..... 1 MODERATE 2 GREAT 3 NO RISK AT ALL 4 HAS AIDS 5	→ 809E → 809F
809D	Why do you think that you have no or small risk of getting AIDS? Any other reasons? RECORD ALL REASONS MENTIONED	ABSTAIN FROM SEX..... A USE CONDOMS..... B HAVE ONLY ONE SEX PARTNER..... C LIMITED NUMBER OF SEX PARTNERS..... D SPOUSE HAS NO OTHER PARTNER..... E NO HOMOSEXUAL CONTACT F NO BLOOD TRANSFUSIONS..... G NO INJECTIONS..... H OTHER X (SPECIFY)	→ 809F
809E	Why do you think that you have moderate/great risk of getting AIDS? Any other reasons? RECORD ALL REASONS MENTIONED	DO NOT USE CONDOMS..... A MORETHAN ONE SEX PARTNER B SPOUSE HAS OTHER PARTNER (S)..... C HAD HOMOSEXUAL CONTACT D HAD BLOOD TRANSFUSION E HAD INJECTIONS..... F OTHER X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
809F	<p>Since you heard of AIDS, have you changed your behavior to prevent getting AIDS?</p> <p>If YES: What did you do?</p> <p>Any thing else?</p> <p>RECORD ALL CHANGES MENTIONED</p>	<p>DIDN'T START SEX..... A</p> <p>STOPPED ALL SEX..... B</p> <p>STARTED USING CONDOMS..... C</p> <p>RESTRICTED SEX TO</p> <p>ONE PARTNER..... D</p> <p>REDUCED NUMBER OF</p> <p>SEX PARTNERS..... E</p> <p>AVOID SEX WITH PROSTITUTES..... F</p> <p>ASK SPOUSE TO BE FAITHFUL..... G</p> <p>NO MORE HOMOSEXUAL CONTACTS..... H</p> <p>STOPPED INJECTIONS..... I</p> <p>OTHER..... W</p> <p>(SPECIFY)</p> <p>OTHER..... X</p> <p>(SPECIFY)</p> <p>NO BEHAVIOR CHANGE..... Y</p>	<p>810</p>																
809G	<p>Has your knowledge of AIDS influenced or changed your decisions about having sex or your sexual behavior?</p> <p>If YES, in what way?</p> <p>RECORD ALL CHANGES MENTIONED</p>	<p>DIDN'T START SEX..... A</p> <p>STOPPED ALL SEX..... B</p> <p>STARTED USING CONDOMS..... C</p> <p>RESTRICTED SEX TO</p> <p>ONE PARTNER..... D</p> <p>REDUCED NUMBER OF</p> <p>SEX PARTNERS..... E</p> <p>AVOID SEX WITH PROSTITUTES..... F</p> <p>NO MORE HOMOSEXUAL</p> <p>CONTACTS..... G</p> <p>OTHER..... X</p> <p>(SPECIFY)</p> <p>NO CHANGE IN SEXUAL BEHAVIOR..... Y</p>																	
810	Do you know someone personally who has the virus that causes AIDS?	<p>YES..... 1</p> <p>NO..... 2</p>																	
810A	Do you know someone personally who died from AIDS?	<p>YES..... 1</p> <p>NO..... 2</p>																	
811	Can the virus that causes AIDS be transmitted from a mother to a child?	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW..... 8</p>	813																
812	<p>When can the virus that causes AIDS be transmitted from a mother to a child?</p> <p>During pregnancy?</p> <p>During delivery?.....</p> <p>By breastfeeding?</p>	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>DURING PREG</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>DURING DELIVERY....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>BREASTFEEDING.....</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	DURING PREG	1	2	8	DURING DELIVERY....	1	2	8	BREASTFEEDING.....	1	2	8	
	YES	NO	DK																
DURING PREG	1	2	8																
DURING DELIVERY....	1	2	8																
BREASTFEEDING.....	1	2	8																
813	<p>CHECK 501:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/></p>		815																
814	Have you ever talked about ways to prevent getting the virus that causes AIDS with (your husband/the man you are living with)?	<p>YES..... 1</p> <p>NO..... 2</p>																	
815	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK/NOT SURE..... 8</p>																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
816	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES..... 1 NO..... 2 DK/NOT SURE/DEPENDS..... 8	
817	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES..... 1 NO..... 2	→819A
817A	Which diseases do you know? RECORD ALL DISEASES MENTIONED	SYPHILIS..... A GONORRHEA B GENITAL WARTS/CONDYLOMATA C OTHER _____ D (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
818	If a man has a sexually transmitted disease, what symptoms might he have? Any others? RECORD ALL SYMPTOMS MENTIONED.	ABDOMINAL PAIN A GENITAL DISCHARGE/DIPPING B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA..... E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS..... G GENITAL WARTS..... H GENITAL ITCHING I BLOOD IN URINE..... J LOSS OF WEIGHT..... K IMPOTENCE L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMS Y DON'T KNOW Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
819	<p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE..... B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA..... E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS..... G</p> <p>GENITAL WARTS..... H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE..... J</p> <p>LOSS OF WEIGHT..... K</p> <p>HARD TO GET PREGNANT/ HAVE A CHILD L</p> <p>OTHER W (SPECIFY)</p> <p>OTHER X (SPECIFY)</p> <p>NO SYMPTOMS Y</p> <p>DON'T KNOW Z</p>									
819A	<p>CHECK 514:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p style="text-align: center;">↓</p>		821								
820	<p>We may already have talked about this. Have you ever used a condom during sex to avoid getting or transmitting diseases, such as AIDS?</p>	<p>YES 1</p> <p>NO 2</p>									
821	<p>RECORD THE TIME</p>	<p>HOUR..... <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>MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>									

THANK YOU!

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INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: ____/____/____

EDITOR'S OBSERVATIONS

NAME OF THE EDITOR: _____ DATE: ____/____/____