

**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	DAY MONTH YEAR TEAM NAME RESULT																
TEAM	□ □	□ □	□ □																	
INTERVIEWER'S NAME	_____	_____	_____																	
RESULT SEE * BELOW	□	□	□																	
NEXT VISIT:																				
DATE	DD / MM / YYYY	DD / MM / YYYY		TOTAL NO. OF VISITS																
TIME	_____	_____		□																
<p>* RESULT CODES</p> <table style="width:100%;"> <tr> <td>1=COMPLETED</td> <td>4=POSTPONED</td> <td>7=DWELLING DESTROYED</td> </tr> <tr> <td>2=NO HOUSEHOLD MEMBER/COMPETENT RESPONDENT AT HOME AT TIME OF VISIT</td> <td>5=REFUSED</td> <td>8=DWELLING NOT FOUND</td> </tr> <tr> <td>3=ENTIRE HOUSEHOLD ABSENT FOR EXT. PERIOD</td> <td>6=DWELLING VACANT OR ADDRESS NOT A DWELLING</td> <td>9=OTHER _____ (SPECIFY)</td> </tr> </table>					1=COMPLETED	4=POSTPONED	7=DWELLING DESTROYED	2=NO HOUSEHOLD MEMBER/COMPETENT RESPONDENT AT HOME AT TIME OF VISIT	5=REFUSED	8=DWELLING NOT FOUND	3=ENTIRE HOUSEHOLD ABSENT FOR EXT. PERIOD	6=DWELLING VACANT OR ADDRESS NOT A DWELLING	9=OTHER _____ (SPECIFY)							
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<p>LANGUAGE:SEE ** BELOW</p> <table style="width:100%;"> <tr> <td>QUESTIONNAIRE</td> <td style="text-align: center;">□ □</td> <td>LANGUAGE OF INTERVIEW</td> <td style="text-align: center;">□ □</td> <td>NATIVE LANGUAGE OF THE RESPONDENT</td> <td style="text-align: center;">□ □</td> </tr> </table> <p>** LANGUAGE CODES:</p> <table style="width:100%;"> <tr> <td>01=AFAR</td> <td>02= BILEN</td> <td>03= HEDARIB (Tobedawi)</td> <td>04= KUNAMA</td> <td>05= NARA</td> </tr> <tr> <td>06= RASHAIDA (Arabic)</td> <td>07= SAHO</td> <td>08= TIGRE</td> <td>09= TIGRIGNA</td> <td>10= OTHER</td> </tr> </table> <p>TRANSLATOR USED (1= NOT AT ALL, 2= SOMETIMES, 3= ALL THE TIME)..... □</p>				QUESTIONNAIRE	□ □	LANGUAGE OF INTERVIEW	□ □	NATIVE LANGUAGE OF THE RESPONDENT	□ □	01=AFAR	02= BILEN	03= HEDARIB (Tobedawi)	04= KUNAMA	05= NARA	06= RASHAIDA (Arabic)	07= SAHO	08= TIGRE	09= TIGRIGNA	10= OTHER	TOTAL PERSONS IN THE HOUSEHOLD □ □ TOTAL ELIGIBLE WOMEN □ □ LINE NUMBER OF RESPONDENT TO HOUSEHOLD SCHEDULE □ □
QUESTIONNAIRE	□ □	LANGUAGE OF INTERVIEW	□ □	NATIVE LANGUAGE OF THE RESPONDENT	□ □															
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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				
(1)	(2)	M F 1 2	(4)	YES NO 1 2	YES NO 1 2	IN YEARS	YES NO 1 2	YES NO 1 2	IF ATTENDED SCHOOL		(11)
									LEVEL	GRADE	
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											

TICK HERE IF CONTINUATION SHEET USED

Just to make sure that I have a complete listing:

1. Are there any other persons such as small children or infants that we have not listed?.....YES → ENTER EACH IN TABLE NO
2. 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
3. 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.						IF YES TO QUESTION 15B:ASK QUESTIONS 15C AND 15D				
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?	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	CIRCLE LINE NUMBER OF ALL WOMEN AGED 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6
(12)	(13)	(14)	(15)	(15A)	(15B)	(15C)	(15D)	(15E)	(16)	(17)
YES NO DK 1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES NO DK 1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	YES NO 1 2	1 2 3 4	_____	<input type="checkbox"/> <input type="checkbox"/>	01	01
1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2 3 4	_____	<input type="checkbox"/> <input type="checkbox"/>	02	02
1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2 3 4	_____	<input type="checkbox"/> <input type="checkbox"/>	03	03
1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2 3 4	_____	<input type="checkbox"/> <input type="checkbox"/>	04	04
1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2 3 4	_____	<input type="checkbox"/> <input type="checkbox"/>	05	05
1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2 3 4	_____	<input type="checkbox"/> <input type="checkbox"/>	06	06
1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2 3 4	_____	<input type="checkbox"/> <input type="checkbox"/>	07	07
1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2 3 4	_____	<input type="checkbox"/> <input type="checkbox"/>	08	08
1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2 3 4	_____	<input type="checkbox"/> <input type="checkbox"/>	09	09
1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2 3 4	_____	<input type="checkbox"/> <input type="checkbox"/>	10	10
1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2 3 4	_____	<input type="checkbox"/> <input type="checkbox"/>	11	11
1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2 3 4	_____	<input type="checkbox"/> <input type="checkbox"/>	12	12
1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2 3 4	_____	<input type="checkbox"/> <input type="checkbox"/>	13	13
1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 2	1 2 3 4	_____	<input type="checkbox"/> <input type="checkbox"/>	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 CIECLE '996'.	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> 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..... <input type="text"/> <input type="text"/> <input type="text"/> NO WAIT ,996	
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?	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?	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..... <input type="text"/> <input type="text"/>	
23B	How many rooms in your household are used for sleeping?	NUMBER OF ROOMS..... <input type="text"/> <input type="text"/>	
23C	Are any farm animals kept within the living area of the household?	YES 1 NO..... 2	

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.	NAME	AGE	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
FROM COL. (16)	FROM COL. (2)	FROM COL. (7)					
(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"/>	<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.	NAME	AGE	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
FROM COL. (17)	FROM COL. (2)	FROM COL. (7)					
		YEARS	DAY MONTH YEAR			LYING STAND	
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> 0 <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"/> 0 <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"/> 0 <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"/> 0 <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"/> 0 <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"/> 0 <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**

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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	/ / DD MM YYYY	/ / DD MM YYYY		TOTAL NO. OF VISITS
TIME	_____	_____		□

*** RESULT CODES**

1=COMPLETED 4= REFUSED 7=OTHER _____
 2=NOT AT HOME 5=PARTIALLY COMPLETED (SPECIFY)
 3=POSTPONED 6=INCAPACITATED

LANGUAGE: SEE ** BELOW

QUESTIONNAIRE □ □ LANGUAGE OF INTERVIEW □ □ NATIVE LANGUAGE OF RESPONDENT □ □

**** LANGUAGE CODES:**

01=AFAR 02= BILEN 03= HEDARIB (Tobedawi) 04= KUNAMA 05= NARA
 06= RASHAIDA (Arabic) 07= SAHO 08= TIGRE 09= TIGRIGNA 10= OTHER _____

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

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE / / DD MM YYYY □ □	DATE / / DD MM YYYY □ □	□ □	□ □

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; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></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; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></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; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></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; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></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: AGE 24 OR BELOW <input type="checkbox"/> AGE 25 OR ABOVE <input type="checkbox"/>		→ 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: PRIMARY <input type="checkbox"/> MIDDLE SCHOOL OR ABOVE <input type="checkbox"/>		→ 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'.	SONS AT HOME <table border="1" data-bbox="1273 394 1370 491" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME					
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206				
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE..... <table border="1" data-bbox="1273 634 1370 730" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE					
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208				
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD..... <table border="1" data-bbox="1273 940 1370 1037" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD					
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL..... <table border="1" data-bbox="1273 1087 1370 1142" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.						
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> →		→ 225				

Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.

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

212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	IF ALIVE: Is (NAME) living with you?	IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	IF DEAD: 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 COMPLETED 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)? IF YES, ADD THAT BIRTH TO THE END OF THE BIRTH HISTORY (212)					YES..... 1 NO..... 2			
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																	
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>																	
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>																	
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS AGO 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS AGO 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS AGO 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996																	
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	→ 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 ↘	Have you ever had an operation to avoid having any (more) children? YES 1 NO..... 2
02	MALE STERILIZATION Men can have an operation to avoid having any (more) children.	YES..... 1 NO 2 ↘	Have you ever had a partner who had an operation to avoid having any (more) children? YES 1 NO..... 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES..... 1 NO 2 ↘	YES 1 NO..... 2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES..... 1 NO 2 ↘	YES 1 NO..... 2
05	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 ↘	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 ↘	YES 1 NO..... 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES..... 1 NO 2 ↘	YES 1 NO..... 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES..... 1 NO 2 ↘	YES 1 NO..... 2
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES..... 1 NO 2 ↘	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 ↘	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 ↘	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 ↘	YES 1 NO..... 2
13	WITHDRAWAL Men can be careful and pull out before climax	YES..... 1 NO 2 ↘	YES 1 NO..... 2
14	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES..... 1 NO 2 ↘	YES 1 NO..... 2
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES..... 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	YES 1 NO..... 2 YES 1 NO..... 2
303	CHECK 302: NOT A SINGLE <input type="checkbox"/> AT LEAST ONE <input type="checkbox"/> "YES" (NEVER USED) (EVER USED)		→ 307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES..... 1 NO..... 2	→ 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 311A	Which method are you using? IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST. CIRCLE 'A' FOR FEMALE STERILIZATION.	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
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</p> <p>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..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>									<p>▶ 332</p>
316A	<p>In what month and year did you start using (CURRENT METHOD) continuously?</p>	<p>MONTH..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>									
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</p> <p>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>								

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"/>	NEXT-TO-LAST BIRTH LINE NUMBER..... <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"/> YEARS..... 2 <input type="text"/> DON'T KNOW..... 998	MONTHS..... 1 <input type="text"/> YEARS..... 2 <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"/> DON'T KNOW..... 98	
409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES..... <input type="text"/> DON'T KNOW..... 98	
410	CHECK 409: NUMBER OF TIMES RECEIVED ANTENATAL CARE	ONCE <input type="checkbox"/> ↓ (SKIP TO 412)	MORE THAN ONCE OR DON'T KNOW <input type="checkbox"/> ↓

		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?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>WEIGHT.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HEIGHT.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD PRESSURE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>URINE SAMPLE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD SAMPLE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	WEIGHT.....	1	2	HEIGHT.....	1	2	BLOOD PRESSURE.....	1	2	URINE SAMPLE.....	1	2	BLOOD SAMPLE.....	1	2	
	YES	NO																			
WEIGHT.....	1	2																			
HEIGHT.....	1	2																			
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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	NEXT-TO-LAST BIRTH				
		NAME _____	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 style="text-align: right;">YES NO</p> LABOR MORE THAN 12 HOURS..... 1 2 EXCESSIVE BLEEDING..... 1 2 FEVER/BAD SMELLING VAG. DISCHARGE..... 1 2 CONVULSIONS 1 2	<p style="text-align: right;">YES NO</p> LABOR MORE THAN 12 HOURS..... 1 2 EXCESSIVE BLEEDING..... 1 2 FEVER/BAD SMELLING VAG. DISCHARGE..... 1 2 CONVULSIONS 1 2				
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)	HOME YOUR HOME 11 (SKIP TO 429) ← 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 PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 429) ←	HOME YOUR HOME 11 (SKIP TO 429) ← 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 PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 429) ←				
428	Was (NAME) delivered by caesarian section?	YES 1 (SKIP TO 433) ← NO 2	YES 1 (SKIP TO 435) ← NO 2				
429	After (NAME) was born, did a health professional or a traditional birth attendant check on your health?	YES 1 NO 2 (SKIP TO 433) ←	YES 1 NO 2				
430	How many days or weeks after delivery did the first check take place? RECORD '00' DAYS IF SAME DAY.	DAYS AFTER DEL 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> WEEKS AFTER DEL 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 998					
431	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	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)					

		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 <input type="text"/> <input type="text"/> DAYS..... 2 <input type="text"/> <input type="text"/>	IMMEDIATELY 000 HOURS..... 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>
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 <input type="checkbox"/> ↓ DEAD <input type="checkbox"/> ↓ (SKIP TO 446)	ALIVE <input type="checkbox"/> ↓ DEAD <input type="checkbox"/> ↓ (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..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTHS <input type="text"/> <input type="text"/> 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>	<p>454</p>																												
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 CORRESPONDING 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 data-bbox="1195 453 1349 485">LAST 7 DAYS</th> <th data-bbox="1349 453 1498 485">YESTERDAY/ LAST NIGHT</th> </tr> <tr> <th data-bbox="1195 516 1349 569">NUMBER OF DAYS</th> <th data-bbox="1349 516 1498 569">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 CORRESPONDING 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 data-bbox="1195 1062 1349 1094">LAST 7 DAYS</th> <th data-bbox="1349 1062 1498 1094">YESTERDAY/ LAST NIGHT</th> </tr> <tr> <th data-bbox="1195 1146 1349 1199">NUMBER OF DAYS</th> <th data-bbox="1349 1146 1498 1199">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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		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="checkbox"/>	NUMBER OF TIMES..... <input type="checkbox"/>
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="checkbox"/>	NUMBER OF TIMES..... <input type="checkbox"/>
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)	NO <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)	NO <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"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <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"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <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	<p>What drugs did (NAME) take?</p> <p>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.</p> <p>FOR EACH ANTI-MALARIAL DRUGS TAKEN ASK: For how many days (NAME) take (NAME OF THE DRUGS)?</p>	<p>ANTI-MALARIAL DAYS</p> <p>CHLOROQUINE..... A <input type="text"/> <input type="text"/></p> <p>FANSIDAR..... B <input type="text"/> <input type="text"/></p> <p>QUININE..... C <input type="text"/> <input type="text"/></p> <p>OTHER DRUGS</p> <p>ASPRIN..... E</p> <p>PANADOL..... F</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW..... Z</p>	<p>ANTI-MALARIAL DAYS</p> <p>CHLOROQUINE..... A <input type="text"/> <input type="text"/></p> <p>FANSIDAR..... B <input type="text"/> <input type="text"/></p> <p>QUININE..... C <input type="text"/> <input type="text"/></p> <p>OTHER DRUGS</p> <p>ASPRIN..... E</p> <p>PANADOL..... F</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW..... Z</p>
466D	CHECK 466C: ANTI-MALARIAL DRUG GIVEN?	<p>CODE A, B, OR C CIRCLED</p> <p><input type="checkbox"/></p> <p>↓</p>	<p>CODES A, B AND C NOT CIRCLED</p> <p><input type="checkbox"/></p> <p>↓</p> <p>(SKIP TO 467)</p>
466E	How long after the fever started did (NAME) first take (NAMES OF THE ANTI-MALARIAL DRUGS CIRCLED IN 466C)?	<p>SAME DAY..... 0</p> <p>NEXT DAY..... 1</p> <p>TWO DAYS AFTER THE FEVER..... 2</p> <p>THREE OR MORE DAYS AFTER THE FEVER..... 3</p> <p>DON'T KNOW..... 8</p>	<p>SAME DAY..... 0</p> <p>NEXT DAY..... 1</p> <p>TWO DAYS AFTER THE FEVER..... 2</p> <p>THREE OR MORE DAYS AFTER THE FEVER..... 3</p> <p>DON'T KNOW..... 8</p>
466F	Is the child still taking (NAMES OF THE ANTI-MALARIAL DRUGS CIRCLED IN 466C)?	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW..... 8</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW..... 8</p>
467	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	<p>YES..... 1</p> <p>NO..... 2</p> <p>(SKIP TO 475) ←</p> <p>DON'T KNOW..... 8</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>(SKIP TO 475) ←</p> <p>DON'T KNOW..... 8</p>
468	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths?	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW..... 8</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW..... 8</p>
470	Did you seek advice or treatment for the cough?	<p>YES..... 1</p> <p>NO..... 2</p> <p>(SKIP TO 475) ←</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>(SKIP TO 475) ←</p>

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
471	Where did you seek advice or treatment for the cough? 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)
475	Has (NAME) had diarrhea in the last 2 weeks?	YES..... 1 NO..... 2 (SKIP TO 483) ← DON'T KNOW..... 8	YES..... 1 NO..... 2 (SKIP TO 483) ← DON'T KNOW..... 8
475A	Was there any blood in the stools?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
476	Now I would like to know how much (NAME) was offered to drink during the diarrhea. Was he/she offered less than usual to drink, about the same amount, more than usual to drink?	LESS..... 1 ABOUT SAME..... 2 MORE..... 3 NOTHING TO DRINK..... 4 DON'T KNOW..... 8	LESS..... 1 ABOUT SAME..... 2 MORE..... 3 NOTHING TO DRINK..... 4 DON'T KNOW..... 8
477	When name had diarrhea, was he/she offered less than usual to eat, about the same amount, more than usual to eat?	LESS..... 1 ABOUT SAME..... 2 MORE..... 3 STOPPED TO EAT..... 4 NOTHING TO EAT..... 5 DON'T KNOW..... 8	LESS..... 1 ABOUT SAME..... 2 MORE..... 3 STOPPED TO EAT..... 4 NOTHING TO EAT..... 5 DON'T KNOW..... 8
478	Was (NAME) given a fluid made from a special packet called ORS to drink? SHOW ORS PACKET	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
478A	Was (NAME) given a government- recommended homemade fluid?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
479	Was anything (else) given to treat the diarrhea?	YES..... 1 NO..... 2 (SKIP TO 481) ← DON'T KNOW..... 8	YES..... 1 NO..... 2 (SKIP TO 481) ← DON'T KNOW..... 8

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

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: NOT ASKED <input type="checkbox"/> NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/>		→ 490
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</p> <p>Getting permission to go</p> <p>Getting money needed for treatment.....</p> <p>The distance to the health facility</p> <p>Having to take transport</p> <p>Not wanting to go alone</p> <p>Concern that there may not be a female health provider</p> <p>Queuing in line for treatment</p> <p>Quality of the health service</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">BIG PROBLEM</td> <td style="text-align: center;">NOT A BIG PROBLEM</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		BIG PROBLEM	NOT A BIG PROBLEM		1	2		1	2		1	2		1	2		1	2		1	2		1	2		1	2	
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490A	<p>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?</p>	<p>INSIDE VILLAGE/TOWN 1</p> <p>OUTSIDE VILLAGE/TOWN 2</p> <p>DON'T KNOW 8</p>	→ 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 style="text-align: center;">(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 style="text-align: center;">(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 style="text-align: center;">(SPECIFY)</p> <p>OTHER PERSON</p> <p>TRAD. BIRTH ATTENDANT..... 31</p> <p>OTHER 96</p> <p style="text-align: center;">(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 “YES” NOT CIRCLED ↓ <input type="checkbox"/> <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> <table border="1" data-bbox="1279 184 1377 378"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									→ 524
516	<p>CHECK 301 AND 301A:</p> <p>KNOWS CONDOM <input type="checkbox"/></p> <p>↓</p> <p>The last time you had sex, was condom used?</p> <p>DOES NOT KNOW CONDOM <input 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>	<p>YES..... 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>									
524	<p>Do you know of a place where a person can get condoms?</p>	<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 align="center">NEITHER <input type="checkbox"/> STERILIZED HE OR SHE <input type="checkbox"/> STERILIZED</p>		614
602	<p>CHECK 226:</p> <p align="center">NOT PREGNANT <input type="checkbox"/> OR UNSURE PREGNANT <input type="checkbox"/></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>	604 614 608
603	<p>CHECK 226:</p> <p align="center">NOT PREGNANT <input type="checkbox"/> OR UNSURE PREGNANT <input type="checkbox"/></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 (SPECIFY)</p> <p>DON'T KNOW..... 998</p>	609 614 609
604	<p>CHECK 226:</p> <p align="center">NOT PREGNANT <input type="checkbox"/> OR UNSURE PREGNANT <input type="checkbox"/></p>		610
605	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <p align="center">NOT <input type="checkbox"/> ASKED NOT <input type="checkbox"/> CURRENTLY USING YES <input type="checkbox"/> CURRENTLY USING</p>		608
606	<p>CHECK 603:</p> <p align="center">NOT <input type="checkbox"/> ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 2 OR MORE YEARS <input type="checkbox"/> < 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 any (more) children, 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>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 (SPECIFY)</p> <p>DON'T KNOW Z</p>	
608	<p>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>	<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	<p>Do you think you will use a method to delay or avoid pregnancy within the next 12 months?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	611
610A	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	612

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>ACCEPT- NOT ACCEPT- ABLE ACCEPT- 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	With whom have you discussed? Anyone else? RECORD ALL PERSONS MENTIONED.	HUSBAND/PARTNER A MOTHER B FATHER C SISTER (S) D BROTHER (S) E DAUGHTER(S) F SON(S) G MOTHER-IN-LAW H FATHER-IN-LAW I FRIENDS/NEIGHBORS J OTHER _____ X (SPECIFY)	
621	CHECK 501: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→ 701
622	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. Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8	
623	How often have you talked to your husband/partner about family planning in the last 12 months?	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3	
624	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	
625	CHECK 311/311A: ANY CODE CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/>		→ 701
626	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?	MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER _____ 6 (SPECIFY)	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 501 AND 502: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> ↓ FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/>	NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/>	→ 702A → 707
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	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> ↓ What is your husband's/partner's occupation? That is, what kind of work does he mainly do? FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> ↓ What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?	<input type="text"/> <input type="text"/> _____ _____ _____	
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?	<input type="text"/> <input type="text"/> _____ _____ _____	
711	CHECK 710: WORKS IN AGRICULTURE <input type="checkbox"/> ↓ DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 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>NO, NOT IN UNION <input type="checkbox"/></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>Who mainly decides how the money you earn will be used: You, someone else, or you and someone else jointly?</p>	RESPONDENT DECIDES..... 1 HUSBAND/PARTNER DECIDES..... 2 JOINTLY WITH HUSBAND/PARTNER..... 3 SOMEONE ELSE DECIDES..... 4 JOINTLY WITH SOMEONE ELSE..... 5	
722	<p>CHECK 217 AND 218: A CHILD AGE 5 OR LESS AND LIVING AT HOME?</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>_____ (WRITE NAME OF THE YOUNGEST CHILD)</p>	→ 724	
723	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	RESPONDENT..... 01 HUSBAND/PARTNER..... 02 OLDER FEMALE CHILD..... 03 OLDER MALE CHILD..... 04 OTHER RELATIVES..... 05 NEIGHBORS..... 06 FRIENDS..... 07 SERVANTS/HIRED HELP..... 08 CHILD IS IN SCHOOL..... 09 INSTITUTIONAL CHILDCARE..... 10 HAS NOT WORKED SINCE LAST BIRTH..... 95 OTHER..... 96 (SPECIFY)	

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

SECTION 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								
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"/></p> <p>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>	<p>↓</p> <p>→ 821</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" data-bbox="1279 1087 1377 1136"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MINUTES <table border="1" data-bbox="1279 1136 1377 1184"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>									

THANK YOU!

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: ____/____/____