

HOUSEHOLD QUESTIONNAIRE

[IMPLEMENTING AGENCY]

IDENTIFICATION ¹				
<div>PLACE NAME _____</div> <div>NAME OF HOUSEHOLD HEAD _____</div> <div>CLUSTER NUMBER</div> <div>HOUSEHOLD NUMBER</div> <div>REGION</div> <div>TYPE OF PLACE ² (LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4)</div>				<div><div></div><div></div><div></div><div></div><div></div><div></div></div>
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY
				MONTH
				YEAR
INTERVIEWER'S NAME				INT. NUMBER
RESULT*				RESULT
NEXT VISIT: DATE				
TIME				
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 9 OTHER _____ (SPECIFY)				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE
				TOTAL PERSONS IN HOUSEHOLD
				TOTAL ELIGIBLE WOMEN
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR
NAME _____		NAME _____		
DATE _____		DATE _____		

INTRODUCTION AND CONSENT

Hello. My name is _____ and I am working with (NAME OF ORGANIZATION).

We are conducting a national survey about various health issues. We would very much appreciate your participation in this survey.

The survey usually takes between 20 and 30 minutes to complete.

As part of the survey we would first like to ask some questions about your household. All of the answers you give will be confidential. Participation in the survey is completely voluntary. If we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your views are important.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____ DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED 1 → GO TO HOUSEHOLD SCHEDULE

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2→END

¹ This section should be adapted for country-specific survey design

2 The following guidelines should be used to categorize urban sample points: "Large cities" are national capitals and places with over 1 million population; "small cities" are places with between 50,000 and 1 million population; the remaining urban sample points are "towns."

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A, 2B, AND 2C TO BE SURE THAT THE LISTING IS COMPLETE</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-17 FOR EACH PERSON</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p>
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>

ASK QUESTIONS 2A-2C ON THIS PAGE ONLY IF 12 OR FEWER HOUSEHOLD MEMBERS

- 2A** Just to make sure that I have a complete listing.
Are there any other persons such as small children or infants that we have not listed? YES ☐ ADD TO TABLE NO ☐
- 2B** 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 ☐ ADD TO TABLE NO ☐
- 2C** Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES ☐ ADD TO TABLE NO ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD

06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = NIECE/NEPHEW BY BLOOD
10 = NIECE/NEPHEW BY MARRIAGE

11 = OTHER RELATIVE
12 = ADOPTED/FOSTER/STEP CHILD
13 = NOT RELATED
98 = DON'T KNOW

LINE NO.	IF AGE 0-17 YEARS: SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				
	(8)	(9)	(10)	(11)	
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49
01	Y N DK 1 2 8 ↓ GO TO 10		Y N DK 1 2 8 ↓ GO TO 12		01
02	1 2 8 ↓ GO TO 10		1 2 8 ↓ GO TO 12		02
03	1 2 8 ↓ GO TO 10		1 2 8 ↓ GO TO 12		03
04	1 2 8 ↓ GO TO 10		1 2 8 ↓ GO TO 12		04
05	1 2 8 ↓ GO TO 10		1 2 8 ↓ GO TO 12		05
06	1 2 8 ↓ GO TO 10		1 2 8 ↓ GO TO 12		06
07	1 2 8 ↓ GO TO 10		1 2 8 ↓ GO TO 12		07
08	1 2 8 ↓ GO TO 10		1 2 8 ↓ GO TO 12		08
09	1 2 8 ↓ GO TO 10		1 2 8 ↓ GO TO 12		09
10	1 2 8 ↓ GO TO 10		1 2 8 ↓ GO TO 12		10
11	1 2 8 ↓ GO TO 10		1 2 8 ↓ GO TO 12		11
12	1 2 8 ↓ GO TO 10		1 2 8 ↓ GO TO 12		12

HOUSEHOLD SCHEDULE

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13		<input type="text"/>	<p>M F</p> <p>1 2</p>	<p>Y N</p> <p>1 2</p>	<p>Y N</p> <p>1 2</p>	<p>IN YEARS</p> <p><input type="text"/></p>
14		<input type="text"/>	<p>1 2</p>	<p>1 2</p>	<p>1 2</p>	<input type="text"/>
15		<input type="text"/>	<p>1 2</p>	<p>1 2</p>	<p>1 2</p>	<input type="text"/>
16		<input type="text"/>	<p>1 2</p>	<p>1 2</p>	<p>1 2</p>	<input type="text"/>
17		<input type="text"/>	<p>1 2</p>	<p>1 2</p>	<p>1 2</p>	<input type="text"/>
18		<input type="text"/>	<p>1 2</p>	<p>1 2</p>	<p>1 2</p>	<input type="text"/>
19		<input type="text"/>	<p>1 2</p>	<p>1 2</p>	<p>1 2</p>	<input type="text"/>
20		<input type="text"/>	<p>1 2</p>	<p>1 2</p>	<p>1 2</p>	<input type="text"/>
21		<input type="text"/>	<p>1 2</p>	<p>1 2</p>	<p>1 2</p>	<input type="text"/>
22		<input type="text"/>	<p>1 2</p>	<p>1 2</p>	<p>1 2</p>	<input type="text"/>

TICK HERE IF CONTINUATION SHEET USED ☐

- 2A Just to make sure that I have a complete listing.
Are there any other persons such as small children or infants that we have not listed? YES ☐ → ADD TO TABLE NO ☐
- 2B 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 ☐ → ADD TO TABLE NO ☐
- 2C Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES ☐ → ADD TO TABLE NO ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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05 = GRANDCHILD	10 = NIECE/NEPHEW BY MARRIAGE	

Note: a module for Orphans and Vulnerable Children (OVC) will be added in countries with HIV prevalence of 5 percent or higher; or in countries where 8 percent or more of children 0-17 years are orphans

LINE NO.	IF AGE 0-17 YEARS: SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				
	(8)	(9)	(10)	(11)	
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49
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16	1 2 8 ↓ GO TO 10		1 2 8 ↓ GO TO 12		16
17	1 2 8 ↓ GO TO 10		1 2 8 ↓ GO TO 12		17
18	1 2 8 ↓ GO TO 10		1 2 8 ↓ GO TO 12		18
19	1 2 8 ↓ GO TO 10		1 2 8 ↓ GO TO 12		19
20	1 2 8 ↓ GO TO 10		1 2 8 ↓ GO TO 12		20
21	1 2 8 ↓ GO TO 10		1 2 8 ↓ GO TO 12		21
22	1 2 8 ↓ GO TO 10		1 2 8 ↓ GO TO 12		22

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
21	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/LAKE/POND/STREAM/CANAL/IRRIGATION CHANNEL) 81 BOTTLED WATER 91 PURIFIED WATER 92 OTHER 96 (SPECIFY)																						
22	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE (VIP) 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER 96 (SPECIFY)	→ 24																					
23	Do you share this toilet facility with other households?	YES 1 NO 2																						
24	Does your household have:	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>A Electricity?</td><td>ELECTRICITY 1</td><td>2</td></tr> <tr> <td>B A radio?</td><td>RADIO 1</td><td>2</td></tr> <tr> <td>C A television?</td><td>TELEVISION 1</td><td>2</td></tr> <tr> <td>D A mobile telephone?</td><td>MOBILE TELEPHONE 1</td><td>2</td></tr> <tr> <td>E A non-mobile telephone?</td><td>NON-MOBILE TELEPHONE 1</td><td>2</td></tr> <tr> <td>F A refrigerator?</td><td>REFRIGERATOR 1</td><td>2</td></tr> </tbody> </table>		YES	NO	A Electricity?	ELECTRICITY 1	2	B A radio?	RADIO 1	2	C A television?	TELEVISION 1	2	D A mobile telephone?	MOBILE TELEPHONE 1	2	E A non-mobile telephone?	NON-MOBILE TELEPHONE 1	2	F A refrigerator?	REFRIGERATOR 1	2	
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E A non-mobile telephone?	NON-MOBILE TELEPHONE 1	2																						
F A refrigerator?	REFRIGERATOR 1	2																						
25	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER 96 (SPECIFY)																						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
26	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 SOD 13 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 WOOD PLANKS 23 FINISHED ROOFING METAL 31 WOOD 32 CALAMINE/CEMENT FIBER 33 CERAMIC TILES 34 CEMENT 35 ROOFING SHINGLES 36 OTHER _____ 96 (SPECIFY)																						
27	MAIN MATERIAL OF THE WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 CANE/PALM/TRUNKS 12 DIRT 13 RUDIMENTARY WALLS BAMBOO WITH MUD 21 STONE WITH MUD 22 UNCOVERED ADOBE 23 PLYWOOD 24 CARDBOARD 25 REUSED WOOD 26 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 COVERED ADOBE 35 WOOD PLANKS/SHINGLES 36 OTHER _____ 96 (SPECIFY)																						
28	TYPE OF WINDOWS. RECORD OBSERVATION.	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>ANY WINDOWS</td><td>1</td><td>2</td></tr> <tr> <td>WINDOWS WITH GLASS</td><td>1</td><td>2</td></tr> <tr> <td>WINDOWS WITH SCREENS</td><td>1</td><td>2</td></tr> <tr> <td>WINDOWS WITH CURTAINS</td><td></td><td></td></tr> <tr> <td> OR SHUTTERS</td><td>1</td><td>2</td></tr> <tr> <td>WOODEN WINDOWS</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	ANY WINDOWS	1	2	WINDOWS WITH GLASS	1	2	WINDOWS WITH SCREENS	1	2	WINDOWS WITH CURTAINS			OR SHUTTERS	1	2	WOODEN WINDOWS	1	2	
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OR SHUTTERS	1	2																						
WOODEN WINDOWS	1	2																						
29	How many rooms in this household are used for sleeping?	NUMBER OF ROOMS <input type="text"/> <input type="text"/>																						
30	Does any member of this household own A A watch? B A bicycle? C A motorcycle or motor scooter? D An animal-drawn cart? E A car or truck? F A boat with a motor?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>WATCH</td><td>1</td><td>2</td></tr> <tr> <td>BICYCLE</td><td>1</td><td>2</td></tr> <tr> <td>MOTORCYCLE/SCOOTER</td><td>1</td><td>2</td></tr> <tr> <td>ANIMAL-DRAWN CART</td><td>1</td><td>2</td></tr> <tr> <td>CAR/TRUCK</td><td>1</td><td>2</td></tr> <tr> <td>BOAT WITH MOTOR</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	WATCH	1	2	BICYCLE	1	2	MOTORCYCLE/SCOOTER	1	2	ANIMAL-DRAWN CART	1	2	CAR/TRUCK	1	2	BOAT WITH MOTOR	1	2	
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31	At any time in the last 12 months, has anyone sprayed the interior walls of your dwelling against mosquitos?	YES 1 NO 2 DON'T KNOW 8	→ 41 → 41																					
32	How many months ago was the house sprayed the last time? IF LESS THAN ONE MONTH, RECORD '00'	MONTHS AGO <input type="text"/> <input type="text"/> DON'T KNOW 9 8																						
33	Who sprayed the house?	GOVERNMENT WORKER/PROGRAM 1 PRIVATE COMPANY 2 HOUSEHOLD MEMBER 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8																						
33	How much did your household pay out-of-pocket for the spraying? USE LOCAL CURRENCY. ESTIMATE IN-KIND EXPENDITURES.	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 999995 DON'T KNOW 999996																						

IN-PATIENT HEALTH CARE EXPENDITURES				
41	I would like to ask you some questions about how much your household and all its members spends on health services. Expenditures can be monetary or in-kind. The value of in-kind payments and items produced or raised, and consumed, by the household need to be estimated and included. Please exclude costs to be reimbursed by insurance. USE LOCAL CURRENCY. ESTIMATE IN-KIND EXPENDITURES. IF 'DON'T KNOW' RECORD '999998'			
42	In the last 12 months, how much did your household spend on:			
42A	Mandatory health insurance premiums or pre-paid health plans?		COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	DON'T KNOW: RECORD '999998'		FREE 999995	
42B	Voluntary health insurance premiums, including community health insurance schemes?		COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	DON'T KNOW: RECORD '999998'		FREE 999995	
42C	Health-related items such as prescription glasses, hearing aids, canes, and prosthetic devices?		COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	DON'T KNOW: RECORD '999998'		FREE 999995	
43	Did any member of the household have an overnight stay in a hospital or another type of health care facility in the last 12 months?		YES 1 NO 2 → 51	
44	What was the name of the last person/ next person who stayed overnight in a health care facility? PROBE: Any other person? LINE NUMBER FROM COLUMN 1 IN HOUSEHOLD SCHEDULE	NAME LINE NUMBER <input type="text"/> <input type="text"/>	NAME LINE NUMBER <input type="text"/> <input type="text"/>	NAME LINE NUMBER <input type="text"/> <input type="text"/>
45	ASK QUESTIONS 46-48 AS APPROPRIATE FOR EACH PERSON WHO REQUIRED IN-PATIENT HEALTH CARE. IF THERE ARE MORE THAN 3 PERSONS, USE ADDITIONAL QUESTIONNAIRE(S).			
46	In which type of hospital or facility did (NAME) stay overnight the last time? IF THE FACILITY IS A HOSPITAL, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF HOSPITAL AND CIRCLE THE APPROPRIATE CODE. (NAME OF PLACE)	PUBLIC HOSPITAL 1 PRIVATE HOSPITAL 2 CHARITY OR FAITH-BASED HOSPITAL 3 OLD PERSON'S HOME OR LONG TERM CARE 4 OTHER 6 (SPECIFY) DON'T KNOW 8	PUBLIC HOSPITAL 1 PRIVATE HOSPITAL 2 CHARITY OR FAITH-BASED HOSPITAL 3 OLD PERSON'S HOME OR LONG TERM CARE 4 OTHER 6 (SPECIFY) DON'T KNOW 8	PUBLIC HOSPITAL 1 PRIVATE HOSPITAL 2 CHARITY OR FAITH-BASED HOSPITAL 3 OLD PERSON'S HOME OR LONG TERM CARE 4 OTHER 6 (SPECIFY) DON'T KNOW 8
47	What was the main reason (NAME) stayed overnight the last time?	INFECTIOUS DISEASE 1 PREGNANCY/DELIVERY/ PERINATAL 2 NONCOMMUNICABLE DISEASE 3 ACCIDENT/INJURY 4 OTHER 6 (SPECIFY) DON'T KNOW 8	INFECTIOUS DISEASE 1 PREGNANCY/DELIVERY/ PERINATAL 2 NONCOMMUNICABLE DISEASE 3 ACCIDENT/INJURY 4 OTHER 6 (SPECIFY) DON'T KNOW 8	INFECTIOUS DISEASE 1 PREGNANCY/DELIVERY/ PERINATAL 2 NONCOMMUNICABLE DISEASE 3 ACCIDENT/INJURY 4 OTHER 6 (SPECIFY) DON'T KNOW 8
47A	How many nights did (NAME) stay overnight the last time?	NUMBER OF NIGHTS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	NUMBER OF NIGHTS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	NUMBER OF NIGHTS <input type="text"/> <input type="text"/> DON'T KNOW 9 8
48	How much did your household pay out-of-pocket to (PROVIDER) for (NAME)? ESTIMATE IN-KIND EXPENDITURES. INCLUDE MEDICINES, PROVIDER FEES, TESTS. AMBULANCE, OTHER TRANSPORT.	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 999995 DON'T KNOW 999998	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 999995 DON'T KNOW 999998	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 999995 DON'T KNOW 999998
49	GO BACK TO 46 FOR NEXT PERSON; OR, IF NO MORE PERSONS, GO TO 51			

OUTPATIENT HEALTH CARE EXPENDITURES				
51	Now I want to ask questions about health care received by members of your household that did not include an overnight stay. The following questions are about care received at a hospital, health center, clinic, private office or at home from a health care worker, but where the member did not stay overnight			
53	Over the last 30 days, did any member of your household receive any health care, preventive or curative, that did not include an overnight stay in hospital or long-term care facility?	YES 1 NO 2 → 61		
55	What was the name of the last person/ next person who received such health care? PROBE: Any other person? LINE NUMBER FROM COLUMN 1 IN HOUSEHOLD SCHEDULE	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>
55	ASK QUESTIONS 56-58 AS APPROPRIATE FOR EACH PERSON WHO REQUIRED OUTPATIENT HEALTH CARE. IF THERE ARE MORE THAN 3 PERSONS, USE ADDITIONAL QUESTIONNAIRE(S).			
56	Where did (NAME) receive the health care the last time? IF THE FACILITY IS A HOSPITAL, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF HOSPITAL AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PRIVATE DOCTOR'S OFFICE 11 HOSPITAL 12 PUBLIC PUBLIC HOSPITAL 21 PUBLIC CLINIC OR HEALTH CARE FACILITY 22 CHARITY OR FAITH-BASED CLINIC 23 CHARITY OR FAITH-BASED HOSPITAL 24 HOME VISIT 31 OTHER 96 (SPECIFY) DON'T KNOW 98	PRIVATE DOCTOR'S OFFICE 11 HOSPITAL 12 PUBLIC PUBLIC HOSPITAL 21 PUBLIC CLINIC OR HEALTH CARE FACILITY 22 CHARITY OR FAITH-BASED CLINIC 23 CHARITY OR FAITH-BASED HOSPITAL 24 HOME VISIT 31 OTHER 96 (SPECIFY) DON'T KNOW 98	PRIVATE DOCTOR'S OFFICE 11 HOSPITAL 12 PUBLIC PUBLIC HOSPITAL 21 PUBLIC CLINIC OR HEALTH CARE FACILITY 22 CHARITY OR FAITH-BASED CLINIC 23 CHARITY OR FAITH-BASED HOSPITAL 24 HOME VISIT 31 OTHER 96 (SPECIFY) DON'T KNOW 98
57	What was the main reason (NAME) sought health care the last time?	INFECTIOUS DISEASE 1 PREGNANCY/DELIVERY/PERINATAL 2 NONCOMMUNICABLE DISEASE 3 ACCIDENT/INJURY 4 PREVENTION 5 OTHER 6 (SPECIFY) DON'T KNOW 8	INFECTIOUS DISEASE 1 PREGNANCY/DELIVERY/PERINATAL 2 NONCOMMUNICABLE DISEASE 3 ACCIDENT/INJURY 4 PREVENTION 5 OTHER 6 (SPECIFY) DON'T KNOW 8	INFECTIOUS DISEASE 1 PREGNANCY/DELIVERY/PERINATAL 2 NONCOMMUNICABLE DISEASE 3 ACCIDENT/INJURY 4 PREVENTION 5 OTHER 6 (SPECIFY) DON'T KNOW 8
58	How much did your household pay out-of-pocket to (PROVIDER) for (NAME)? ESTIMATE IN-KIND EXPENDITURES. INCLUDE MEDICINES, PROVIDER FEES, TESTS. AMBULANCE, OTHER TRANSPORT. EXCLUDE REIMBURSEMENT FROM HEALTH INSURANCE OR EMPLOYER.	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 999995 DON'T KNOW 999998	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 999995 DON'T KNOW 999998	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 999995 DON'T KNOW 999998
59	GO BACK TO 56 FOR NEXT PERSON; OR, IF NO MORE PERSONS, GO TO 61.			

61	Does your household use metal or plastic screens on windows to keep mosquitos out?	YES 1 NO 2																										
62A	Has your household received any kits for home-based management of malaria?	YES 1 NO 2 → 63																										
62B	How much did your household pay for these kits? USE LOCAL CURRENCY. ESTIMATE CASH VALUE OF IN-KIND EXPENDITURES. DON'T KNOW: RECORD '999998'	COST <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> FREE 999995																										
63	Does your household have any mosquito nets that can be used while sleeping?	YES 1 NO 2 → 71																										
63A	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'	NUMBER OF NETS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>																										
		NET #1	NET # 2	NET #3																								
64	ASK RESPONDENT TO SHOW YOU THE NET(S) IN THE HOUSEHOLD.	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2																								
65	How many months ago did your household obtain the mosquito net (NUMBER)? IF LESS THAN ONE MONTH, RECORD '00'. 37 OR MORE MONTHS AGO 95 DON'T KNOW/NOT SURE 98	MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> AGO 37 OR MORE MONTHS AGO 95 DON'T KNOW/NOT SURE 98			MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> AGO 37 OR MORE MONTHS AGO 95 DON'T KNOW/NOT SURE 98			MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> AGO 37 OR MORE MONTHS AGO 95 DON'T KNOW/NOT SURE 98																				
66	When you got the net, was it already treated with an insecticide to kill or repel mosquitos?	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8																								
66A	Did you buy the net yourself or did you get the net from (PROGRAM) at no cost?	BOUGHT THE NET 1 NET WAS A GIFT 2 (SKIP TO 67) ← NOT SURE 8	BOUGHT THE NET 1 NET WAS A GIFT 2 (SKIP TO 67) ← NOT SURE 8	BOUGHT THE NET 1 NET WAS A GIFT 2 (SKIP TO 67) ← NOT SURE 8																								
66B	How much did your household pay for the net? DON'T KNOW: RECORD '999998'	COST <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> FREE 999995							COST <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> FREE 999995							COST <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> FREE 999995												
67	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitos or bugs?	YES 1 NO 2 (SKIP TO 68) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 68) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 68) ← NOT SURE 8																								
67A	How many months ago was the net last soaked or dipped? IF 25 MONTHS OR MORE, CIRCLE CODE '95'. IF LESS THAN ONE MONTH, RECORD '00'. 25 OR MORE MONTHS AGO 95 DON'T KNOW/NOT SURE 98	MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> AGO 25 OR MORE MONTHS AGO 95 DON'T KNOW/NOT SURE 98			MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> AGO 25 OR MORE MONTHS AGO 95 DON'T KNOW/NOT SURE 98			MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> AGO 25 OR MORE MONTHS AGO 95 DON'T KNOW/NOT SURE 98																				
68	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 71) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 71) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 71) ← NOT SURE 8																								
68A	Who slept under this mosquito net last night? RECORD THE PERSON'S LINE NUMBER FROM THE HOUSEHOLD SCHEDULE	NAME LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> NAME LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> NAME LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> NAME LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									NAME LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> NAME LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> NAME LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> NAME LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									NAME LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> NAME LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> NAME LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> NAME LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>								
69		GO BACK TO 64 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 71	GO BACK TO 64 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 71	GO BACK TO 64 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 71																								

NET #6	NET #5	NET #6	NET #7
OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2
MONTHS AGO 37 OR MORE MONTHS AGO 95 DON'T KNOW/NOT SURE 98	MONTHS AGO 37 OR MORE MONTHS AGO 95 DON'T KNOW/NOT SURE 98	MONTHS AGO 37 OR MORE MONTHS AGO 95 DON'T KNOW/NOT SURE 98	MONTHS AGO 37 OR MORE MONTHS AGO 95 DON'T KNOW/NOT SURE 98
YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8
BOUGHT THE NET 1 NET WAS A GIFT 2 (SKIP TO 67) ← NOT SURE 8	BOUGHT THE NET 1 NET WAS A GIFT 2 (SKIP TO 67) ← NOT SURE 8	BOUGHT THE NET 1 NET WAS A GIFT 2 (SKIP TO 67) ← NOT SURE 8	BOUGHT THE NET 1 NET WAS A GIFT 2 (SKIP TO 67) ← NOT SURE 8
COST FREE 999995	COST FREE 999995	COST FREE 999995	COST FREE 999995
YES 1 NO 2 (SKIP TO 68) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 68) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 68) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 68) ← NOT SURE 8
MONTHS AGO 25 OR MORE MONTHS AGO 95 DON'T KNOW/NOT SURE 98	MONTHS AGO 25 OR MORE MONTHS AGO 95 DON'T KNOW/NOT SURE 98	MONTHS AGO 25 OR MORE MONTHS AGO 95 DON'T KNOW/NOT SURE 98	MONTHS AGO 25 OR MORE MONTHS AGO 95 DON'T KNOW/NOT SURE 98
YES 1 NO 2 (SKIP TO 71) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 71) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 71) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 71) ← NOT SURE 8
NAME _____ LINE NUMBER NAME _____ LINE NUMBER NAME _____ LINE NUMBER	NAME _____ LINE NUMBER NAME _____ LINE NUMBER NAME _____ LINE NUMBER	NAME _____ LINE NUMBER NAME _____ LINE NUMBER NAME _____ LINE NUMBER	NAME _____ LINE NUMBER NAME _____ LINE NUMBER NAME _____ LINE NUMBER
LINE NUMBER LINE NUMBER LINE NUMBER	LINE NUMBER LINE NUMBER LINE NUMBER	LINE NUMBER LINE NUMBER LINE NUMBER	LINE NUMBER LINE NUMBER LINE NUMBER
GO BACK TO 64 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 71	GO BACK TO 64 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 71	GO BACK TO 64 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 71	GO TO 71

PERSONS WHO HAVE DIED

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
71	Now I would like to ask you a few more questions about your household. Think back over the past 24 months. Has any usual resident of your household died in the past 24 months, including any baby who cried or showed any signs of life at birth but did not survive?	YES	1			
		NO	2		→ 85	
		DON'T KNOW	8		→ 85	
72	How many usual residents of your household died in the past 24 months?	NUMBER OF DEATHS..... <input type="text"/>				
73	ASK QUESTIONS 74-77 AS APPROPRIATE FOR EACH PERSON WHO DIED. IF THERE ARE MORE THAN 4 DEATHS, USE ADDITIONAL QUESTIONNAIRE(S).					
74	What was the name of the person who died most recently (before him/her)?	NAME 1ST DEATH	NAME 2ND DEATH	NAME 3RD DEATH	NAME 4TH DEATH	
75	Was (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
76	How old was (NAME) when (he/she) died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN ONE YEAR; OR YEARS. IF '1 MONTH' PROBE: How many days old was (NAME)? IF '1 YEAR' PROBE: How many months old was (NAME)?	DAYS <input type="text"/> <input type="text"/> MONTHS <input type="text"/> <input type="text"/> YEARS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/> MONTHS <input type="text"/> <input type="text"/> YEARS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/> MONTHS <input type="text"/> <input type="text"/> YEARS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/> MONTHS <input type="text"/> <input type="text"/> YEARS <input type="text"/> <input type="text"/>	
77		GO BACK TO 74 FOR NEXT DEATH. IF NO MORE DEATHS, GO TO 78	GO BACK TO 74 FOR NEXT DEATH. IF NO MORE DEATHS, GO TO 78	GO BACK TO 74 FOR NEXT DEATH. IF NO MORE DEATHS, GO TO 78	GO BACK TO 74 IN FIRST COLUMN OF A NEW QUESTIONNAIRE. IF NO MORE DEATHS, GO TO 78	
78	I would like to ask you about any formal, organized help or support that your household was offered or may have received for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.					
79	In the past 12 months, has any member of your household received any medical care, supplies or medicines for which you didn't have to pay?	YES	1			
		NO	2			
		DON'T KNOW	8			
80	In the past 12 months, has any member of your household received any emotional or psychological support, such as companionship, counseling from a trained counselor, or spiritual support for which you did not have to pay?	YES	1			
		NO	2			
		DON'T KNOW	8			
81	In the past 12 months, has any member of your household received any material support, such as clothing, food, or financial support, for which you did not have to pay?	YES	1			
		NO	2			
		DON'T KNOW	8			
82	In the past 12 months, has any member of your household received any social support such as help in household work, training for a caregiver, or legal services, for which you didn't have to pay?	YES	1			
		NO	2			
		DON'T KNOW	8			
83	In the past 12 months, has any member of your household received any support for schooling, such as allowances, free admission, books, or supplies, for which you did not have to pay?	YES	1			
		NO	2			
		DON'T KNOW	8			
84	In the past 12 months, was your household visited and offered material, medical, or financial help by any organization?	YES	1			
		NO	2			
		DON'T KNOW	8			
85	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/>				
		MINUTES <input type="text"/> <input type="text"/>				

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

10/23/2007

[COUNTRY] GLOBAL FUND SURVEY

WOMAN'S QUESTIONNAIRE

[IMPLEMENTING AGENCY]

IDENTIFICATION																			
PLACE NAME _____	<table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																		
NAME OF HOUSEHOLD HEAD _____																			
CLUSTER NUMBER																			
HOUSEHOLD NUMBER																			
REGION																			
LARGE CITY/SMALL CITY/TOWN/RURAL (2) (LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4)																			
NAME AND LINE NUMBER OF RESPONDENT _____																			

INTERVIEWER VISITS															
	1	2	3	FINAL VISIT											
DATE	_____	_____	_____	DAY <table border="1"><tr><td></td><td></td></tr></table> MONTH <table border="1"><tr><td></td><td></td></tr></table> YEAR <table border="1"><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table> INT. NUMBER <table border="1"><tr><td></td><td></td></tr></table> RESULT <table border="1"><tr><td></td></tr></table>					2	0	0	7			
2	0	0	7												
INTERVIEWER'S NAME	_____	_____	_____												
RESULT*	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>										
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1"><tr><td></td></tr></table>											
TIME	_____	_____													
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)															
SUPERVISOR		OFFICE EDITOR		KEYED BY DATA ENTRY CLERK											
NAME _____	<table border="1"><tr><td></td><td></td></tr></table>			NAME _____	<table border="1"><tr><td></td><td></td></tr></table>			NAME _____							
DATE _____	<table border="1"><tr><td></td><td></td></tr></table>			DATE _____	<table border="1"><tr><td></td><td></td></tr></table>			DATE _____							

INTRODUCTION AND INFORMED CONSENT

Hello. My name is _____ and I am working with the [AGENCY]
 We are conducting a national health survey. We would very much appreciate your participation in this survey.
 I would like to ask you about some important health issues. This information will help the government plan health services. The survey usually takes around 30-40 minutes to complete.

Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

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

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

SIGNATURE OF INTERVIEWER: _____ DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED 1 → GO TO 101

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 → END

SECTION 1 - RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	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	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→ 107
105	What is the highest level of school you attended: nursery, primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
106	What is the highest year you have completed at that level? RECORD '00' IF LESS THAN ONE GRADE COMPLETED AT THAT LEVEL.	YEAR <input type="text"/> <input type="text"/>	
107	What is your religion?	RELIGION 1 1 RELIGION 2 2 RELIGION 3 3 OTHER 6 SPECIFY _____	
108	Which ethnic group do you belong to?	GROUP 1 01 GROUP 2 02 GROUP 3 03 GROUP 4 04 GROUP 5 05 MIXED 06 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	→ 203
202	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	→ 216
203	In total, how many children have you had during your lifetime?	TOTAL <input type="text"/> <input type="text"/>	
204	CHECK 203: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→ 216

205 Now I would like to record the names of all your births since January 2002, whether still alive or not, starting with the last one you had. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. RECORD ONLY BIRTHS SINCE JANUARY 2002. WHEN COMPLETED, CONTINUE WITH 216.									
206 What name was given to your (last/ previous baby?) (NAME)	207 Were any of these births multiple? SINGLE . . . 1 MULTIPLE . . . 2	208 Is (NAME) a boy or a girl? BOY . . . 1 GIRL . . . 2	209 In what month and year was (NAME) born? PROBE: What is his/her birthday? MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	210 Is (NAME) still alive? YES . . . 1 NO . . . 2 ↓ 214	211 How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. AGE IN YEARS <input type="text"/> <input type="text"/>	212 Is (NAME) living with you? YES . . . 1 NO . . . 2	213 RECORD HOUSEHOLD LINE NUMBER OF CHILD (Record '00' if child not listed in household). LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH) (GO TO 215)	214 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. DAYS <input type="text"/> <input type="text"/> MONTHS <input type="text"/> <input type="text"/> YEARS <input type="text"/> <input type="text"/>	215 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth? YES 1 NO 2
01									
02									
03									
04									
05									
216	Are you pregnant now?					YES 1 NO 2 UNSURE 8		→ 301	
217	Are you currently doing something or using any method to delay or avoid getting pregnant?					YES 1 NO 2		→ 301	
218	Which method are you using? PROBE: Are you using any other method? RECORD ALL METHODS MENTIONED.					FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD/COIL D INJECTIONS E IMPLANTS F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMENORRHEA METHOD (LAM) K PERIODIC ABSTINENCE/RHYTHM L WITHDRAWAL M OTHER X (SPECIFY)			

SECTION 3. ANTENATAL AND DELIVERY CARE

301	<div style="display: flex; justify-content: space-between;"> <div> CHECK 209: ONE OR MORE BIRTHS IN 2002 OR LATER <input type="checkbox"/> </div> <div> NO BIRTHS IN 2002 OR LATER <input type="checkbox"/> </div> </div> <div style="text-align: right; margin-top: -10px;">→ 431</div>												
302	<p>CHECK 206: ENTER IN THE TABLE THE NAME OF EACH BIRTH IN 2002 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).</p> <p>Now I would like to ask you some questions about the health of all your children born in the last 5 years. We will talk about each separately.</p>												
303	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">FROM 206:</th><th style="width:20%;">LAST BIRTH</th><th style="width:20%;">NEXT-TO-LAST BIRTH</th><th style="width:30%;">SECOND-FROM-LAST BIRTH</th></tr> <tr> <td>LINE NUMBER</td><td>LINE NUMBER <input style="width:40px;" type="text"/></td><td>LINE NUMBER <input style="width:40px;" type="text"/></td><td>LINE NUMBER <input style="width:40px;" type="text"/></td></tr> <tr> <td>NAME</td><td>NAME <input style="width:100px;" type="text"/></td><td>NAME <input style="width:100px;" type="text"/></td><td>NAME <input style="width:100px;" type="text"/></td></tr> </table>	FROM 206:	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH	LINE NUMBER	LINE NUMBER <input style="width:40px;" type="text"/>	LINE NUMBER <input style="width:40px;" type="text"/>	LINE NUMBER <input style="width:40px;" type="text"/>	NAME	NAME <input style="width:100px;" type="text"/>	NAME <input style="width:100px;" type="text"/>	NAME <input style="width:100px;" type="text"/>
FROM 206:	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH										
LINE NUMBER	LINE NUMBER <input style="width:40px;" type="text"/>	LINE NUMBER <input style="width:40px;" type="text"/>	LINE NUMBER <input style="width:40px;" type="text"/>										
NAME	NAME <input style="width:100px;" type="text"/>	NAME <input style="width:100px;" type="text"/>	NAME <input style="width:100px;" type="text"/>										
304	<div style="display: flex;"> <div style="width:30%; padding-right: 10px;"> <p>Did you see anyone for antenatal care for this pregnancy?</p> <p>IF YES: Whom did you see? Anyone else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p> </div> <div style="width:70%;"> <p>HEALTH PERSONNEL</p> <p>DOCTOR A</p> <p>NURSE/MIDWIFE </p> <p>AUXILIARY MIDWIFE C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH</p> <p>ATTENDANT D</p> <p>COMMUNITY HEALTH</p> <p>WORKER E</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p> <p>NO ONE Y</p> <p align="center">(SKIP TO 307) ←</p> </div> </div>												
305	<div style="display: flex;"> <div style="width:30%; padding-right: 10px;"> <p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p> </div> <div style="width:70%;"> <p>AT HOME A</p> <p>GOVT. FACILITY</p> <p>GOVT. HOSPITAL B</p> <p>GOVT. HEALTH CENTER .. .</p> <p>GOVT. HEALTH POST </p> <p>OTHER GOVT. FAC. _____ E</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MED. FACILITY</p> <p>PVT. HOSPITAL/CLINIC F</p> <p>OTHER PRIVATE MED. _____ G</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p> </div> </div>												
306	<p>How many times did you receive antenatal care during this pregnancy?</p> <p>NUMBER OF TIMES <input style="width:40px;" type="text"/></p> <p>DON'T KNOW 98</p>												
307	<p>During this pregnancy, did you take any drugs to keep you from getting malaria?</p> <p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 311) ←</p> <p>DON'T KNOW 8</p>												
308	<p>What drugs did you take?</p> <p>RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.</p> <p>SP/FANSIDAR A</p> <p>CHLOROQUINE B</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW Z</p>												

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
309	CHECK 308 : DRUGS TAKEN FOR MALARIA PREVENTION.	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 311) ←		
310	How many times did you take SP/Fansidar during this pregnancy?	TIMES <input type="text"/> <input type="text"/>		
311	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND CIRCLE ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO FIND OUT IF ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER X (SPECIFY) _____ NO ONE Y	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER X (SPECIFY) _____ NO ONE Y	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER X (SPECIFY) _____ NO ONE Y
312	Where did you give birth to (NAME)? PROBE TO IDENTIFY THE TYPE OF PLACE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER OR IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	AT HOME 11 GOVT. FACILITY GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST 23 OTHER PUBLIC 26 (SPECIFY) _____ PRIVATE MED. FACILITY PVT. HOSPITAL/CLINIC 31 OTHER PRIVATE MED. 36 (SPECIFY) _____ OTHER 96 (SPECIFY) _____	AT HOME 11 GOVT. FACILITY GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST 23 OTHER PUBLIC 26 (SPECIFY) _____ PRIVATE MED. FACILITY PVT. HOSPITAL/CLINIC 31 OTHER PRIVATE MED. 36 (SPECIFY) _____ OTHER 96 (SPECIFY) _____	AT HOME 11 GOVT. FACILITY GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST 23 OTHER PUBLIC 26 (SPECIFY) _____ PRIVATE MED. FACILITY PVT. HOSPITAL/CLINIC 31 OTHER PRIVATE MED. 36 (SPECIFY) _____ OTHER 96 (SPECIFY) _____
313	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 315) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 315) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 315) ← DON'T KNOW 8
314	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99.998	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99.998	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99.998
315	Did you ever breastfed (NAME)?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
316		GO BACK TO 311 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 401 .	GO BACK TO 311 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 401 .	GO BACK TO 311 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 401 .

SECTION 4. CHILD HEALTH AND TUBERCULOSIS

401	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2002 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).																
402	LINE NUMBER FROM 206	LAST BIRTH LINE NUMBER 				NEXT-TO-LAST BIRTH LINE NUMBER 				SECOND-FROM-LAST BIRTH LINE NUMBER 							
403	NAME FROM 206 AND SURVIVAL STATUS FROM 210	NAME _____ LIVING DEAD <div style="text-align: center;"> (GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 431) </div>				NAME _____ LIVING DEAD <div style="text-align: center;"> (GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 431) </div>				NAME _____ LIVING DEAD <div style="text-align: center;"> (GO TO 403 IN NEXT- TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 431) </div>							
404	Do you have a card where (NAME'S) vaccinations are written down? ¹ IF YES: May I see it please?	YES, SEEN 1 <div style="text-align: center;">(SKIP TO 406) ←</div> YES, NOT SEEN 2 <div style="text-align: center;">(SKIP TO 408) ←</div> NO CARD 3				YES, SEEN 1 <div style="text-align: center;">(SKIP TO 406) ←</div> YES, NOT SEEN 2 <div style="text-align: center;">(SKIP TO 408) ←</div> NO CARD 3				YES, SEEN 1 <div style="text-align: center;">(SKIP TO 406) ←</div> YES, NOT SEEN 2 <div style="text-align: center;">(SKIP TO 408) ←</div> NO CARD 3							
405	Did you ever have a vaccination card for (NAME)? ¹	YES 1 <div style="text-align: center;">(SKIP TO 408) ←</div> NO 2				YES 1 <div style="text-align: center;">(SKIP TO 408) ←</div> NO 2				YES 1 <div style="text-align: center;">(SKIP TO 408) ←</div> NO 2							
406	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.																
		LAST BIRTH DAY MONTH YEAR				NEXT-TO-LAST BIRTH DAY MONTH YEAR				SECOND-FROM-LAST BIRTH DAY MONTH YEAR							
	BCG	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	BCG	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	BCG	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>		
	POLIO 3	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	P3	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	P3	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>		
	DPT 3	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	D3	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	D3	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>		
	HepB3	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	HB3	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	HB3	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>		
	MEASLES/MMR	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	MEA	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	MEA	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>		
	VITAMIN A	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	VIT A	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	VIT A	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>		
406A	CHECK 406 :	BCG TO MEASLES ALL RECORDED (GO TO 410)				OTHER <div style="text-align: center;">↓</div>				BCG TO MEASLES ALL RECORDED (GO TO 410)				OTHER <div style="text-align: center;">↓</div>			

¹ Adapt question locally depending on the term used for the written record

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
407	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT BCG, POLIO3, DPT3, AND/OR MEASLES/MMR VACCINES.	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 406) (SKIP TO 410) ← NO 2 (SKIP TO 410) ← DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 406) (SKIP TO 410) ← NO 2 (SKIP TO 410) ← DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 406) (SKIP TO 410) ← NO 2 (SKIP TO 410) ← DON'T KNOW 8
408	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization campaign?	YES 1 NO 2 (SKIP TO 410) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 410) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 410) ← DON'T KNOW 8
409	Please tell me if (NAME) received any of the following vaccinations:			
409A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
409B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 409E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 409E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 409E) ← DON'T KNOW 8
409C	Was the first polio vaccine received in the first two weeks after birth or later?	FIRST 2 WEEKS 1 LATER 2	FIRST 2 WEEKS 1 LATER 2	FIRST 2 WEEKS 1 LATER 2
409D	How many times was the polio vaccine received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
409E	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 409G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 409G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 409G) ← DON'T KNOW 8
409F	How many times was a DPT vaccination received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
409G	A measles injection or an MMR injection, that is, a shot in the arm at the age of 9 months or older, to prevent the child from getting measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
410	Has (NAME) had diarrhea in the past 2 weeks? ¹	YES 1 NO 2 (SKIP TO 417) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 417) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 417) ← DON'T KNOW 8
411	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
412	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the diarrhea. Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK DON'T KNOW 8
413	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8
414	Did you seek advice or treatment for the diarrhea from any source?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
415	Does (NAME) still have diarrhea?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
416	Was he/she given any of the following to drink at any time since he/she started having the diarrhea: A A fluid made from a special packet called [LOCAL NAME FOR ORS PACKET]? B A pre-packaged ORS liquid? ² C A government-recommended homemade fluid? ³	YES NO DK FLUID FROM ORS PACKET 1 2 8 ORS LIQUID 1 2 8 HOMEMADE FLUID . 1 2 8	YES NO DK FLUID FROM ORS PACKET 1 2 8 ORS LIQUID 1 2 8 HOMEMADE FLUID . 1 2 8	YES NO DK FLUID FROM ORS PACKET 1 2 8 ORS LIQUID 1 2 8 HOMEMADE FLUID . 1 2 8
417		GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 418.	GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 418.	GO TO 403 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 418.

¹ The term(s) used for diarrhea should encompass the expressions used for all forms of diarrhea, including bloody stools (consistent with dysentery), watery stools, etc.

² The common names/brands for pre-packaged ORS liquids should be included. If pre-packaged ORS liquids are not available in the country, this item should be deleted.

³ This item should be adapted to include the terms used locally for the recommended home fluid. The ingredients promoted by the government for making the recommended home fluid should be reflected in the category.

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
418	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
419	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 422) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 422) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 422) ← DON'T KNOW 8
420	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES 1 NO 2 (SKIP TO 423) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 423) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 423) ← DON'T KNOW 8
421	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 423) ←	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 423) ←	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 423) ←
422	CHECK 418: HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 418 IN NEXT COLUMN; OR, IF NO MORE BIRTHS GO TO 431)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 418 IN NEXT COLUMN; OR, IF NO MORE BIRTHS GO TO 431)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 418 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 431)
423	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 425) ←	YES 1 NO 2 (SKIP TO 425) ←	YES 1 NO 2 (SKIP TO 425) ←
424	Where did you seek advice or treatment? ¹ Anywhere else? PROBE TO IDENTIFY EACH TYPE OF PLACE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR HOSPITAL A HEALTH CENTER B HEALTH POST C MOBILE CLINIC D FIELDWORKER E OTHER PUBLIC F (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL/CLINIC G PVT DOCTOR H MOBILE CLINIC I PHARMACY J FIELDWORKER K OTHER PRIVATE MEDICAL L (SPECIFY) OTHER SOURCE SHOP M TRADITIONAL PRACTITIONER N OTHER X (SPECIFY)	PUBLIC SECTOR HOSPITAL A HEALTH CENTER B HEALTH POST C MOBILE CLINIC D FIELDWORKER E OTHER PUBLIC F (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL/CLINIC G PVT DOCTOR H MOBILE CLINIC I PHARMACY J FIELDWORKER K OTHER PRIVATE MEDICAL L (SPECIFY) OTHER SOURCE SHOP M TRADITIONAL PRACTITIONER N OTHER X (SPECIFY)	PUBLIC SECTOR HOSPITAL A HEALTH CENTER B HEALTH POST C MOBILE CLINIC D FIELDWORKER E OTHER PUBLIC F (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL/CLINIC G PVT DOCTOR H MOBILE CLINIC I PHARMACY J FIELDWORKER K OTHER PRIVATE MEDICAL L (SPECIFY) OTHER SOURCE SHOP M TRADITIONAL PRACTITIONER N OTHER X (SPECIFY)
425	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (GO BACK TO 418 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 431) ← DON'T KNOW 8	YES 1 NO 2 (GO BACK TO 418 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 431) ← DON'T KNOW 8	YES 1 NO 2 (GO BACK TO 418 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 431) ← DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
426	What drugs did (NAME) take? ² Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE B AMODIAQUINE C QUININE D COMBINATION WITH ARTEMISININ E COUNTRY SPECIFIC CBD ANTIMALARIAL F OTHER ANTIMALARIAL _____ G (SPECIFY) ANTIBIOTIC DRUGS INJECTION H SYRUP I PILLS J OTHER DRUGS ASPIRIN K ACETAMINOPHEN L IBUPROFEN M OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE B AMODIAQUINE C QUININE D COMBINATION WITH ARTEMISININ E COUNTRY SPECIFIC CBD ANTIMALARIAL F OTHER ANTIMALARIAL _____ G (SPECIFY) ANTIBIOTIC DRUGS INJECTION H SYRUP I PILLS J OTHER DRUGS ASPIRIN K ACETAMINOPHEN L IBUPROFEN M OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE B AMODIAQUINE C QUININE D COMBINATION WITH ARTEMISININ E COUNTRY SPECIFIC CBD ANTIMALARIAL F OTHER ANTIMALARIAL _____ G (SPECIFY) ANTIBIOTIC DRUGS INJECTION H SYRUP I PILLS J OTHER DRUGS ASPIRIN K ACETAMINOPHEN L IBUPROFEN M OTHER _____ X (SPECIFY) DON'T KNOW Z
427	Do you know if (NAME) took the combination with artemisinin that is called Coartem? SHOW THE PACKAGE	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
428	CHECK 426 IF INJECTION GIVEN	CODE 'H' NOT CIRCLED <input type="checkbox"/> CODE 'H' CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 429)	CODE 'H' NOT CIRCLED <input type="checkbox"/> CODE 'H' CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 429)	CODE 'H' NOT CIRCLED <input type="checkbox"/> CODE 'H' CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 429)
428A	Did (NAME) receive an injection?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
429	CHECK 426 IF SYRUP GIVEN	CODE 'I' NOT CIRCLED <input type="checkbox"/> CODE 'I' CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 430)	CODE 'I' NOT CIRCLED <input type="checkbox"/> CODE 'I' CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 430)	CODE 'I' NOT CIRCLED <input type="checkbox"/> CODE 'I' CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 430)
429A	Did (NAME) receive a syrup?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
430	Did (NAME) receive any of these pills? SHOW ORAL ANTIBIOTIC CAPSULES. ³	COTRIMOXAZOLE A PARACETAMOL B OTHER _____ X	COTRIMOXAZOLE A PARACETAMOL B OTHER _____ X	COTRIMOXAZOLE A PARACETAMOL B OTHER _____ X
430A		GO BACK TO 418 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 431.	GO BACK TO 418 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 431.	GO BACK TO 418 IN NEXT-TO LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 431

¹ Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

² Coding categories to be developed locally and revised based on the pretest. Common brand names of drugs, such as Bayer, Tylenol or Paracetamol, should be added to the response categories for aspirin, acetaminophen, or ibuprofen as appropriate.

³ The most common oral antibiotics should be listed

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
431	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 501
432	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS B THROUGH TOUCHING A PERSON WITH TB ... C THROUGH FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER X DON'T KNOW Z	
433	What signs or symptoms would lead you to think that a person has tuberculosis? PROBE: Any others? RECORD ALL MENTIONED	COUGHING A COUGHING WITH SPUTUM B COUGHING FOR SEVERAL WEEKS C FEVER D BLOOD IN SPUTUM E LOSS OF APPETITE F NIGHTSWEATING G PAIN IN CHEST H TIREDNESS/FATIGUE I WEIGHT LOSS J LETHARGY K LARGE SWELLING IN THE NECK L OTHER X (SPECIFY) DON'T KNOW Z	
434	Have you been given any information about tuberculosis by a health worker?	YES 1 NO 2	
435	Do you know a place where a person can get diagnosis and treatment for TB?	YES 1 NO 2	→ 437
436	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B MOBILE CLINIC C COMMUNITY HEALTH WORKER D OTHER PUBLIC E (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC F PHARMACY G PRIVATE DOCTOR H MOBILE CLINIC I OTHER PRIVATE MEDICAL J (SPECIFY) OTHER SOURCE TRADITIONAL PRACTITIONER K OTHER X (SPECIFY)	
437	Can tuberculosis be cured?	YES 1 NO 2 DON'T KNOW 8	
438	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DON'T KNOW / NOT SURE / DEPENDS 8	

SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	→ 504 → 504
502	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 509
503	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 509 → 509 → 509
504	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
505	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NUMBER 	
506	Does your husband/partner have other wives or does he live with other women as if married? ¹	YES 1 NO 2 DON'T KNOW 8	→ 510 → 510
507	Including yourself, in total, how many wives or partners does your husband live with now as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS DON'T KNOW 9 8	
508	Are you the first, second, ... wife?	RANK 	
509	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
510	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 0 0 AGE IN YEARS FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER ... 9 5	→ 520
511	When was the <u>last</u> time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	→ 519

¹ Questions 506-508 only in countries where there is polygamy.

NO.	QUESTIONS AND FILTERS	LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER																																				
512	<p>Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.</p> <p>SKIP TO 514, FIRST COLUMN</p>																																							
513	When was the last time you had sexual intercourse with this person?		DAYS AGO 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS AGO .. 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																			DAYS AGO 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS AGO .. 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																		
514	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES 1 NO 2 (SKIP TO 516) ←	YES 1 NO 2 (SKIP TO 516) ←	YES 1 NO 2 (SKIP TO 516) ←																																				
515	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2																																				
516	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	HUSBAND 1 LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 PROSTITUTE 5 OTHER 6 _____ (SPECIFY)	HUSBAND 1 LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 PROSTITUTE 5 OTHER 6 _____ (SPECIFY)	HUSBAND 1 LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 PROSTITUTE 5 OTHER 6 _____ (SPECIFY)																																				
517	Apart from [this person/these two people] have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 513 ← IN NEXT COLUMN) NO 2 (SKIP TO 519) ←	YES 1 (GO BACK TO 513 ← IN NEXT COLUMN) NO 2 (SKIP TO 519) ←																																					
518	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95'.			NUMBER OF PARTNERS IN THE LAST 12 MONTHS <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW 9 8																																				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
519	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS 95 OR GREATER, WRITE '95.'</p>	<p>NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 9 8</p>	
520	<p>Do you know of a place where a person can get condoms?</p>	<p>YES 1</p> <p>NO 2</p>	→ 601
521	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>NAME OF PLACE(S)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC C</p> <p>MOBILE CLINIC D</p> <p>FIELDWORKER E</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>MOBILE CLINIC J</p> <p>FIELDWORKER K</p> <p>OTHER PRIVATE MEDICAL L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>CHURCH N</p> <p>FRIENDS/RELATIVES O</p> <p>OTHER X</p> <p>(SPECIFY)</p>	

SECTION 6. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 628
602	Are there any special medications that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8	
603	Have you heard about special antiretroviral drugs that people infected with the AIDS virus can get from a doctor or a nurse?	YES 1 NO 2 DON'T KNOW 8	
603A	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8	
604 (1)	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
605	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
606 (1)	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
607	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES 1 NO 2 DON'T KNOW 8	
608 (1)	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
608A	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
609	CHECK 209: LAST BIRTH SINCE JANUARY 2004 <input type="checkbox"/>	NO BIRTHS <input type="checkbox"/> → 620 LAST BIRTH BEFORE JANUARY 2004 <input type="checkbox"/> → 620	
610	CHECK 304 FOR LAST BIRTH: HAD ANTENATAL CARE <input type="checkbox"/>	NO ANTENATAL CARE <input type="checkbox"/> → 628	
611	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY		
612	During any of the antenatal visits for your last child, did anyone talk to you about	YES NO DK	
A	Babies getting the AIDS virus from their mother?	AIDS FROM MOTHER 1 2 8	
B	Things that you can do to prevent getting the AIDS virus?	THINGS TO DO 1 2 8	
C	Getting tested for the AIDS virus?	TESTED FOR AIDS 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
613	I don't want to know the results, but were you tested for the AIDS virus during any of your antenatal care visits?	YES 1 NO 2	→ 620
614	Did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST 1 OFFERED AND ACCEPTED 2 REQUIRED 3	
615	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
616	Did you receive post-test counseling?	YES 1 NO 2	
617	Where was the test done? IF PLACE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF PLACE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER 12 STAND-ALONE VCT CENTER 13 FAMILY PLANNING CLINIC 14 MOBILE CLINIC 15 FIELDWORKER 16 OTHER PUBLIC 17 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PRIVATE DOCTOR 22 STAND-ALONE VCT CENTER 23 PHARMACY 24 MOBILE CLINIC 25 FIELDWORKER 26 OTHER PRIVATE MEDICAL 27 (SPECIFY) OTHER 96 (SPECIFY)	
618	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES 1 NO 2	→ 621
619	When was the last time you were tested for the AIDS virus?	LESS THAN 12 MONTHS AGO 1 12 - 23 MONTHS AGO 2 2 OR MORE YEARS AGO 3	→ 628 → 628 → 628
620	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→ 626
621	When was the last time you were tested?	LESS THAN 12 MONTHS AGO 1 12 - 23 MONTHS AGO 2 2 OR MORE YEARS AGO 3	
622	The last time you had the test, did you yourself ask for the test was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST 1 OFFERED AND ACCEPTED 2 REQUIRED 3	
623	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
624	Did you receive post-test counseling?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
625	<p>Where was the test done?</p> <p>IF PLACE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF PLACE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>STAND-ALONE VCT CENTER 13</p> <p>FAMILY PLANNING CLINIC 14</p> <p>MOBILE CLINIC 15</p> <p>FIELDWORKER 16</p> <p>OTHER PUBLIC 17</p> <p>(SPECIFY) _____</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PRIVATE DOCTOR 22</p> <p>STAND-ALONE VCT CENTER 23</p> <p>PHARMACY 24</p> <p>MOBILE CLINIC 25</p> <p>FIELDWORKER 26</p> <p>OTHER PRIVATE MEDICAL 27</p> <p>(SPECIFY) _____</p> <p>OTHER 96</p> <p>(SPECIFY) _____</p>	<p>→ 628</p>				
626	<p>Do you know of a place where people can go to get tested for the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 628</p>				
627	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE.</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>STAND-ALONE VCT CENTER C</p> <p>FAMILY PLANNING CLINIC D</p> <p>MOBILE CLINIC E</p> <p>FIELDWORKER F</p> <p>OTHER PUBLIC G</p> <p>(SPECIFY) _____</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC H</p> <p>PRIVATE DOCTOR I</p> <p>STAND-ALONE VCT CENTER J</p> <p>PHARMACY K</p> <p>MOBILE CLINIC L</p> <p>FIELDWORKER M</p> <p>OTHER PRIVATE MEDICAL N</p> <p>(SPECIFY) _____</p> <p>OTHER X</p> <p>(SPECIFY) _____</p>					
628	<p>RECORD THE TIME.</p>	<p>HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table></p> <p>MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table></p>					

¹ If 604, 606 and/or 608 do not apply to the local context, replace the question using a specific local misconception
At least two questions related to misconceptions are needed

CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____