

APPENDIX E

QUESTIONNAIRES

ERITREA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD SCHEDULE

IDENTIFICATION	
AWRAJA	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
WEREDA	
VILLAGE/TOWN NAME	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
ASMARA=1, OTHER TOWN=2, RURAL=3.....	
CLUSTER NUMBER	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
BUILDING NUMBER	
HOUSEHOLD NUMBER	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
NAME OF HOUSEHOLD HEAD	
HOUSEHOLD SELECTED FOR MALE SURVEY? (YES=1, NO=2).....	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY MONTH YEAR
TEAM				TEAM
INTERVIEWER'S NAME				NAME
RESULT*				RESULT
NEXT VISIT: DATE TIME				TOTAL NO. OF VISITS
<p>*RESULT CODES:</p> <div style="display: flex; justify-content: space-between;"> <div> 1 COMPLETED 2 NO HOUSEHOLD MEMBER /COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXT. PERIOD </div> <div> 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING </div> <div> 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (Specify) </div> </div>				
LANGUAGE:** QUESTIONNAIRE LANGUAGE OF INTERVIEW NATIVE LANGUAGE OF RESPONDENT 			TOTAL IN HOUSEHOLD TOTAL ELIGIBLE WOMEN TOTAL ELIGIBLE MEN LINE NO. OF RESPONDENT TO HOUSEHOLD SCHEDULE 	
**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 (NOT AT ALL=1, SOMETIMES=2, ALL THE TIME=3)..... 				
SUPERVISOR NAME DATE 		FIELD EDITOR NAME DATE 		OFFICE EDITOR
				KEYED BY

ALL INFORMATION COLLECTED IS CONFIDENTIAL AND IS ONLY FOR STATISTICAL USE.

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	RELATION TO HEAD OF HOUSEHOLD*	RESIDENCE		SEX	AGE	EDUCATION			PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD***				IF AGE >=15	ASK FOR THOSE AGE 10 YEARS OR MORE				ELIGIBILITY WOMEN	ELIGIBILITY MEN			
			Does (NAME) usually live here?	Did (NAME) stay here last night?			Is (NAME) male or female?	How old is (NAME)?	Has (NAME) ever been to school? IF YES, ASK: Was under the old or the new system?	IF AGE 6 YEARS OR OLDER		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 (12)		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 (14)	What is (NAME)'s current marital status? SEE CODES BELOW 2	Did (NAME) worked during last month?			IF YES IN QUESTION 14B: ASK QUESTIONS 14C AND 14D		
										What is the highest level of school (NAME) attended? What is the highest grade (NAME) completed at that level?***	IF AGE LESS THAN 25 YEARS Is (NAME) still in school?										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?	OCCUPATION CODE
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(14A)	(14B)	(14C)	(14D)	(14E)	(15)	(15A)			
01			YES NO 1 2	YES NO 1 2	M F 1 2	IN YEARS [] []	OLD NEW NO 1 2 3	LEVEL GRADE [] []	YES NO 1 2	YES NO DK 1 2 8	[] []	YES NO DK 1 2 8	[] []	[]	YES NO 1 2	1 2 3 4	[] []	[]	01	01			
02			1 2	1 2	1 2	[] []	1 2 3	[] []	1 2	1 2 8	[] []	1 2 8	[] []	[]	YES NO 1 2	1 2 3 4	[] []	[]	02	02			
03			1 2	1 2	1 2	[] []	1 2 3	[] []	1 2	1 2 8	[] []	1 2 8	[] []	[]	YES NO 1 2	1 2 3 4	[] []	[]	03	03			
04			1 2	1 2	1 2	[] []	1 2 3	[] []	1 2	1 2 8	[] []	1 2 8	[] []	[]	YES NO 1 2	1 2 3 4	[] []	[]	04	04			
05			1 2	1 2	1 2	[] []	1 2 3	[] []	1 2	1 2 8	[] []	1 2 8	[] []	[]	YES NO 1 2	1 2 3 4	[] []	[]	05	05			
06			1 2	1 2	1 2	[] []	1 2 3	[] []	1 2	1 2 8	[] []	1 2 8	[] []	[]	YES NO 1 2	1 2 3 4	[] []	[]	06	06			
07			1 2	1 2	1 2	[] []	1 2 3	[] []	1 2	1 2 8	[] []	1 2 8	[] []	[]	YES NO 1 2	1 2 3 4	[] []	[]	07	07			

LINE (1)	RESIDENTS/VISITORS (2)	RELATION (3)	RESIDENCE (4) (5)		SEX (6)	AGE (7)	SCHOOL (8)	EDUCATION (9)	(10)	PARENTAL SURVIVORSHIP AND RESIDENCE (11) (12) (13) (14)				M. STAT. (14A)	LABOURFORCE PARTICIATION (14B) (14C) (14D) (14E)				ELIG. (15)	ELIG. (15A)
			YES NO (1) (2)	YES NO (1) (2)	M F (1) (2)	IN YEARS (1) (2)	OLD NEW NO (1) (2) (3)	LEVEL GRADE (1) (2) (3)	YES NO (1) (2)	YES NO DK (1) (2) (3)		YES NO DK (1) (2) (3)			YES NO (1) (2)	1 2 3 4 (1) (2) (3) (4)				
08																			08	08
09																			09	09
10																			10	10
11																			11	11
12																			12	12
13																			13	13
14#																			14	14

TICK HERE IF CONTINUATION SHEET USED ☐NUMBER OF ELIGIBLE WOMEN NUMBER OF ELIGIBLE MEN

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 TABLENO ☐

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 TABLENO ☐

3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night that have not been listed?

YES ☐ ENTER EACH IN TABLENO ☐

* 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 = CO-WIFE

10 = OTHER RELATIVE

11 = ADOPTED/FOSTER/STEP CHILD

12 = NOT RELATED

98 = DON'T KNOW

** CODES FOR Q.9

EDUCATION LEVEL:

1 = PRIMARY 2 = MIDDLE

3 = SECONDARY 4 = HIGHER

8 = DON'T KNOW

EDUCATION GRADE:

00 = LESS THAN 1 YEAR COMPLETED

98 = DON'T KNOW

*** Q.11 THROUGH Q.14:

These questions refer to the biological parents of the child. Record 00 if parent not member of household.

@ MARITAL STATUS CODES

1 = MARRIED

2 = WIDOWED

3 = DIVORCED

4 = SINGLE/NEVER MARRIED

The questionnaire has spaces to record up to 18 household members.

Q15B During the past two years, that is 24 months, has any of the usual members of this household died?

YES ☐ NO ☐ → SKIP TO 16

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

	NAME OF PERSON	SEX	AGE AT DEATH	DATE OF DEATH		MOTHER OF THE DECEASED	
				MONTH	YEAR		
	Please give me the names of all the persons who were usual residents of this household and died during the last 24 months, that is, since (MONTH OF INTERVIEW) 1993.	Was (NAME) male or female ?	How old was (NAME) when he/she died?	In what month did (NAME) die?	In what year did (NAME) die?	Does NAME's mother live in the household?	IF YES IN 15H, NOTE THE LINE NUMBER OF THE MOTHER.
	(15C)	(15D)	(15E)	(15F)	(15G)	(15H)	(15I)

		M	F	YEARS	MONTH	YEAR	Y	N	L. No.
1		1	2	<input type="text"/>	<input type="text"/>	9	1	2	<input type="text"/>
2		1	2	<input type="text"/>	<input type="text"/>	9	1	2	<input type="text"/>
3		1	2	<input type="text"/>	<input type="text"/>	9	1	2	<input type="text"/>
4		1	2	<input type="text"/>	<input type="text"/>	9	1	2	<input type="text"/>

TOTAL DEATHS IN HOUSEHOLD

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
16	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT.....11 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT..21 PUBLIC WELL.....22 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 RAINWATER.....41 TANKER TRUCK.....51 BOTTLED WATER.....61 OTHER.....96 (SPECIFY)	→18 →18 →18 →18 →18 →18
17	How long does it take to go there, get water, and come back?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996	
17A	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
18	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)																			
19	Does your household have:	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Electricity?</td> <td>ELECTRICITY.....1</td> <td>2</td> </tr> <tr> <td>A radio?</td> <td>RADIO.....1</td> <td>2</td> </tr> <tr> <td>A television?</td> <td>TELEVISION.....1</td> <td>2</td> </tr> <tr> <td>A telephone?</td> <td>TELEPHONE.....1</td> <td>2</td> </tr> <tr> <td>A refrigerator?</td> <td>REFRIGERATOR.....1</td> <td>2</td> </tr> </table>		YES	NO	Electricity?	ELECTRICITY.....1	2	A radio?	RADIO.....1	2	A television?	TELEVISION.....1	2	A telephone?	TELEPHONE.....1	2	A refrigerator?	REFRIGERATOR.....1	2	
	YES	NO																			
Electricity?	ELECTRICITY.....1	2																			
A radio?	RADIO.....1	2																			
A television?	TELEVISION.....1	2																			
A telephone?	TELEPHONE.....1	2																			
A refrigerator?	REFRIGERATOR.....1	2																			
20A	How many rooms excluding kitchen and toilet in this dwelling are for the exclusive use for the members of this household?	ROOMS..... <input type="text"/>																			
20B	How many rooms in your household are used for sleeping?	ROOMS..... <input type="text"/>																			
20C	Are any farm animals kept within the living area of the household?	YES.....1 NO.....2																			
21	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)																			
22	Does any member of your household own:	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>A donkey cart?</td> <td>DONKEY CART.....1</td> <td>2</td> </tr> <tr> <td>A bicycle?</td> <td>BICYCLE.....1</td> <td>2</td> </tr> <tr> <td>A motorcycle?</td> <td>MOTORCYCLE.....1</td> <td>2</td> </tr> <tr> <td>A car?</td> <td>CAR.....1</td> <td>2</td> </tr> </table>		YES	NO	A donkey cart?	DONKEY CART.....1	2	A bicycle?	BICYCLE.....1	2	A motorcycle?	MOTORCYCLE.....1	2	A car?	CAR.....1	2				
	YES	NO																			
A donkey cart?	DONKEY CART.....1	2																			
A bicycle?	BICYCLE.....1	2																			
A motorcycle?	MOTORCYCLE.....1	2																			
A car?	CAR.....1	2																			
22A	What fuel is used for cooking in your household?	GAS.....01 ELECTRICITY.....02 KEROSENE.....03 COAL/CHARCOAL.....04 WOOD.....05 ANIMAL DUNG CAKES.....06 OTHER _____ 96 (SPECIFY)																			
23	What type of salt is usually used for cooking in your household? (ASK TO SEE SALT PACKAGE).	LOCAL SALT.....01 PACKAGED SALT (IODIZED).....02 PACKAGED SALT (NOT IODIZED).....03 SALT FOR ANIMALS.....04 OTHER _____ 96 (SPECIFY)																			

ERITREA DEMOGRAPHIC AND HEALTH SURVEY
WOMEN'S QUESTIONNAIRE

IDENTIFICATION	
AWRAJA	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
WEREDA	
VILLAGE/TOWN NAME	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
ASMARA=1, OTHER TOWN=2, RURAL=3	
CLUSTER NUMBER	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
BUILDING NUMBER	
HOUSEHOLD NUMBER	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
NAME OF HOUSEHOLD HEAD	
NAME AND LINE NUMBER OF WOMAN	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
IS SELECTED WOMAN A USUAL RESIDENT? (YES= 1, NO=2)	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> MONTH <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> YEAR <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> TEAM <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> NAME <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> RESULT <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
TEAM	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
INTERVIEWER'S NAME				
RESULT*				
NEXT VISIT: DATE				TOTAL NO. OF VISITS <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
TIME				
*RESULT CODES: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> 1 COMPLETED 2 NOT AT HOME 3 POSTPONED </div> <div> 4 REFUSED 5 PARTLY COMPLETED 6 INCAPACITATED </div> <div> 7 OTHER _____ (specify) </div> </div>				
LANGUAGE:** <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div>QUESTIONNAIRE <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></div> <div>LANGUAGE OF INTERVIEW <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></div> <div>NATIVE LANGUAGE RESPONDENT <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></div> </div>				
**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? (NOT AT ALL=1, SOMETIMES=2, ALL THE TIME=3)..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>				
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR
NAME _____		NAME _____		NAME _____
DATE _____		DATE _____		DATE _____
KEYED BY				
NAME _____		NAME _____		
DATE _____		DATE _____		

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SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR..... MINUTES.....	
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 in which you lived as a child? RECORD NAME OF VILLAGE/TOWN, AND AWRAJA, IF PLACE WAS OUTSIDE OF ERITREA, NAME OF THE COUNTRY.	VILLAGE/TOWN _____ AWRAJA NAME _____ COUNTRY _____	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS..... ALWAYS.....95 VISITOR.....96	→ 105
104	Just before you moved here, did you live in a city, in a town or a village?	CITY.....1 TOWN.....2 VILLAGE.....3	
104A	What was the name of the Awraja in which you lived just before you moved here? RECORD NAME OF AWRAJA, IF PLACE WAS OUTSIDE OF ERITREA, NAME OF THE COUNTRY.	AWRAJA NAME _____ COUNTRY _____	
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 OR BETTER HOME.....09 OTHER.....96 (Specify)	
105	In what month and year were you born?	MONTH..... DON'T KNOW MONTH.....98 YEAR..... DON'T KNOW YEAR.....98	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS.....	
107	Have you ever attended school? IF YES, ASK: Was it under the old or the new system?	YES, OLD SYSTEM.....1 YES, NEW SYSTEM.....2 NO.....3	→ 114
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.....	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 EXAMS....08 DID NOT LIKE SCHOOL.....09 SCHOOL NOT ACCESSIBLE/TOO FAR..10 OTHER _____ 96 (SPECIFY) DON'T KNOW.....98	
113	CHECK 108: PRIMARY <input type="checkbox"/> MIDDLE SCHOOL OR HIGHER <input type="checkbox"/>		115
114	Can you read and understand a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	116
115	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
116	Do you usually listen to a radio at least once a week?	YES.....1 NO.....2	
117	Do you usually watch television at least once a week?	YES.....1 NO.....2	
118	What is your religion?	ORTHODOX.....1 CATHOLIC.....2 PROTESTANT.....3 MUSLIM.....4 TRADITIONAL BELIEVER.....5 OTHER _____ 6 (Specify)	
119	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)	
120	CHECK COVER PAGE: THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT <input type="checkbox"/> THE WOMAN INTERVIEWED IS A USUAL RESIDENT <input type="checkbox"/>		201
121	Now I would like to ask about the place in which you usually live. What is the name of the place in which you usually live? _____ (NAME OF PLACE) Is that a city, a town or a village?	CITY.....1 TOWN.....2 VILLAGE.....3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
122	In which Awraja is that located? IF OUTSIDE ERITREA, WRITE '96'	AWRAJA NAME..... <input type="text"/>																			
123	Now I would like to ask about the household in which you usually live. What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT.....11 →125 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT..21 →125 PUBLIC WELL.....22 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 RAINWATER.....41 →125 TANKER TRUCK.....51 BOTTLED WATER.....61 →125 OTHER _____ 96 (SPECIFY)																			
124	How long does it take to go there, get water, and come back?	MINUTES..... <input type="text"/> ON PREMISES.....996																			
124A	How long is the normal wait to take your turn to get water at the (NAME OF THE WATER SOURCE)?	MINUTES..... <input type="text"/> NO WAIT.....996																			
125	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)																			
126	Does your household have:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Electricity?</td> <td></td> <td></td> </tr> <tr> <td>A radio?</td> <td></td> <td></td> </tr> <tr> <td>A television?</td> <td></td> <td></td> </tr> <tr> <td>A telephone?</td> <td></td> <td></td> </tr> <tr> <td>A refrigerator?</td> <td></td> <td></td> </tr> </tbody> </table>		YES	NO	Electricity?			A radio?			A television?			A telephone?			A refrigerator?			
	YES	NO																			
Electricity?																					
A radio?																					
A television?																					
A telephone?																					
A refrigerator?																					
127	Could you describe the main material of the floor in your dwelling?	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)																			
127A	How many rooms excluding kitchen and bathroom in your dwelling are for exclusive use of the members of your household?	ROOMS..... <input type="text"/>																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
127B	How many rooms in your household are used for sleeping?	ROOMS..... <input type="text"/> <input type="text"/>	
127C	Are any farm animals kept within the living area of your household?	YES.....1 NO.....2	
128	Does any member of your household own:	YES NO	
	A donkey cart?	DONKEY CART.....1 2	
	A bicycle?	BICYCLE.....1 2	
	A motorcycle?	MOTORCYCLE.....1 2	
	A car?	CAR.....1 2	
129	What fuel is used for cooking in your household?	GAS.....01 ELECTRICITY.....02 KEROSENE.....03 COAL/CHARCOAL.....04 WOOD.....05 ANIMAL DUNG CAKES.....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	→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..... 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..... DAUGHTERS ELSEWHERE.....	
206	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES.....1 NO.....2	→208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD..... GIRLS DEAD.....	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL.....	
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"/>		→226A

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
 RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE	219 IF DEAD:	220	221
What name was given to your (first/next) baby?	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? OR: In what season was he/she born?	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.	FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH. IS THE DIFFERENCE 4 OR MORE?	Were there any other live births between (NAME) OF PREVIOUS BIRTH and (NAME)?
01 (NAME)	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/>	YES...1 NO....2 (NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3	<input type="text"/>	
02	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/>	YES...1 NO....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	<input type="text"/>	YES....1 NO.....2 (NEXT BIRTH)
03	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/>	YES...1 NO....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	<input type="text"/>	YES....1 NO.....2 (NEXT BIRTH)
04	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/>	YES...1 NO....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	<input type="text"/>	YES....1 NO.....2 (NEXT BIRTH)
05	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/>	YES...1 NO....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	<input type="text"/>	YES....1 NO.....2 (NEXT BIRTH)
06	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/>	YES...1 NO....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	<input type="text"/>	YES....1 NO.....2 (NEXT BIRTH)
07	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/>	YES...1 NO....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	<input type="text"/>	YES....1 NO.....2 (NEXT BIRTH)

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE	219 IF DEAD:	220	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? OR: In what season was he/she born?	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.	FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH. IS THE DIFFERENCE 4 OR MORE?	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?																						
08	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. <table border="1" style="display:inline-table; width:40px; height:20px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR... <table border="1" style="display:inline-table; width:40px; height:20px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									YES..1 NO...2 ↓ 219	AGE IN YEARS <table border="1" style="display:inline-table; width:40px; height:20px;"><tr><td> </td><td> </td></tr></table>			YES...1 NO....2 (GO TO 220)	DAYS....1 <table border="1" style="display:inline-table; width:40px; height:20px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS..2 <table border="1" style="display:inline-table; width:40px; height:20px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS...3 <table border="1" style="display:inline-table; width:40px; height:20px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>													YES....1 NO.....2 (NEXT BIRTH) ←	YES..1 NO...2
09	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. <table border="1" style="display:inline-table; width:40px; height:20px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR... <table border="1" style="display:inline-table; width:40px; height:20px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									YES..1 NO...2 ↓ 219	AGE IN YEARS <table border="1" style="display:inline-table; width:40px; height:20px;"><tr><td> </td><td> </td></tr></table>			YES...1 NO....2 (GO TO 220)	DAYS....1 <table border="1" style="display:inline-table; width:40px; height:20px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS..2 <table border="1" style="display:inline-table; width:40px; height:20px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS...3 <table border="1" style="display:inline-table; width:40px; height:20px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>													YES....1 NO.....2 (NEXT BIRTH) ←	YES..1 NO...2
10	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. <table border="1" style="display:inline-table; width:40px; height:20px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR... <table border="1" style="display:inline-table; width:40px; height:20px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									YES..1 NO...2 ↓ 219	AGE IN YEARS <table border="1" style="display:inline-table; width:40px; height:20px;"><tr><td> </td><td> </td></tr></table>			YES...1 NO....2 (GO TO 220)	DAYS....1 <table border="1" style="display:inline-table; width:40px; height:20px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS..2 <table border="1" style="display:inline-table; width:40px; height:20px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS...3 <table border="1" style="display:inline-table; width:40px; height:20px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>													YES....1 NO.....2 (NEXT BIRTH) ←	YES..1 NO...2
11	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. <table border="1" style="display:inline-table; width:40px; height:20px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR... <table border="1" style="display:inline-table; width:40px; height:20px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									YES..1 NO...2 ↓ 219	AGE IN YEARS <table border="1" style="display:inline-table; width:40px; height:20px;"><tr><td> </td><td> </td></tr></table>			YES...1 NO....2 (GO TO 220)	DAYS....1 <table border="1" style="display:inline-table; width:40px; height:20px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS..2 <table border="1" style="display:inline-table; width:40px; height:20px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS...3 <table border="1" style="display:inline-table; width:40px; height:20px;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>													YES....1 NO.....2 (NEXT BIRTH) ←	YES..1 NO...2
222 FROM YEAR OF INTERVIEW SUBTRACT YEAR OF LAST BIRTH. IS THE DIFFERENCE 4 YEARS OR MORE?								YES.....1 NO.....2 → GO TO 224																							
223 Have you had any live births since the birth of (NAME OF LAST BIRTH)?								YES.....1 NO.....2																							
224 COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:																															
<div style="display: flex; justify-content: space-around; align-items: center;"> <div>NUMBERS ARE SAME <input type="checkbox"/></div> <div>NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</div> </div> <p style="margin-left: 40px;">↓</p> <p style="margin-left: 40px;">CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p style="margin-left: 40px;">FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p style="margin-left: 40px;">FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p style="margin-left: 40px;">FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p> <div style="float: right; margin-top: 20px;"> <table border="1" style="width: 20px; height: 40px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> </div>																															
225 CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1992. IF NONE, RECORD '0'.																															

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
226A	(In addition to the pregnancies which ended in live births,) have you had any other pregnancy which ended in a stillbirth, miscarriage, or an abortion?	YES.....1 NO.....2	→227
226B	How many pregnancies ended in still births? IF NONE, ENTER "00".	STILLBIRTHS.....	
226C	How many pregnancies ended in miscarriages or abortions? IF NONE, ENTER "00".	MISCARRIAGES OR ABORTIONS.....	
227	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	→236
228	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS.....	
229	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 become pregnant at all?	THEN.....1 LATER.....2 NOT AT ALL.....3	
236	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 IN MENOPAUSE.....994 BEFORE LAST BIRTH.....995 NEVER MENSTRUATED.....996	
237	Between the first day of a woman's period and the first day of her <u>next</u> period, are there certain times when she has a greater chance of becoming pregnant than other times?	YES.....1 NO.....2 DON'T KNOW.....8	→301
238	During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?	DURING HER PERIOD.....01 RIGHT AFTER HER PERIOD HAS ENDED.....02 IN THE MIDDLE OF THE CYCLE.....03 JUST BEFORE HER PERIOD BEGINS..04 OTHER.....96 (SPECIFY) DON'T KNOW.....98	

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 302, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 301 OR 302, ASK 303.

301 Which ways or methods have you heard about?	SPONTANEOUS YES	302 Have you ever heard of (METHOD)? PROBED YES	NO	303 Have you ever used (METHOD)?
01] <input type="checkbox"/> PILL Women can take a pill every day.	1	2	3 <input type="checkbox"/>	YES.....1 NO.....2
02] <input type="checkbox"/> IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	1	2	3 <input type="checkbox"/>	YES.....1 NO.....2
03] <input type="checkbox"/> INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	1	2	3 <input type="checkbox"/>	YES.....1 NO.....2
05] <input type="checkbox"/> DIAPHRAGM,FOAM,JELLY Women can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.	1	2	3 <input type="checkbox"/>	YES.....1 NO.....2
06] <input type="checkbox"/> CONDOM Men can use a rubber sheath during sexual intercourse.	1	2	3 <input type="checkbox"/>	YES.....1 NO.....2
07] <input type="checkbox"/> FEMALE STERILIZATION Women can have an operation to avoid having any more children.	1	2	3 <input type="checkbox"/>	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2
08] <input type="checkbox"/> MALE STERILIZATION Men can have an operation to avoid having any more children.	1	2	3 <input type="checkbox"/>	Have you ever had a partner who had an operation to avoid having children? YES.....1 NO.....2
09] <input type="checkbox"/> RHYTHM,PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid having sexual intercourse on the days of the month she is most likely to get pregnant.	1	2	3 <input type="checkbox"/>	YES.....1 NO.....2
10] <input type="checkbox"/> WITHDRAWAL Men can be careful and pull out before climax.	1	2	3 <input type="checkbox"/>	YES.....1 NO.....2
11] <input type="checkbox"/> Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	1		3	YES.....1 NO.....2 YES.....1 NO.....2
	(SPECIFY)			
	(SPECIFY)			

304 CHECK 303:

NOT A SINGLE
"YES"
(NEVER USED)

☐

AT LEAST ONE
"YES"
(EVER USED)

☐

→ SKIP TO 309

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES.....1 NO.....2	→331
307	What have you used or done? CORRECT 303 AND 304 (AND 302 IF NECESSARY).		
309	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.....	
310	When you first began to use family planning, did you want to have another child but at a later time, or did you not want to have another child at all?	WANTED CHILD LATER.....1 DID NOT WANT ANOTHER CHILD.....2 OTHER.....6 (SPECIFY)	
311	CHECK 303: WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→314A
312	CHECK 227: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→332
313	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	→331
314	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 OTHER.....96 (SPECIFY)	→326 →318 →323 →326
314A	CIRCLE '07' FOR FEMALE STERILIZATION.		
317	How much does one packet (cycle) of pills cost you?	COST..... FREE.....996 DON'T KNOW.....998	→326
318	Where did the sterilization take place? IF SOURCE IS HOSPITAL WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 OTHER PUBLIC.....16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PRIVATE DOCTOR.....23 OTHER PRIVATE MEDICAL.....26 (SPECIFY) OTHER.....96 (SPECIFY) DON'T KNOW.....98	
319	Do you regret that (you/your husband) had the operation not to have any (more) children?	YES.....1 NO.....2	→321

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
320	Why do you regret the operation?	RESPONDENT WANTS ANOTHER CHILD.01 PARTNER WANTS ANOTHER CHILD....02 SIDE EFFECTS.....03 CHILD DIED.....04 OTHER _____ 96 (SPECIFY)									
321	In what month and year was the sterilization performed?	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></tr><tr><td></td><td></td></tr></table>									→ 335
323	How do you determine which days of your monthly cycle not to have sexual relations?	BASED ON CALENDAR.....01 BASED ON BODY TEMPERATURE.....02 BASED ON CERVICAL MUCUS (BILLINGS METHOD).....03 BASED ON BODY TEMPERATURE AND CERVICAL MUCUS.....04 NO SPECIFIC SYSTEM.....05 OTHER _____ 96 (SPECIFY)									
326	For how many months have you been using (METHOD) continuously? IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> 8 YEARS OR LONGER.....96									
327	CHECK 314: CIRCLE METHOD CODE:	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 OTHER METHOD.....96	→ 335 → 332								
328	Where did you obtain (METHOD) the last time? 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)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTER.....12 FAMILY PLANNING CLINIC.....13 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PHARMACY.....22 PRIVATE DOCTOR.....23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER PRIVATE SECTOR SHOP.....31 FRIENDS/RELATIVES.....33 OTHER _____ 96 (SPECIFY)	→ 335								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
331	What is the main reason you are not using a method of contraception to avoid pregnancy?	NOT MARRIED.....11 FERTILITY-RELATED REASONS NOT HAVING SEX.....21 INFREQUENT SEX.....22 MENOPAUSAL/HYSTERECTOMY.....23 SUBFECUND/INFECUND.....24 POSTPARTUM/BREASTFEEDING.....25 WANTS (MORE) CHILDREN.....26 OPPOSITION TO USE RESPONDENT OPPOSED.....31 HUSBAND OPPOSED.....32 OTHERS OPPOSED.....33 RELIGIOUS PROHIBITION.....34 LACK OF KNOWLEDGE KNOWS NO METHOD.....41 KNOWS NO SOURCE.....42 METHOD-RELATED REASONS HEALTH CONCERNS.....51 FEAR OF SIDE EFFECTS.....52 LACK OF ACCESS/TOO FAR.....53 COST TOO MUCH.....54 INCONVENIENT TO USE.....55 INTERFERES WITH BODY'S NORMAL PROCESSES.....56 OTHER _____ 96 (SPECIFY) DON'T KNOW.....98	
332	Do you know of a place where you can obtain a method of family planning?	YES.....1 NO.....2	→ 335
333	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)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTER.....12 FAMILY PLANNING CLINIC.....13 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PHARMACY.....22 PRIVATE DOCTOR.....23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER PRIVATE SECTOR SHOP.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 OTHER _____ 96 (SPECIFY)	
335	Have you visited a health facility for any reason in the last 12 months?	YES.....1 NO.....2	→ 337
336	Did any staff member at the health facility speak to you about family planning methods?	YES.....1 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
337	Do you think that breastfeeding can affect a woman's chance of becoming pregnant?	YES.....1 NO.....2 DON'T KNOW.....8	→401
338	Do you think a woman's chance of becoming pregnant is increased or decreased by breastfeeding?	INCREASED.....1 DECREASED.....2 DEPENDS.....3 DON'T KNOW.....8	→401
339	CHECK 210: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→401
340	Have you ever relied on breastfeeding as a method of avoiding pregnancy?	YES.....1 NO.....2	→401
341	CHECK 312 AND 314: PREGNANT OR CURRENTLY USING: <input type="checkbox"/> FEMALE OR MALE STERILIZATION ALL OTHERS <input type="checkbox"/>		→401
342	Are you currently relying on breastfeeding to avoid getting pregnant?	YES.....1 NO.....2	

SECTION 4A. PREGNANCY AND BREASTFEEDING

401	CHECK 225: <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> ONE OR MORE BIRTHS SINCE JAN. 1992 <input style="width: 30px; height: 15px;" type="checkbox"/> </div> <div style="text-align: center;"> NO BIRTHS SINCE JAN. 1992 <input style="width: 30px; height: 15px;" type="checkbox"/> </div> </div>	(SKIP TO 467)
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402 ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1992 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE ADDITIONAL FORMS).

 Now I would like to ask you some more questions about the health of all your children born in the past three years. (We will talk about one child at a time.)

403	LINE NUMBER FROM Q212 _____	LAST BIRTH LINE NUMBER..... <input style="width: 30px; height: 15px;" type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER..... <input style="width: 30px; height: 15px;" type="text"/>
------------	---	---	---

404	FROM Q212 AND Q216	NAME _____ ALIVE <input style="width: 15px; height: 15px;" type="checkbox"/> DEAD <input style="width: 15px; height: 15px;" type="checkbox"/>	NAME _____ ALIVE <input style="width: 15px; height: 15px;" type="checkbox"/> DEAD <input style="width: 15px; height: 15px;" 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 want <u>no (more)</u> children at all?	THEN.....1 (SKIP TO 407) ←	THEN.....1 (SKIP TO 407) ←
		LATER.....2	LATER.....2
		NO MORE.....3 (SKIP TO 407) ←	NO MORE.....3 (SKIP TO 407) ←

406	How much longer would you like to have waited?	MONTHS.....1 <input style="width: 30px; height: 15px;" type="text"/> YEARS.....2 <input style="width: 30px; height: 15px;" type="text"/> DON'T KNOW.....998	MONTHS.....1 <input style="width: 30px; height: 15px;" type="text"/> YEARS.....2 <input style="width: 30px; height: 15px;" type="text"/> DON'T KNOW.....998
------------	--	---	---

407	When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D OTHER.....X (SPECIFY) NO ONE.....Y (SKIP TO 410) ←	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D OTHER.....X (SPECIFY) NO ONE.....Y (SKIP TO 410) ←
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408	How many months pregnant were you when you first received antenatal care?	MONTHS..... <input style="width: 30px; height: 15px;" type="text"/> DON'T KNOW.....98	MONTHS..... <input style="width: 30px; height: 15px;" type="text"/> DON'T KNOW.....98
------------	---	--	--

409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES..... <input style="width: 30px; height: 15px;" type="text"/> DON'T KNOW.....98	NO. OF TIMES..... <input style="width: 30px; height: 15px;" type="text"/> DON'T KNOW.....98
------------	--	--	--

410	When you were pregnant with (NAME) were you given an injection to prevent the baby from getting tetanus, that is, convulsions after birth?	YES.....1 NO.....2 (SKIP TO 411A) ← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 411A) ← DON'T KNOW.....8
------------	--	---	---

411	During this pregnancy, how many times did you get this injection?	TIMES..... <input style="width: 30px; height: 15px;" type="text"/> DON'T KNOW.....8	TIMES..... <input style="width: 30px; height: 15px;" type="text"/> DON'T KNOW.....8
------------	---	--	--

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
411A	During this pregnancy, did you receive iron tablets?	YES1 NO.....2	YES.....1 NO.....2
411B	During this pregnancy, did you receive multiple vitamin tablets?	YES1 NO.....2	YES.....1 NO.....2
412	Where did you give birth to (NAME)?	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 PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)	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 PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)
413	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D RELATIVE/FRIEND.....E OTHER _____ X (SPECIFY) NO ONE.....Y	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D RELATIVE/FRIEND.....E OTHER _____ X (SPECIFY) NO ONE.....Y
414	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?	YES NO LABOR MORE THAN 12 HOURS....1 2 EXCESSIVE BLEEDING.....1 2 FEVER/BAD SMELLING VAG. DISCHARGE.....1 2 CONVULSIONS.....1 2	YES NO LABOR MORE THAN 12 HOURS....1 2 EXCESSIVE BLEEDING.....1 2 FEVER/BAD SMELLING VAG. DISCHARGE.....1 2 CONVULSIONS.....1 2
415	Was (NAME) delivered by caesarian section?	YES.....1 NO.....2	YES.....1 NO.....2
416	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

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
417	Was (NAME) weighed at birth?	YES.....1 NO.....2 (SKIP TO 419)←	YES.....1 NO.....2 (SKIP TO 420)←
418	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
419	Has your period returned since the birth of (NAME)?	YES.....1 (SKIP TO 421)← NO.....2 (SKIP TO 422)←	
420	Did your period return between the birth of (NAME) and your next pregnancy?		YES.....1 NO.....2 (SKIP TO 424)←
421	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
422	CHECK 227: RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/> ↓ PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 424)	
423	Have you resumed sexual relations since the birth of (NAME)?	YES.....1 NO.....2 (SKIP TO 425)←	
424	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
425	Did you ever breastfeed (NAME)?	YES.....1 NO.....2 (SKIP TO 431)←	YES.....1 NO.....2 (SKIP TO 431)←
426	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"/>
427	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> ↓ DEAD <input type="checkbox"/> (SKIP TO 429)	ALIVE <input type="checkbox"/> ↓ DEAD <input type="checkbox"/> (SKIP TO 429)
428	Are you still breastfeeding (NAME)?	YES.....1 (SKIP TO 432)← NO.....2	YES.....1 (SKIP TO 432)← NO.....2
429	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

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____																																																																																																								
430	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)																																																																																																								
431	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 434) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 442)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 434) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 442)																																																																																																								
432	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS..... <input type="text"/> <input type="text"/>	NUMBER OF NIGHTTIME FEEDINGS..... <input type="text"/> <input type="text"/>																																																																																																								
433	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"/> <input type="text"/>	NUMBER OF DAYLIGHT FEEDINGS..... <input type="text"/> <input type="text"/>																																																																																																								
434	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																																																																																																								
435	At any time yesterday or last night, was (NAME) given any of the following:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr><td>Plain water?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Sugar water?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Juice?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Tea/karkade/abake?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Baby formula?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Tinned or powdered milk?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Fresh milk?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Any other liquids?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Injira, gaat, sebko, ajja, or biscuits?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Eggs, fish, or poultry?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Meat?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Any other solid or semi-solid foods?</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	Plain water?	1	2	8	Sugar water?	1	2	8	Juice?	1	2	8	Tea/karkade/abake?	1	2	8	Baby formula?	1	2	8	Tinned or powdered milk?	1	2	8	Fresh milk?	1	2	8	Any other liquids?	1	2	8	Injira, gaat, sebko, ajja, or biscuits?	1	2	8	Eggs, fish, or poultry?	1	2	8	Meat?	1	2	8	Any other solid or semi-solid foods?	1	2	8	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr><td>PLAIN WATER.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>SUGAR WATER.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>JUICE.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>HERBAL TEA.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>BABY FORMULA.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>TINNED/POWDR'D MLK..</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>FRESH MILK.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>OTHER LIQUIDS.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>INJIRA, GAT, SEBKO, AJJA, OR BISCUITS...</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>EGGS/FISH/POULTRY...</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>MEAT.....</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>OTHER SOLID/ SEMI-SOLID FOODS..</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	PLAIN WATER.....	1	2	8	SUGAR WATER.....	1	2	8	JUICE.....	1	2	8	HERBAL TEA.....	1	2	8	BABY FORMULA.....	1	2	8	TINNED/POWDR'D MLK..	1	2	8	FRESH MILK.....	1	2	8	OTHER LIQUIDS.....	1	2	8	INJIRA, GAT, SEBKO, AJJA, OR BISCUITS...	1	2	8	EGGS/FISH/POULTRY...	1	2	8	MEAT.....	1	2	8	OTHER SOLID/ SEMI-SOLID FOODS..	1	2	8
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		LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
436	CHECK 435: FOOD OR LIQUID GIVEN YESTERDAY?	"YES" TO ONE <input type="checkbox"/> OR MORE	"NO/DK" TO ALL <input type="checkbox"/> (SKIP TO 440)	"YES" TO ONE <input type="checkbox"/> OR MORE	"NO/DK" TO ALL <input type="checkbox"/> (SKIP TO 440)
439	(Aside from breastfeeding,) how many times did (NAME) eat yesterday, including both meals and snacks? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES..... <input type="checkbox"/> DON'T KNOW.....8		NUMBER OF TIMES..... <input type="checkbox"/> DON'T KNOW.....8	
440	On how many days during the last seven days was (NAME) given any of the following: Plain water? Any kind of milk (other than breast milk)? Liquids other than plain water or milk? Injira, gaat, sebko ajja, or biscuits Eggs, fish, or poultry? Meat? Any other solid or semi-solid foods? IF DON'T KNOW, RECORD '8'	RECORD THE NUMBER OF DAYS. PLAIN WATER..... <input type="checkbox"/> MILK..... <input type="checkbox"/> OTHER LIQUIDS..... <input type="checkbox"/> INJIRA, GAAT, SEBKO, AJJA, OR BISCUITS..... <input type="checkbox"/> EGGS/FISH/POULTRY..... <input type="checkbox"/> MEAT..... <input type="checkbox"/> OTHER SOLID/SEMI-SOLID FOODS..... <input type="checkbox"/>		RECORD THE NUMBER OF DAYS. PLAIN WATER..... <input type="checkbox"/> MILK..... <input type="checkbox"/> OTHER LIQUIDS..... <input type="checkbox"/> INJIRA, GAAT, SEBKO, AJJA, OR BISCUITS..... <input type="checkbox"/> EGGS/FISH/POULTRY..... <input type="checkbox"/> MEAT..... <input type="checkbox"/> OTHER SOLID/SEMI-SOLID FOODS..... <input type="checkbox"/>	
441		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 442.		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 442.	

SECTION 4B. IMMUNIZATION AND HEALTH

442	ENTER LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1992 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS USE ADDITIONAL FORMS.)																																																																																			
443	LINE NUMBER FROM Q212	LAST BIRTH LINE..... 	NEXT-TO-LAST BIRTH LINE..... 																																																																																	
444	FROM Q212 AND Q216	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> <div style="text-align: center; margin-top: 10px;"> (GO TO 444 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 467.) </div>	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> <div style="text-align: center; margin-top: 10px;"> (GO TO 444 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 467.) </div>																																																																																	
445	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?		YES, SEEN.....1 (SKIP TO 447)← YES, NOT SEEN.....2 (SKIP TO 449)← NO CARD.....3	YES, SEEN.....1 (SKIP TO 447)← YES, NOT SEEN.....2 (SKIP TO 449)← NO CARD.....3																																																																																
446	Did you ever have a vaccination card for (NAME)?		YES.....1 (SKIP TO 449)← NO.....2	YES.....1 (SKIP TO 449)← NO.....2																																																																																
447	(1) COPY VACCINATION DATES 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.		<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td></td> <td>DAY</td> <td>MO</td> <td>YR</td> </tr> <tr><td>BCG....</td><td></td><td></td><td></td></tr> <tr><td>P0....</td><td></td><td></td><td></td></tr> <tr><td>P1....</td><td></td><td></td><td></td></tr> <tr><td>P2....</td><td></td><td></td><td></td></tr> <tr><td>P3....</td><td></td><td></td><td></td></tr> <tr><td>D1....</td><td></td><td></td><td></td></tr> <tr><td>D2....</td><td></td><td></td><td></td></tr> <tr><td>D3....</td><td></td><td></td><td></td></tr> <tr><td>MEA....</td><td></td><td></td><td></td></tr> </table>		DAY	MO	YR	BCG....				P0....				P1....				P2....				P3....				D1....				D2....				D3....				MEA....				<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td></td> <td>DAY</td> <td>MO</td> <td>YR</td> </tr> <tr><td>BCG....</td><td></td><td></td><td></td></tr> <tr><td>P0....</td><td></td><td></td><td></td></tr> <tr><td>P1....</td><td></td><td></td><td></td></tr> <tr><td>P2....</td><td></td><td></td><td></td></tr> <tr><td>P3....</td><td></td><td></td><td></td></tr> <tr><td>D1....</td><td></td><td></td><td></td></tr> <tr><td>D2....</td><td></td><td></td><td></td></tr> <tr><td>D3....</td><td></td><td></td><td></td></tr> <tr><td>MEA....</td><td></td><td></td><td></td></tr> </table>		DAY	MO	YR	BCG....				P0....				P1....				P2....				P3....				D1....				D2....				D3....				MEA....			
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447A	CHECK 447: CHILD RECEIVED ALL VACCI- NATIONS?		NO <input type="checkbox"/> YES <input type="checkbox"/> <div style="text-align: center; margin-top: 5px;"> (SKIP TO 451) </div>	NO <input type="checkbox"/> YES <input type="checkbox"/> <div style="text-align: center; margin-top: 5px;"> (SKIP TO 451) </div>																																																																																
448	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 447)← NO.....2 DON'T KNOW.....8 (SKIP TO 451)←	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 447)← NO.....2 DON'T KNOW.....8 (SKIP TO 451)←																																																																																

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
449	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES.....1 NO.....2 (SKIP TO 451)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 451)← DON'T KNOW.....8
450	Please tell me if (NAME) received any of the following vaccinations:		
450A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that left a scar?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
450B	Polio vaccine, that is, drops in the mouth?	YES.....1 NO.....2 (SKIP TO 450E)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 450E)← DON'T KNOW.....8
450C	How many times were polio drops given?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
450D	When was the first polio vaccine given, just after birth or later?	JUST AFTER BIRTH.....1 LATER.....2	JUST AFTER BIRTH.....1 LATER.....2
450E	DPT vaccination, that is, an injection usually given at the same time as polio drops?	YES.....1 NO.....2 (SKIP TO 450G)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 450G)← DON'T KNOW.....8
450F	How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
450G	An injection to prevent measles?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
451	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
452	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 456)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 456)← DON'T KNOW.....8
453	When (NAME) was ill with a cough, did he/she breathe faster than usual with short, fast breaths?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
454	Did you seek advice or treatment for the cough?	YES.....1 NO.....2 (SKIP TO 456)←	YES.....1 NO.....2 (SKIP TO 456)←

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
455	Where did you seek advice or treatment? Anywhere else? RECORD ALL 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 PRIVATE DOCTOR.....I COMM. HEALTH WORKER...K OTHER PRIVATE MEDICAL _____ L (SPECIFY) OTHER PRIVATE SECTOR 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 PRIVATE DOCTOR.....I COMM. HEALTH WORKER...K OTHER PRIVATE MEDICAL _____ L (SPECIFY) OTHER PRIVATE SECTOR SHOP.....M TRAD. PRACTITIONER....N OTHER _____ X (SPECIFY)
456	Has (NAME) had diarrhea in the last two weeks?	YES.....1 NO.....2 (SKIP TO 466)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 466)← DON'T KNOW.....8
457	Was there any blood in the stools?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
458	On the worst day of the diarrhea, how many bowel movements did (NAME) have?	NUMBER OF BOWEL MOVEMENTS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	NUMBER OF BOWEL MOVEMENTS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98
459	Was he/she given the same amount to drink as before the diarrhea, or more, or less?	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8
460	Was he/she given the same amount of food to eat as before the diarrhea, or more, or less?	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8
461	Was (NAME) given a fluid made from a special packet called maichow to drink?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
462	Was anything (else) given to treat the diarrhea?	YES.....1 NO.....2 (SKIP TO 464)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 464)← DON'T KNOW.....8
463	What was given to treat the diarrhea? Anything else? RECORD ALL MENTIONED.	RECOMMENDED HOME FLUID...A PILL OR SYRUP.....B INJECTION.....C (I.V.) INTRAVENOUS.....D HOME REMEDIES/ HERBAL MEDICINES.....E OTHER _____ X (SPECIFY)	RECOMMENDED HOME FLUID...A PILL OR SYRUP.....B INJECTION.....C (I.V.) INTRAVENOUS.....D HOME REMEDIES/ HERBAL MEDICINES.....E OTHER _____ X (SPECIFY)
464	Did you seek advice or treatment for the diarrhea?	YES.....1 NO.....2 (SKIP TO 466)←	YES.....1 NO.....2 (SKIP TO 466)←

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
465	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>RECORD ALL 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</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC...G</p> <p>PHARMACY.....H</p> <p>PRIVATE DOCTOR.....I</p> <p>COMM. HEALTH WORKER....K</p> <p>OTHER PRIVATE MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER PRIVATE SECTOR</p> <p>SHOP.....M</p> <p>TRAD. PRACTITIONER....N</p> <p>OTHER _____ X</p> <p>(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</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC...G</p> <p>PHARMACY.....H</p> <p>PRIVATE DOCTOR.....I</p> <p>COMM. HEALTH WORKER....K</p> <p>OTHER PRIVATE MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER PRIVATE SECTOR</p> <p>SHOP.....M</p> <p>TRAD. PRACTITIONER....N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
466		GO BACK TO 444 IN NEXT COLUMN; OR, IF NO MORE BIRTHS GO TO 467	GO BACK TO 444 IN NEXT COLUMN; OR, IF NO MORE BIRTHS GO TO 467

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
467	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	
468	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	
469	When a child is sick with diarrhea, what signs of illness would tell you that he or she should be taken to a health facility or health worker? RECORD ALL 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	
470	When a child is sick with a cough, what signs of illness would tell you that he or she should be taken to a health facility or health worker? RECORD ALL 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	
471	CHECK 461, ALL COLUMNS: NO CHILD RECEIVED ORS <input type="checkbox"/> OR 461 NOT ASKED <input type="checkbox"/>	ANY CHILD RECEIVED ORS <input type="checkbox"/>	501
472	Have you ever heard of a special product called maichow you can get for the treatment of diarrhea?	YES.....1 NO.....2	

SECTION 5. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
501	PRESENCE OF OTHERS AT THIS POINT.	<table> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>CHILDREN UNDER 10.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HUSBAND/PARTNER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER MALES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER FEMALES.....</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	CHILDREN UNDER 10.....	1	2	HUSBAND/PARTNER.....	1	2	OTHER MALES.....	1	2	OTHER FEMALES.....	1	2	
	YES	NO																
CHILDREN UNDER 10.....	1	2																
HUSBAND/PARTNER.....	1	2																
OTHER MALES.....	1	2																
OTHER FEMALES.....	1	2																
502	Are you currently married or living with a man?	YES, CURRENTLY MARRIED.....1 YES, LIVING WITH A MAN.....2 NO, NOT IN UNION.....3	→507															
503	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																
504	Have you ever been married or lived with a man?	YES, FORMERLY MARRIED.....1 YES, LIVED WITH A MAN.....2 NO.....3	→511 →515															
506	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED.....1 DIVORCED.....2 SEPARATED.....3	→511															
507	Is your husband/partner living with you now or is he staying elsewhere?	LIVES WITH HER.....1 STAYING ELSEWHERE.....2																
508	Does your husband/partner have any other wives besides yourself?	YES.....1 NO.....2	→511															
509	How many other wives does he have?	NUMBER..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	→511															
510	Are you the first, second,.....wife?	RANK..... <input type="text"/> <input type="text"/>																
511	Have you been married or lived with a man only once, or more than once?	ONCE.....1 MORE THAN ONCE.....2																
512	CHECK 511: <table> <tr> <td>MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></td> <td>MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></td> </tr> <tr> <td>↓</td> <td>↓</td> </tr> <tr> <td>In what month and year did you start living with your husband/partner?</td> <td>Now we will talk about your first husband/partner. In what month and year did you start living with him?</td> </tr> </table>	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"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98	→515									
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?																	
513	How old were you when you started living with him?	AGE..... <input type="text"/> <input type="text"/>																
515	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues. When was the last time you had sexual intercourse (if ever)?	NEVER.....000 DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 BEFORE LAST BIRTH.....996	→608															

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
516	<p>CHECK 301 AND 302:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>KNOWS CONDOM <input type="checkbox"/></p> <p>↓</p> <p>The last time you had sex, was a condom used?</p> </div> <div style="text-align: center;"> <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 on their penis during sexual intercourse. The last time you had sex, was a condom used?</p> </div> </div>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	
517	Do you know where you can get condoms?	<p>YES.....1</p> <p>NO.....2 → 519</p>	
518	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL.....11</p> <p>GOVERNMENT 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 PRIVATE SECTOR</p> <p>SHOP.....31</p> <p>CHURCH.....32</p> <p>FRIENDS/RELATIVES.....33</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
519	How old were you when you first had sexual intercourse?	<p>AGE..... <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN MARRIED.....96</p>	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 314: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		612
602	CHECK 227: NOT PREGNANT OR UNSURE <input type="checkbox"/> ↓ 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? PREGNANT <input type="checkbox"/> ↓ Now I have some questions about the future. After the child you are expecting now, would you like to have another child or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD.....1 NO MORE/NONE.....2 SAYS SHE CAN'T GET PREGNANT.....3 UNDECIDED/DON'T KNOW.....8	606 604
603	CHECK 227: NOT PREGNANT OR UNSURE <input type="checkbox"/> ↓ How long would you like to wait from now before the birth of (a/another) child? PREGNANT <input type="checkbox"/> ↓ After the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS.....1 YEARS.....2 SOON/NOW.....993 SAYS SHE CAN'T GET PREGNANT...994 AFTER MARRIAGE.....995 OTHER.....996 (SPECIFY) DON'T KNOW.....998	606
604	CHECK 227: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		607
605	If you became pregnant in the next few weeks, would you be <u>happy</u> , <u>unhappy</u> , or would it not matter very much?	HAPPY.....1 UNHAPPY.....2 WOULD NOT MATTER.....3	
606	CHECK 313: USING A METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		612
607	Do you think you will use a method to delay or avoid pregnancy within the next 12 months?	YES.....1 NO.....2 DON'T KNOW.....8	609
608	Do you think you will use a method at any time in the future to delay or avoid pregnancy?	YES.....1 NO.....2 DON'T KNOW.....8	610
609	Which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 OTHER.....96 (SPECIFY) UNSURE.....98	612

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
610	What is the main reason that you think you will never use a method?	NOT MARRIED.....11 FERTILITY-RELATED REASONS INFREQUENT SEX.....22 MENOPAUSAL/HYSTERECTOMY.....23 SUBFECUND/INFECUND.....24 WANTS MORE CHILDREN.....26 OPPOSITION TO USE RESPONDENT OPPOSED.....31 HUSBAND OPPOSED.....32 OTHERS OPPOSED.....33 RELIGIOUS PROHIBITION.....34 LACK OF KNOWLEDGE KNOWS NO METHOD.....41 KNOWS NO SOURCE.....42 METHOD-RELATED REASONS HEALTH CONCERNS.....51 FEAR OF SIDE EFFECTS.....52 LACK OF ACCESS/TOO FAR.....53 COST TOO MUCH.....54 INCONVENIENT TO USE.....55 INTERFERES WITH BODY'S NORMAL PROCESSES.....56 OTHER.....96 (SPECIFY) DON'T KNOW.....98	612
611	Would you ever use a method if you were married?	YES.....1 NO.....2 DON'T KNOW.....8	
612	CHECK 216: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> 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? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NUMBER..... <input type="text"/> <input type="text"/> OTHER.....96 (SPECIFY)	613A
613	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter?	BOYS NUMBER..... <input type="text"/> <input type="text"/> OTHER.....96 (SPECIFY) GIRLS NUMBER..... <input type="text"/> <input type="text"/> OTHER.....96 (SPECIFY) EITHER NUMBER..... <input type="text"/> <input type="text"/> OTHER.....96 (SPECIFY)	
613A	What do you think is the best number of months or years between the birth of one child and the birth of the next child?	YEARS..... <input type="text"/> <input type="text"/> MONTHS..... <input type="text"/> <input type="text"/> OTHER.....9996 (Specify) DON'T KNOW.....9998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
613B	How long should a couple wait before starting sexual intercourse after the birth of a baby?	MONTHS..... <input type="text"/> <input type="text"/> OTHER..... 96 (Specify) DON'T KNOW.....98																			
613C	Should a mother wait until she has completely stopped breastfeeding before starting to have sexual relations again, or it doesn't matter?	WAIT.....1 DOESN'T MATTER.....2																			
614	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE.....1 DISAPPROVE.....2 NO OPINION.....3																			
615	Is it acceptable or not acceptable to you for information on family planning to be provided: On the radio? On the television?	<table border="1"> <thead> <tr> <th></th> <th>ACCEPT- ABLE</th> <th>NOT ACCEPT- ABLE</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>RADIO.....1</td> <td></td> <td>2</td> <td>8</td> </tr> <tr> <td>TELEVISION.....1</td> <td></td> <td>2</td> <td>8</td> </tr> </tbody> </table>		ACCEPT- ABLE	NOT ACCEPT- ABLE	DK	RADIO.....1		2	8	TELEVISION.....1		2	8							
	ACCEPT- ABLE	NOT ACCEPT- ABLE	DK																		
RADIO.....1		2	8																		
TELEVISION.....1		2	8																		
616	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RADIO.....1</td> <td></td> <td>2</td> </tr> <tr> <td>TELEVISION.....1</td> <td></td> <td>2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE.....1</td> <td></td> <td>2</td> </tr> <tr> <td>POSTER.....1</td> <td></td> <td>2</td> </tr> <tr> <td>LEAFLETS OR BROCHURES.....1</td> <td></td> <td>2</td> </tr> </tbody> </table>		YES	NO	RADIO.....1		2	TELEVISION.....1		2	NEWSPAPER OR MAGAZINE.....1		2	POSTER.....1		2	LEAFLETS OR BROCHURES.....1		2	
	YES	NO																			
RADIO.....1		2																			
TELEVISION.....1		2																			
NEWSPAPER OR MAGAZINE.....1		2																			
POSTER.....1		2																			
LEAFLETS OR BROCHURES.....1		2																			
618	In the last few months have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES.....1 NO.....2	→620																		
619	With whom? Anyone else? RECORD ALL MENTIONED.	HUSBAND/PARTNER.....A MOTHER.....B FATHER.....C SISTER(S).....D BROTHER(S).....E DAUGHTER.....F MOTHER-IN-LAW.....G FRIENDS/NEIGHBORS.....H OTHER.....X (SPECIFY)																			
620	CHECK 502: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→637																		
621	Spouses/partners do not always agree on everything. 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																			
622	How often have you talked to your husband/partner about family planning in the past year?	NEVER.....1 ONCE OR TWICE.....2 MORE OFTEN.....3																			
623	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																			
637	PRESENCE OF OTHERS AT THIS POINT.	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CHILDREN UNDER 10.....1</td> <td></td> <td>2</td> </tr> <tr> <td>HUSBAND/PARTNER.....1</td> <td></td> <td>2</td> </tr> <tr> <td>OTHER MALES.....1</td> <td></td> <td>2</td> </tr> <tr> <td>OTHER FEMALES.....1</td> <td></td> <td>2</td> </tr> </tbody> </table>		YES	NO	CHILDREN UNDER 10.....1		2	HUSBAND/PARTNER.....1		2	OTHER MALES.....1		2	OTHER FEMALES.....1		2				
	YES	NO																			
CHILDREN UNDER 10.....1		2																			
HUSBAND/PARTNER.....1		2																			
OTHER MALES.....1		2																			
OTHER FEMALES.....1		2																			

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 502 AND 504: <div> <div>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></div> <div>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></div> <div>NEVER MARRIED AND NEVER IN UNION <input type="checkbox"/></div> </div>		703 709
702	How old was your husband/partner on his last birthday?	AGE..... <input type="text"/>	
703	Did your (last) husband/partner ever attend school? IF YES, ASK: Was it in the old system or in the new	YES, OLD SYSTEM.....1 YES, NEW SYSTEM.....2 NO.....3	706
704	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY1 MIDDLE.....2 SECONDARY.....3 UNIVERSITY AND ABOVE.....4 DON'T KNOW.....8	706
705	What was the highest (grade/form/year) he completed at that level?	GRADE..... <input type="text"/> DON'T KNOW.....98	
706	What is (was) your (last) husband/partner's occupation? That is, what kind of work does (did) he mainly do?	<input type="text"/> 	
707	CHECK 706: WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/> DOES (DID) NOT WORK <input type="checkbox"/> IN AGRICULTURE		709
708	(Does/did) your husband/partner work mainly on his own land or on family land, or (does/did) he rent land, or (does/did) he work on someone else's land?	HIS LAND.....1 FAMILY LAND.....2 RENTED LAND.....3 SOMEONE ELSE'S LAND.....4	
709	Aside from your own housework, are you currently working?	YES.....1 NO.....2	712
710	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	712
711	Have you done any work in the last 12 months?	YES.....1 NO.....2	726
712	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> 	
713	CHECK 712: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		715
714	Do you work mainly on your own land or on family land, or do you rent land, or work on someone else's land?	OWN LAND.....1 FAMILY LAND.....2 RENTED LAND.....3 SOMEONE ELSE'S LAND.....4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	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	
716	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	→718 →719
717	During the last 12 months, how many months did you work?	NUMBER OF MONTHS..... <input type="text"/>	
718	(In the months you worked,) How many days a week did you usually work?	NUMBER OF DAYS..... <input type="text"/>	→720
719	During the last 12 months, approximately how many days did you work?	NUMBER OF DAYS..... <input type="text"/>	
720	Do you earn cash for your work? PROBE: Do you make money for working?	YES.....1 NO.....2	→723
721	How much do you usually earn for this work? PROBE: Is this by the day, by the week, or by the month?	PER HOUR.....1 <input type="text"/> PER DAY.....2 <input type="text"/> PER WEEK.....3 <input type="text"/> PER MONTH.....4 <input type="text"/> PER YEAR.....5 <input type="text"/> OTHER _____ 999996 (SPECIFY)	
722	CHECK 502: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> ↓ Who mainly decides how the money you earn will be used: you, your husband/partner, you and your husband/partner jointly, or someone else? NO, NOT IN UNION <input type="checkbox"/> ↓ Who mainly decides how the money you earn will be used: you, someone else, or you and someone else jointly?	RESPONDENT DECIDES.....1 HUSBAND/PARTNER DECIDES.....2 JOINTLY WITH HUSBAND/PARTNER.....3 SOMEONE ELSE DECIDES.....4 JOINTLY WITH SOMEONE ELSE.....5	
723	Do you usually work at home or away from home?	HOME.....1 AWAY.....2	
724	CHECK 217 AND 218: IS A CHILD LIVING AT HOME WHO IS AGE 5 OR LESS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→726
725	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)	

SECTION 7B FEMALE CIRCUMCISION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
726	Have you ever been circumcised?	YES.....1 NO.....2	→730
727	What type of circumcision did you have? Did you have clitoridectomy, excision, or infibulation?	CLITORIDECTOMY.....1 EXCISION.....2 INFIBULATION.....3 OTHER.....6 (Specify)	
728	How old were you when you were circumcised?	AGE DAYS....1 <input type="text"/> <input type="text"/> MONTHS..2 <input type="text"/> <input type="text"/> YEARS...3 <input type="text"/> <input type="text"/> DON'T KNOW.....998	
729	Who performed the circumcision?	DOCTOR.....1 TRAINED NURSE/MIDWIFE.....2 TRADITIONAL MIDWIFE.....3 CIRCUMCISION PRACTITIONER.....4 OTHER.....6 (Specify) DON'T KNOW.....8	
730	CHECK 214 AND 217 HAS AT LEAST ONE LIVING DAUGHTER <input type="checkbox"/> HAS NO LIVING DAUGHTER <input type="checkbox"/>		→735
731	Has (NAME OF ELDEST DAUGHTER) been circumcised?	YES.....1 NO.....2	→736
732	How old was she when she was circumcised?	AGE DAYS....1 <input type="text"/> <input type="text"/> MONTHS..2 <input type="text"/> <input type="text"/> YEARS...3 <input type="text"/> <input type="text"/> DON'T KNOW.....998	
733	Who performed the circumcision?	DOCTOR.....1 TRAINED NURSE/MIDWIFE.....2 TRADITIONAL MIDWIFE.....3 CIRCUMCISION PRACTITIONER.....4 OTHER.....6 (Specify) DON'T KNOW.....8	
734	Did any one object to your eldest daughter being circumcised? Any one else? RECORD ALL PERSONS MENTIONED	RESPONDENT.....A RESPONDENT'S HUSBAND.....B RESPONDENT'S MOTHER.....C RESPONDENT'S MOTHER-IN-LAW.....D OTHER RELATIVE OF RESPONDENT....E OTHER RELATIVE OF HUSBAND.....F OTHER.....X (Specify) NO ONEY	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
735	CHECK 515: HAD SEX <input type="checkbox"/> NEVER HAD SEX <input type="checkbox"/>		739
736	CHECK 726: CIRCUMCISED <input type="checkbox"/> NOT CIRCUMCISED <input type="checkbox"/>		739
737	Did you have any health problems or other complications during sexual relations or delivery because of your circumcision? IF YES, PROBE: Complications during sexual relations or delivery?	YES, DURING SEXUAL RELATIONS....1 YES, DURING DELIVERY.....2 YES, DURING BOTH.....3 NO.....4	739
738	What did you do in case of health problems and complications during sexual relation and delivery?	WENT TO HEALTH INSTITUTION.....1 WENT TO TRADITIONAL HEALER.....2 NOTHING.....3	
739	Do you think female circumcision should be continued, or should it be discontinued?	CONTINUED.....1 DISCONTINUED.....2 DON'T KNOW.....8	742 743
740	What type of female circumcision do you think should be continued: clitoridectomy, excision, or infibulation?	CLITORIDECTOMY.....1 EXCISION.....2 INFIBULATION.....3 OTHER.....6 (Specify)	
741	Why do you think female circumcision should be continued? RECORD ALL REASONS MENTIONED	GOOD TRADITION.....A CUSTOM AND TRADITION.....B RELIGIOUS DEMAND.....C CLEANLINESS.....D BETTER MARRIAGE PROSPECTS.....E GREATER PLEASURE OF HUSBAND.....F PRESERVATION OF VIRGINITY/ PREVENTION OF IMMORALITY.....G OTHER.....X (Specify) DON'T KNOW.....Z	743
742	Why do you think female circumcision should be discontinued? Any other reasons? RECORD ALL REASONS MENTIONED	BAD TRADITION.....A AGAINST RELIGION.....B MEDICAL COMPLICATION.....C PAINFUL PERSONAL EXPERIENCE.....D AGAINST DIGNITY OF WOMEN.....E PREVENTS SEXUAL SATISFACTION.....F OTHER.....X (Specify) DON'T KNOW.....Z	
743	CHECK 502: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		801
744	Does your husband/partner think female circumcision should be continued or discontinued?	CONTINUED.....1 DISCONTINUED.....2 DON'T KNOW.....8	
745	Has there been any activities against female circumcision arranged in this area?	YES.....1 NO.....2 DON'T KNOW.....3	801
746	Please describe the activities.	DESCRIPTION OF THE ACTIVITIES 	

SECTION 8A. AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Have you heard about an illness called AIDS?	YES.....1 NO.....2	→ M801
802	From which sources of information have you learned most about AIDS? Any other sources? RECORD ALL MENTIONED	RADIO.....A TV.....B NEWSPAPERS/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)	
803	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	→ 807
804	What can a person do? Any other ways? RECORD ALL MENTIONED	ABSTAIN FROM SEX.....B USE CONDOMS.....C AVOID MULTIPLE SEX PARTNERS.....D AVOID SEX WITH PROSTITUTES.....E AVOID SEX WITH HOMOSEXUALS.....F AVOID BLOOD TRANSFUSIONS.....G AVOID INJECTIONS.....H AVOID KISSING.....I AVOID MOSQUITO BITES.....J SEEK PROTECTION FROM FROM TRADITIONAL HEALER.....K OTHER.....W (SPECIFY) OTHER.....X (SPECIFY) DON'T KNOW.....Z	
807	Is it possible for a healthy-looking person to have the AIDS virus?	YES.....1 NO.....2 DON'T KNOW.....8	
808	Do you think that persons with AIDS almost never die from the disease, sometimes die, or almost always die from the disease?	ALMOST NEVER.....1 SOMETIMES.....2 ALMOST ALWAYS.....3 DON'T KNOW.....8	
809	Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?	SMALL.....1 MODERATE.....2 GREAT.....3 NO RISK AT ALL.....4 HAS AIDS.....5	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	<p>Since you heard of AIDS, have you changed your behavior to prevent getting AIDS?</p> <p>IF YES, what did you do?</p> <p>Anything else?</p> <p>RECORD ALL MENTIONED</p>	<p>DIDN'T START SEX.....A</p> <p>STOPPED ALL SEX.....B</p> <p>STARTED USING CONDOMS.....C</p> <p>RESTRICTED SEX TO ONE PARTNER...D</p> <p>REDUCED NUMBER OF PARTNERS.....E</p> <p>ASK SPOUSE TO BE FAITHFUL.....F</p> <p>NO MORE HOMOSEXUAL CONTACTS.....G</p> <p>STOPPED INJECTIONS.....I</p> <p>OTHER_____W</p> <p>(SPECIFY)</p> <p>OTHER_____X</p> <p>(SPECIFY)</p> <p>NO BEHAVIOR CHANGE.....Y</p> <p>DON'T KNOW.....Z</p>	

SECTION 8B. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M801	<p>Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died.</p> <p>How many children did your mother give birth to, including you?</p>	<p>NUMBER OF BIRTHS TO NATURAL MOTHER..... <input type="text"/> <input type="text"/></p>	
M802	<p>CHECK M801: TWO OR MORE BIRTHS</p> <p><input type="checkbox"/> ↓</p>	<p>ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/></p>	<p>→ M816</p>
M803	<p>How many of these births did your mother have before you were born?</p>	<p>NUMBER OF PRECEDING BIRTHS..... <input type="text"/> <input type="text"/></p>	

M804 What was the name given to your oldest (next oldest) brother or sister?	[1] -----	[2] -----	[3] -----	[4] -----	[5] -----	[6] -----
M805 Is (NAME) male or female?	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2
M806 Is (NAME) still alive?	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [2]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [3]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [4]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [5]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [6]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [7]
M807 How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO [2]	<input type="text"/> <input type="text"/> GO TO [3]	<input type="text"/> <input type="text"/> GO TO [4]	<input type="text"/> <input type="text"/> GO TO [5]	<input type="text"/> <input type="text"/> GO TO [6]	<input type="text"/> <input type="text"/> GO TO [7]
M808 In what year did (NAME) die?	19 <input type="text"/> <input type="text"/> GO TO M810 DK.....98	19 <input type="text"/> <input type="text"/> GO TO M810 DK.....98	19 <input type="text"/> <input type="text"/> GO TO M810 DK.....98	19 <input type="text"/> <input type="text"/> GO TO M810 DK.....98	19 <input type="text"/> <input type="text"/> GO TO M810 DK.....98	19 <input type="text"/> <input type="text"/> GO TO M810 DK.....98
M809 How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
M810 How old was (NAME) when she/he died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [2]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [3]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [4]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [5]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [6]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [7]
M811 Was (NAME) pregnant when she died?	YES.....1 GO TO M814 NO.....2	YES.....1 GO TO M814 NO.....2	YES.....1 GO TO M814 NO.....2	YES.....1 GO TO M814 NO.....2	YES.....1 GO TO M814 NO.....2	YES.....1 GO TO M814 NO.....2
M812 Did (NAME) die during childbirth?	YES.....1 GO TO M815 NO.....2	YES.....1 GO TO M815 NO.....2	YES.....1 GO TO M815 NO.....2	YES.....1 GO TO M815 NO.....2	YES.....1 GO TO M815 NO.....2	YES.....1 GO TO M815 NO.....2
M813 Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES.....1 NO.....2 GO TO M815	YES.....1 NO.....2 GO TO M815	YES.....1 NO.....2 GO TO M815	YES.....1 NO.....2 GO TO M815	YES.....1 NO.....2 GO TO M815	YES.....1 NO.....2 GO TO M815
M814 Was her death due to complications of pregnancy or childbirth?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
M815 How many children did (NAME) give birth to during her lifetime?	<input type="text"/> <input type="text"/> GO TO [2]	<input type="text"/> <input type="text"/> GO TO [3]	<input type="text"/> <input type="text"/> GO TO [4]	<input type="text"/> <input type="text"/> GO TO [5]	<input type="text"/> <input type="text"/> GO TO [6]	<input type="text"/> <input type="text"/> GO TO [7]

IF NO MORE BROTHERS OR SISTERS, GO TO M816

M804 What was the name given to (next oldest) brother or sister?	[7]	[8]	[9]	[10]	[11]	[12]
M805 Is (NAME) male or female?	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2
M806 Is (NAME) still alive?	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [8]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [9]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [10]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [11]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [12]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [13]
M807 How old is (NAME)?	<input type="text"/> GO TO [8]	<input type="text"/> GO TO [9]	<input type="text"/> GO TO [10]	<input type="text"/> GO TO [11]	<input type="text"/> GO TO [12]	<input type="text"/> GO TO [13]
M808 In what year did (NAME) die?	19 <input type="text"/> GO TO M810 DK.....98	19 <input type="text"/> GO TO M810 DK.....98	19 <input type="text"/> GO TO M810 DK.....98	19 <input type="text"/> GO TO M810 DK.....98	19 <input type="text"/> GO TO M810 DK.....98	19 <input type="text"/> GO TO M810 DK.....98
M809 How many years ago did (NAME) die?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M810 How old was (NAME) when she/he died?	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [9]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [10]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [11]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [12]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [13]
M811 Was (NAME) pregnant when she died?	YES.....1 GO TO M814 NO.....2	YES.....1 GO TO M814 NO.....2	YES.....1 GO TO M814 NO.....2	YES.....1 GO TO M814 NO.....2	YES.....1 GO TO M814 NO.....2	YES.....1 GO TO M814 NO.....2
M812 Did (NAME) die during childbirth?	YES.....1 GO TO M815 NO.....2	YES.....1 GO TO M815 NO.....2	YES.....1 GO TO M815 NO.....2	YES.....1 GO TO M815 NO.....2	YES.....1 GO TO M815 NO.....2	YES.....1 GO TO M815 NO.....2
M813 Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES.....1 NO.....2 GO TO M815	YES.....1 NO.....2 GO TO M815	YES.....1 NO.....2 GO TO M815	YES.....1 NO.....2 GO TO M815	YES.....1 NO.....2 GO TO M815	YES.....1 NO.....2 GO TO M815
M814 Was her death due to complications of pregnancy or childbirth?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
M815 How many children did (NAME) give birth to during her lifetime?	<input type="text"/> GO TO [8]	<input type="text"/> GO TO [9]	<input type="text"/> GO TO [10]	<input type="text"/> GO TO [11]	<input type="text"/> GO TO [12]	<input type="text"/> GO TO [13]

IF NO MORE BROTHERS OR SISTERS, GO TO M816

M816	RECORD THE TIME.	HOUR..... MINUTES.....	<input type="text"/> <input type="text"/>
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SECTION 9. HEIGHT AND WEIGHT

901	CHECK 215:	ONE OR MORE BIRTHS SINCE JAN. 1992	<input type="checkbox"/>	NO BIRTHS SINCE JAN. 1992	<input type="checkbox"/>	END
-----	------------	--	--------------------------	---------------------------------	--------------------------	-----

IN 902 (COLUMNS 2-4) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1992 AND STILL ALIVE. IN 903 AND 904 RECORD THE NAME AND BIRTH DATE FOR THE RESPONDENT AND FOR ALL LIVING CHILDREN BORN SINCE JANUARY 1992. IN 906 AND 908 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT AND THE LIVING CHILDREN. (NOTE: ALL RESPONDENTS WITH ONE OR MORE BIRTHS SINCE JANUARY 1992 SHOULD BE WEIGHED AND MEASURED EVEN IF ALL OF THE CHILDREN HAVE DIED. IF THERE ARE MORE THAN 3 LIVING CHILDREN BORN SINCE JANUARY 1992, USE ADDITIONAL FORMS).

	1 RESPONDENT	2 YOUNGEST LIVING CHILD	3 NEXT-TO- YOUNGEST LIVING CHILD	4 SECOND-TO- YOUNGEST LIVING CHILD
902 LINE NO. FROM Q.212				
903 NAME FROM Q.212 FOR CHILDREN		(NAME)	(NAME)	(NAME)
904 DATE OF BIRTH FROM Q.215, AND ASK FOR DAY OF BIRTH		DAY..... MONTH.... YEAR.....	DAY..... MONTH.... YEAR.....	DAY..... MONTH.... YEAR.....
905 BCG SCAR ON TOP OF LEFT SHOULDER		SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2
906 HEIGHT (in centimeters)				
907 WAS LENGTH/HEIGHT OF CHILD MEASURED LYING DOWN OR STANDING UP?		LYING.....1 STANDING.....2	LYING.....1 STANDING.....2	LYING.....1 STANDING.....2
908 WEIGHT (in kilograms)		0	0	0
909 DATE WEIGHED AND MEASURED	DAY..... MONTH.... YEAR.....	DAY..... MONTH.... YEAR.....	DAY..... MONTH.... YEAR.....	DAY..... MONTH.... YEAR.....
910 RESULT	MEASURED.....1 NOT PRESENT....3 REFUSED.....4 OTHER.....6 (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 (SPECIFY)

911 NAME OF MEASURER:		NAME OF ASSISTANT:	
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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 Supervisor: _____ Date: _____

EDITOR'S OBSERVATIONS

Name of Editor: _____ Date: _____

ERITREA DEMOGRAPHIC AND HEALTH SURVEY
MEN'S QUESTIONNAIRE

IDENTIFICATION	
AWRAJA	<input type="text"/>
WEREDA	<input type="text"/>
VILLAGE/TOWN NAME	<input type="text"/>
ASHARA=1, OTHER TOWN=2, RURAL=3.....	<input type="text"/>
CLUSTER NUMBER	<input type="text"/>
BUILDING NUMBER	<input type="text"/>
HOUSEHOLD NUMBER	<input type="text"/>
NAME OF HOUSEHOLD HEAD	<input type="text"/>
NAME AND LINE NUMBER OF MAN.....	<input type="text"/>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	DAY MONTH YEAR TEAM NAME RESULT
TEAM	<input type="text"/>	<input type="text"/>	<input type="text"/>	
INTERVIEWER'S NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	
RESULT*	<input type="text"/>	<input type="text"/>	<input type="text"/>	
NEXT VISIT: DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	TOTAL NO. OF VISITS
TIME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*RESULT CODES: 1 COMPLETED 3 POSTPONED 5 PARTLY COMPLETED 7 OTHER (specify)
2 NOT AT HOME 4 REFUSED 6 INCAPACITATED

LANGUAGE:** QUESTIONNAIRE LANGUAGE OF INTERVIEW NATIVE LANGUAGE 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 (NOT AT ALL=1, SOMETIMES=2, ALL THE TIME=3).....

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME	NAME	<input type="text"/>	<input type="text"/>
DATE	DATE	<input type="text"/>	<input type="text"/>

ALL INFORMATION COLLECTED IS CONFIDENTIAL AND IS ONLY FOR STATISTICAL USE.

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR..... MINUTES.....	
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?	ASMARA.....1 TOWN.....2 RURAL.....3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS..... 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	
105	In what month and year were you born?	MONTH..... DOES NOT KNOW MONTH.....98 YEAR..... DOES NOT KNOW YEAR.....98	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS.....	
107	Have you ever attended school? IF YES, ASK: Was it under the old or the new system?	YES, OLD SYSTEM.....1 YES, NEW SYSTEM.....2 NO.....3	→ 111
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.....	
110	CHECK 108: PRIMARY <input type="checkbox"/> MIDDLE SCHOOL OR HIGHER <input type="checkbox"/>		→ 112
111	Can you read and understand a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	→ 113
112	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
113	Do you usually listen to a radio at least once a week?	YES.....1 NO.....2	
114	Do you usually watch television at least once a week?	YES.....1 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
115	Are you currently working?	YES.....1 NO.....2	→ 117
116	Have you done any work in the last 12 months?	YES.....1 NO.....2	→ 124
117	What is your occupation, that is, what kind of work do you mainly do?	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	
118	CHECK 117:	<div style="display: flex; justify-content: space-around;"> <div>WORKS IN AGRICULTURE <input type="checkbox"/></div> <div>DOES NOT WORK IN AGRICULTURE <input type="checkbox"/></div> </div>	→ 120
119	Do you work mainly on your own land or on family land, or do you rent land, or work on someone else's land?	OWN LAND.....1 FAMILY LAND.....2 RENTED LAND.....3 SOMEONE ELSE'S LAND.....4	
120	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	
121	Do you usually work at this job 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	→ 123
122	During the last 12 months, how many months did you work at this job?	NUMBER OF MONTHS..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
123	How much do you earn for this work? PROBE: Is this by the hour, by the day, by the week, by the month or by the year?	PER HOUR.....1 <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> PER DAY.....2 <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> PER WEEK.....3 <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> PER MONTH.....4 <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> PER YEAR.....5 <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____ 999996 (SPECIFY)	
124	What is your religion?	ORTHODOX.....1 CATHOLIC.....2 PROTESTANT.....3 MUSLIM.....4 TRADITIONAL BELIEVER.....5 OTHER _____ 6 (SPECIFY)	
125	What is your ethnic group?	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 your children. I am interested only in the children that are biologically yours. Have you ever had children?	YES.....1 NO.....2	→206				
202	Do you have any sons or daughters 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..... DAUGHTERS AT HOME.....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
204	Do you have any sons or daughters 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..... DAUGHTERS ELSEWHERE.....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
206	Have you ever had a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES.....1 NO.....2	→208				
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD..... GIRLS DEAD.....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL.....	<table border="1"><tr><td></td><td></td></tr></table>				
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ children during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NECESSARY.						
210	CHECK 208: HAS CHILDREN <input type="checkbox"/> HAS NO CHILDREN <input type="checkbox"/>		→301				
211	When you were expecting your last born child, did you want to have the child <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					

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 302, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY.

CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED.

THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 301 OR 302, ASK 303.

301 Which ways or methods have you heard about?	SPONTANEOUS YES	302 Have you ever heard of (METHOD)? PROBED YES	NO	303 Have you ever used (METHOD)?
01 <input type="checkbox"/> PILL Women can take a pill every day.	1	2	3 <input type="checkbox"/>	YES.....1 NO, DOES NOT KNOW.....2
02 <input type="checkbox"/> IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	1	2	3 <input type="checkbox"/>	YES.....1 NO, DOES NOT KNOW.....2
03 <input type="checkbox"/> INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	1	2	3 <input type="checkbox"/>	YES.....1 NO, DOES NOT KNOW.....2
05 <input type="checkbox"/> DIAPHRAGM, FOAM, JELLY Women can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.	1	2	3 <input type="checkbox"/>	YES.....1 NO, DOES NOT KNOW.....2
06 <input type="checkbox"/> CONDOM Men can use a rubber sheath during sexual intercourse.	1	2	3 <input type="checkbox"/>	YES.....1 NO.....2
07 <input type="checkbox"/> FEMALE STERILIZATION Women can have an operation to avoid having any more children.	1	2	3 <input type="checkbox"/>	Have you ever had a partner who had an operation to avoid having children? YES.....1 NO, DOES NOT KNOW.....2
08 <input type="checkbox"/> MALE STERILIZATION Men can have an operation to avoid having any more children.	1	2	3 <input type="checkbox"/>	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2
09 <input type="checkbox"/> RHYTHM, PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid having sexual intercourse on the days of the month she is most likely to get pregnant.	1	2	3 <input type="checkbox"/>	YES.....1 NO, DOES NOT KNOW.....2
10 <input type="checkbox"/> WITHDRAWAL Men can be careful and pull out before climax.	1	2	3 <input type="checkbox"/>	YES.....1 NO.....2
11 <input type="checkbox"/> Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	1	3		YES.....1 NO.....2
		(SPECIFY)		YES.....1 NO.....2
		(SPECIFY)		YES.....1 NO.....2

304 CHECK 303:

NOT A SINGLE "YES" (NEVER USED) ☐

AT LEAST ONE "YES" (EVER USED) ☐

→ SKIP TO 308

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305	Have you or any of your partners ever used anything or tried in any way to delay or avoid pregnancy?	YES.....1 NO.....2	→310
307	What have you used or done? CORRECT 303 AND 304 (AND 302 IF NECESSARY).		
308	Are you or your partner doing something or using a method to delay or avoid a pregnancy?	YES.....1 NO.....2	→310
309	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 OTHER _____ 96 (SPECIFY)	→401
310	What is the main reason you are not using a method of contraception to avoid pregnancy?	NOT MARRIED.....11 FERTILITY-RELATED REASONS NOT HAVING SEX.....21 INFREQUENT SEX.....22 WIFE MENOPAUSAL/HYSTERECTOMY.23 WIFE SUBFECUND/INFECUND.....24 POSTPARTUM/BREASTFEEDING.....25 WANTS (MORE) CHILDREN.....26 OPPOSITION TO USE RESPONDENT OPPOSED.....31 WIFE/PARTNER OPPOSED.....32 OTHERS OPPOSED.....33 RELIGIOUS PROHIBITION.....34 LACK OF KNOWLEDGE KNOWS NO METHOD.....41 KNOWS NO SOURCE.....42 METHOD-RELATED REASONS HEALTH CONCERNS.....51 FEAR OF SIDE EFFECTS.....52 LACK OF ACCESS/TOO FAR.....53 COST TOO MUCH.....54 INCONVENIENT TO USE.....55 INTERFERES WITH BODY'S NORMAL PROCESSES.....56 UP TO THE WOMAN TO USE.....61 OTHER _____ 96 (SPECIFY) DOES NOT KNOW.....98	

SECTION 4. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living with a woman?	YES, CURRENTLY MARRIED.....1 YES, LIVING WITH A WOMAN.....2 NO, NOT IN UNION.....3	→402A →404
402	How many wives do you have?	NUMBER OF WIVES..... <input type="text"/>	
402A	How many women are you living with as if you are married?		
403	WRITE THE LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR HIS WIFE/WIVES. IF A WIFE DOES NOT LIVE IN THE HOUSEHOLD, WRITE '00'. THE NUMBER OF BOXES FILLED MUST EQUAL THE NUMBER OF WIVES.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	→407
404	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	
405	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED.....1 YES, LIVED WITH A WOMAN.....2 NO.....3	→407 →410F
406	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED.....1 DIVORCED.....2 SEPARATED.....3	
407	Have you been married or lived with a woman only once, or more than one?	ONCE.....1 MORE THAN ONCE.....2	
408	CHECK 407: MARRIED/LIVED WITH A WOMAN ONLY ONCE <input type="checkbox"/> ↓ In what month and year did you start living with your wife/woman? MARRIED/LIVED WITH A WOMAN MORE THAN ONCE <input type="checkbox"/> ↓ Now we will talk about your first wife/woman you lived with. In what month and year did you start living with her?	MONTH..... <input type="text"/> DOES NOT KNOW MONTH.....98 YEAR..... <input type="text"/> DOES NOT KNOW YEAR.....98	→409A
409	How old were you when you started living with her?	AGE..... <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
409A	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A WOMAN <input type="checkbox"/>	NOT IN UNION <input type="checkbox"/>	410F
410	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues. When was the last time you had sexual intercourse with (your wife/the woman you are living with)?	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4	
410A	CHECK 301 AND 302: KNOWS CONDOM <input type="checkbox"/> v The last time you had sex with (your wife/ the woman you are living with), did you use a condom? DOES NOT KNOW CONDOM <input type="checkbox"/> v Some men use a condom, which means that they put a rubber sheath on their penis during sexual intercourse. The last time you had sex with (your wife/ the woman you are living with) did you use a condom?	YES.....1 NO.....2 DK.....8	
410B	Have you had sex with anyone other than (your wife/ the woman you are living with) in the last 12 months?	YES.....1 NO.....2	410J
410C	When was the last time you had sexual intercourse with someone other than (your wife/ the woman you are living with)?	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4	
410D	Did you used a condom that time?	YES.....1 NO.....2 DK.....8	
410E	In the last 12 months, how many different persons other than (your wife/ the woman you are living with) have you had sex with?	NUMBER OF PERSONS..... DK.....98	410J
410F	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues. When was the last time you had sexual intercourse (if ever)?	NEVER......000 DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4	501

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
410G	<p>CHECK 301 AND 302:</p> <p>KNOWS CONDOM <input type="checkbox"/></p> <p>↓</p> <p>The last time you had sex, did you use a condom?</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 on their penis during sexual intercourse. The last time you had sex, did you use a condom?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>	
410H	<p>CHECK 410F:</p> <p>LESS THAN 12 MONTHS SINCE LAST SEX <input type="checkbox"/></p> <p>↓</p> <p>12 MONTHS OR LONGER SINCE LAST SEX <input type="checkbox"/></p>		410J
410I	<p>In the last 12 months, how many different persons have you had sex with?</p>	<p>NUMBER OF PERSONS..... <input type="text"/></p> <p>DK.....98</p>	
410J	<p>CHECK 401:</p> <p>CURRENTLY MARRIED OR LIVING WITH A WOMAN <input type="checkbox"/></p> <p>↓</p> <p>The last time you had sex, was it with your (wife/the woman you live with), a regular partner, an acquaintance, someone you paid for sex, or someone else?</p> <p>NOT CURRENTLY MARRIED AND NOT LIVING WITH A WOMAN <input type="checkbox"/></p> <p>↓</p> <p>The last time you had sex, was it with a regular partner, an acquaintance, someone you paid for sex, or someone else?</p>	<p>WIFE/WOMAN LIVES WITH.....1</p> <p>REGULAR PARTNER.....2</p> <p>ACQUAINTANCE.....3</p> <p>SOMEONE HE PAID FOR SEX.....4</p> <p>SOMEONE ELSE.....5</p>	
413	<p>Do you know where you can get condoms?</p>	<p>YES.....1</p> <p>NO.....2</p>	501
414	<p>Where is the most convenient place to get condoms?</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 HOSPITAL</p> <p>GOVERNMENT HOSPITAL.....11</p> <p>GOVERNMENT HEALTH CENTER.....12</p> <p>FAMILY PLANNING CLINIC.....13</p> <p>MOBILE CLINIC.....14</p> <p>FIELD WORKER.....15</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>MOBILE CLINIC.....24</p> <p>FIELD WORKER.....25</p> <p>OTHER PRIVATE MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER PRIVATE SECTOR</p> <p>SHOP.....31</p> <p>CHURCH.....32</p> <p>FRIENDS/RELATIVES.....33</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
416	<p>How old were you when you first had sexual intercourse?</p>	<p>AGE..... <input type="text"/></p>	

SECTION 5A. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: <div> <input type="checkbox"/> NOT IN UNION <input type="checkbox"/> CURRENTLY MARRIED OR LIVING WITH A WOMAN </div>		503
502	CHECK 404: <div> <input type="checkbox"/> REGULAR SEXUAL PARTNER <input type="checkbox"/> OCCASIONAL SEXUAL PARTNER <input type="checkbox"/> NO SEXUAL PARTNER </div>		505A
503	Is your wife (or one of your wives)/partner pregnant now?	YES.....1 NO.....2 UNSURE.....8	505A
504	When she became pregnant, did you want her to become pregnant <u>then</u> , did you want her to wait until <u>later</u> , or did you <u>not want</u> this pregnancy at all?	THEN.....1 LATER.....2 NOT AT ALL.....3	505B
505	<div> A) WIFE/PARTNER NOT PREG-NANT OR UNSURE OR NO WIFE/PARTNER <input type="checkbox"/> 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? </div> <div> B) WIFE/PARTNER PREGNANT <input type="checkbox"/> Now I have some questions about the future. After the child your wife/partner is expecting, would you like to have another child or would you prefer not to have any more children? </div>	HAVE (A/ANOTHER) CHILD.....1 NO MORE/NONE.....2 SAYS WIFE CAN'T GET PREGNANT....3 SAYS HE CAN'T HAVE ONE ANY MORE.4 UNDECIDED/DOES NOT KNOW.....8	507
506	<div> CHECK 503: WIFE/PARTNER NOT PREG-NANT OR UNSURE OR NO WIFE/PARTNER <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? </div> <div> WIFE/PARTNER PREGNANT <input type="checkbox"/> After the child your wife/partner is expecting, how long would you like to wait before the birth of another child? </div>	MONTHS.....1 <input type="text"/> YEARS.....2 <input type="text"/> SOON/NOW.....993 SAYS WIFE CAN'T GET PREGNANT..994 AFTER MARRIAGE.....995 OTHER.....996 (SPECIFY) DOES NOT KNOW.....998	
507	CHECK 308: USING A METHOD? <div> <input type="checkbox"/> NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING </div>		512
508	Do you think you will use a method to delay or avoid pregnancy within the next 12 months?	YES.....1 NO.....2 DOES NOT KNOW.....8	510
509	Do you think you will use a method at any time in the future?	YES.....1 NO.....2 DOES NOT KNOW.....8	511

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
510	Which method would you or your partner prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 PERIODIC ABSTINENCE.....08 WITHDRAWAL.....09 OTHER _____ 96 (SPECIFY) UNSURE.....98	→512
511	What is the main reason that you think you will never use a method?	FERTILITY-RELATED REASONS INFREQUENT SEX.....22 WIFE MENOPAUSAL/HYSTERECTOMY..23 WIFE SUBFECUND/INFECUND.....24 WANTS MORE CHILDREN.....26 OPPOSITION TO USE RESPONDENT OPPOSED.....31 WIFE OPPOSED.....32 OTHERS OPPOSED.....33 RELIGIOUS PROHIBITION.....34 LACK OF KNOWLEDGE KNOWS NO METHOD.....41 KNOWS NO SOURCE.....42 METHOD-RELATED REASONS HEALTH CONCERNS.....51 FEAR OF SIDE EFFECTS.....52 LACK OF ACCESS/TOO FAR.....53 COST TOO MUCH.....54 INCONVENIENT TO USE.....55 INTERFERES WITH BODY'S NORMAL PROCESSES.....56 OTHER _____ 96 (SPECIFY) DOES NOT KNOW.....98	
512	CHECK 202 AND 204: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> HAS LIVING CHILDREN ↓ 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? PROBE FOR A NUMERIC RESPONSE. </div> <div style="text-align: center;"> <input type="checkbox"/> NO LIVING CHILDREN ↓ If you could choose exactly the number of children to have in your whole life, how many would that be? </div> </div>	NUMBER..... <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	→514
513	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter?	<div style="text-align: right;">BOYS</div> NUMBER..... <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY) <div style="text-align: right;">GIRLS</div> NUMBER..... <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY) <div style="text-align: right;">EITHER</div> NUMBER..... <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
514	Would you say that you approve or disapprove of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 NO OPINION.....3																			
515	Is it acceptable or not acceptable to you for information on family planning to be provided: On the radio? On the television?	<table border="1"> <thead> <tr> <th></th> <th>ACCEPT- ABLE</th> <th>NOT ACCEPT- ABLE</th> <th>DOES NOT KNOW</th> </tr> </thead> <tbody> <tr> <td>RADIO.....1</td> <td></td> <td>2</td> <td>8</td> </tr> <tr> <td>TELEVISION.....1</td> <td></td> <td>2</td> <td>8</td> </tr> </tbody> </table>		ACCEPT- ABLE	NOT ACCEPT- ABLE	DOES NOT KNOW	RADIO.....1		2	8	TELEVISION.....1		2	8							
	ACCEPT- ABLE	NOT ACCEPT- ABLE	DOES NOT KNOW																		
RADIO.....1		2	8																		
TELEVISION.....1		2	8																		
516	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RADIO.....1</td> <td></td> <td>2</td> </tr> <tr> <td>TELEVISION.....1</td> <td></td> <td>2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE.....1</td> <td></td> <td>2</td> </tr> <tr> <td>POSTER.....1</td> <td></td> <td>2</td> </tr> <tr> <td>LEAFLETS OR BROCHURES.....1</td> <td></td> <td>2</td> </tr> </tbody> </table>		YES	NO	RADIO.....1		2	TELEVISION.....1		2	NEWSPAPER OR MAGAZINE.....1		2	POSTER.....1		2	LEAFLETS OR BROCHURES.....1		2	
	YES	NO																			
RADIO.....1		2																			
TELEVISION.....1		2																			
NEWSPAPER OR MAGAZINE.....1		2																			
POSTER.....1		2																			
LEAFLETS OR BROCHURES.....1		2																			
518	In the last few months have you discussed about family planning with your friends, neighbors, or relatives?	YES.....1 NO.....2	→ 520																		
519	With whom? Anyone else? RECORD ALL MENTIONED.	WIFE/PARTNER.....A MOTHER.....B FATHER.....C SISTER(S).....D BROTHER(S).....E DAUGHTER.....F MOTHER-IN-LAW.....G FRIENDS/NEIGHBORS.....H OTHER _____ X (SPECIFY)																			
520	CHECK 401: CURRENTLY MARRIED <input type="checkbox"/> LIVING WITH A WOMAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 524																		
521	Spouses do not always agree on everything. Now I want to ask you about views on family planning of your wife/the woman you live/with whom you spend most time. Does she approve or disapprove of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 DOES NOT KNOW.....8																			
522	How often have you talked to her about family planning in the past year?	NEVER.....1 ONCE OR TWICE.....2 MORE OFTEN.....3																			
523	Do you think she wants the same number of children that you want, or does she want more or fewer than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DOES NOT KNOW.....8																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
524	Do you think female circumcision should be continued, or should it be discontinued?	CONTINUED.....1 DISCONTINUED.....2 → 527 DK.....8 → 528	
525	What type of female circumcision do you think should be continued: clitoridectomy, excision, or infibulation?	CLITORIDECTOMY.....1 EXCISION.....2 INFIBULATION.....3 OTHER6 (Specify)	
526	Why do you think female circumcision should be continued?	GOOD TRADITION.....A CUSTOM AND TRADITION.....B RELIGIOUS DEMAND.....C CLEANLINESS.....D BETTER MARRIAGE PROSPECTS.....E → 528 GREATER PLEASURE OF HUSBAND.....F PRESERVATION OF VIRGINITY/ PREVENTION OF IMMORALITY.....G OTHERX (Specify) DK.....Z	
527	Why do you think female circumcision should be discontinued? Any other reasons? RECORD ALL REASONS MENTIONED	BAD TRADITION.....A AGAINST RELIGION.....B MEDICAL COMPLICATION.....C PAINFUL PERSONAL EXPERIENCE.....D AGAINST DIGNITY OF WOMEN.....E PREVENTS SEXUAL SATISFACTION....F OTHERX (Specify) DK.....Z	
528	CHECK 401: CURRENTLY MARRIED/ LIVING WITH A WOMAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→ 601A
529	Does your wife/partner think female circumcision should be continued or discontinued?	CONTINUED.....1 DISCONTINUED.....2 DK.....8	

SECTION 6. AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601A	Have you heard about diseases that can be transmitted through sex?	YES.....1 NO.....2	→ 6010
601B	Which diseases do you know? RECORD ALL RESPONSES	SYPHILIS.....A GONORRHEA.....B AIDS.....C GENITAL WARTS / CONDYLOMATA.....D OTHER.....W (SPECIFY) OTHER.....X (SPECIFY) DK.....Z	
601C	CHECK 410 AND 410F: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/>	HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>	→ 601N
601D	During the last twelve months, did you have any of these diseases?	YES.....1 NO.....2 DK.....8	→ 601N
601E	Which of the diseases did you have? RECORD ALL RESPONSES	SYPHILIS.....A GONORRHEA.....B AIDS.....C GENITAL WARTS / CONDYLOMATA.....D OTHER.....W (SPECIFY) OTHER.....X (SPECIFY) DON'T KNOW.....Z	
601F	During the last twelve months, did you have a sore or ulcer on your penis?	YES.....1 NO.....2 DK.....8	
601G	During the last twelve months, did you have a discharge from your penis?	YES.....1 NO.....2 DK.....8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601H	CHECK 601E, 601F AND 601G: HAD ONE OR MORE DISEASES <input type="checkbox"/>	NONE OF THE DISEASES <input type="checkbox"/>	601N
601I	The last time you had (DISEASE FROM 601E/DISCHARGE/SORE) did you seek advice or treatment?	YES.....1 NO.....2	601K
601J	Where did you seek advice or treatment? Any other place or person? RECORD ALL MENTIONED	PUBLIC SECTOR GOVT. HOSPITAL.....A HEALTH CENTER.....B FP CLINIC.....C MOBILE CLINIC.....D DISPENSARY.....E OTHER PUBLIC SECTOR.....F MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL/CLINIC.....G PHARMACY.....H PRIVATE DOCTOR.....I MOBILE CLINIC.....J OTHER MED. PRIVATE SECTOR.....K OTHER PRIVATE SECTOR SHOP.....L RELATIVES/FRIENDS.....M TRADITIONAL HEALER.....N OTHER.....X (SPECIFY) DK.....Z	
601K	When you had (DISEASE(S) FROM 601E/DISCHARGE/SORE) did you inform your partner(s)?	YES.....1 NO.....2	
601L	When you had (DISEASE(S) FROM 601E/DISCHARGE/SORE) did you do something not to infect your partner(s)?	YES.....1 NO.....2 PARTNER ALREADY INFECTED.....3	601N
601M	What did you do not to infect? RECORD ALL MENTIONED	NO SEXUAL INTERCOURSE.....A USED CONDOMS.....B TOOK MEDICINES.....C OTHER.....X (SPECIFY)	
601N	CHECK 601B: DID NOT MENTION 'AIDS' <input type="checkbox"/>	MENTIONED 'AIDS' <input type="checkbox"/>	602
601O	Have you ever heard of an illness called AIDS?	YES.....1 NO.....2	611C
602	From which <u>sources</u> of information have you learned most about AIDS? Any other sources? RECORD ALL MENTIONED	RADIO.....A TV.....B NEWSPAPERS/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)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
602B	How can a person get AIDS? Any other ways? RECORD ALL MENTIONED	SEXUAL INTERCOURSE.....A SEXUAL INTERCOURSE WITH MULTIPLE PARTNERS.....B SEX WITH PROSTITUTES.....C NOT USING CONDOM.....D HOMOSEXUAL CONTACT.....E BLOOD TRANSFUSION.....F INJECTIONS.....G KISSING.....H MOSQUITO BITES.....I OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DK.....Z	
603	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES.....1 NO.....2 DK.....8	607
604	What can a person do? Any other ways? RECORD ALL MENTIONED	ABSTAIN FROM SEX.....B USE CONDOMS.....C AVOID MULTIPLE SEX PARTNERS....D AVOID SEX WITH PROSTITUTES.....E AVOID SEX WITH HOMOSEXUALS.....F AVOID BLOOD TRANSFUSIONS.....G AVOID INJECTIONS.....H AVOID KISSING.....I AVOID MOSQUITO BITES.....J SEEK PROTECTION FROM FROM TRADITIONAL HEALER.....K OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DK.....Z	
607	Is it possible for a healthy-looking person to have the AIDS virus?	YES.....1 NO.....2 DK.....8	
608	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	
608A	Can AIDS be cured?	YES.....1 NO.....2 DK.....8	
608B	Can AIDS be transmitted from mother to child?	YES.....1 NO.....2 DK.....8	
608C	Do you personally know someone who has AIDS or has died of AIDS?	YES.....1 NO.....2 DK.....8	

NO.	QUESTIONS AND FILTERS	CODES	SKIP
609	Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?	SMALL.....1 MODERATE.....2 GREAT.....3 NO RISK AT ALL.....4 HAS AIDS.....5	609C 611A
609B	Why do you think that you have (NO RISK/A SMALL CHANCE) of getting AIDS? Any other reasons? RECORD ALL MENTIONED	ABSTAIN FROM SEX.....B USE CONDOMS.....C HAVE ONLY ONE SEX PARTNER.....D LIMITED NUMBER OF SEX PARTNERS.....E AVOID SEX WITH PROSTITUTES.....F SPOUSE HAS NO OTHER PARTNER.....G NO HOMOSEXUAL CONTACT.....H NO BLOOD TRANSFUSIONS.....I NO INJECTIONS.....J OTHER.....X (SPECIFY)	611A
609C	Why do you think that you have a (MODERATE/GREAT) chance of getting AIDS? Any other reasons? RECORD ALL MENTIONED	DO NOT USE CONDOMS.....C MORE THAN ONE SEX PARTNER.....D MANY SEX PARTNERS.....E SEX WITH PROSTITUTES.....F SPOUSE HAS OTHER PARTNER(S).....G HOMOSEXUAL CONTACT.....H HAD BLOOD TRANSFUSION.....I HAD INJECTIONS.....J OTHER.....X (SPECIFY)	
611A	Since you heard of AIDS, have you changed your behavior to prevent getting AIDS? IF YES, what did you do? Anything else? RECORD ALL MENTIONED	DIDN'T START SEX.....A STOPPED ALL SEX.....B STARTED USING CONDOMS.....C RESTRICTED SEX TO ONE PARTNER.....D REDUCED NUMBER OF PARTNERS.....E AVOID SEX WITH PROSTITUTES.....F ASK SPOUSE TO BE FAITHFUL.....G NO MORE HOMOSEXUAL CONTACTS.....H STOPPED INJECTIONS.....J OTHER.....W (SPECIFY) OTHER.....X (SPECIFY) NO BEHAVIOR CHANGE.....Y	611C
611B	Has your knowledge of AIDS influenced or changed your decisions about having sex or your sexual behavior? IF YES, In what way? RECORD ALL MENTIONED	DIDN'T START SEX.....A STOPPED ALL SEX.....B STARTED USING CONDOMS.....C RESTRICTED SEX TO ONE PARTNER.....D REDUCED NUMBER OF PARTNERS.....E AVOID SEX WITH PROSTITUTES.....F NO MORE HOMOSEXUAL CONTACTS.....G OTHER.....X (SPECIFY) NO CHANGE IN SEXUAL BEHAVIOR.....Y	
611C	Some people use a condom during sexual intercourse to avoid getting AIDS or other sexually transmitted diseases? Have you ever heard of this?	YES.....1 NO.....2	611F

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
611D	CHECK 410 AND 410F: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/>	HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>	M801
611E	We may already have talked about this. Have you ever used a condom during sex to avoid getting or transmitting diseases, such as AIDS?	YES.....1 NO.....2	
611F	Have you given or received money, gifts or favors in return for sex at any time in the last 12 months?	YES.....1 NO.....2	

SECTION 8. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M801	<p>Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died.</p> <p>How many children did your mother give birth to, including you?</p>	<p>NUMBER OF BIRTHS TO NATURAL MOTHER..... <input type="text"/> <input type="text"/></p>	
M802	<p>CHECK M801: TWO OR MORE BIRTHS <input type="checkbox"/></p>	<p>ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/></p>	<p>→ M816</p>
M803	<p>How many of these births did your mother have before you were born?</p>	<p>NUMBER OF PRECEDING BIRTHS..... <input type="text"/> <input type="text"/></p>	

	[1]	[2]	[3]	[4]	[5]	[6]
M804 What was the name given to your oldest (next oldest) brother or sister?	-----	-----	-----	-----	-----	-----
M805 Is (NAME) male or female?	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2
M806 Is (NAME) still alive?	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [2]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [3]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [4]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [5]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [6]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [7]
M807 How old is (NAME)?	<input type="text"/> GO TO [2]	<input type="text"/> GO TO [3]	<input type="text"/> GO TO [4]	<input type="text"/> GO TO [5]	<input type="text"/> GO TO [6]	<input type="text"/> GO TO [7]
M808 In what year did (NAME) die?	19 <input type="text"/> GO TO M810 DK.....98	19 <input type="text"/> GO TO M810 DK.....98	19 <input type="text"/> GO TO M810 DK.....98	19 <input type="text"/> GO TO M810 DK.....98	19 <input type="text"/> GO TO M810 DK.....98	19 <input type="text"/> GO TO M810 DK.....98
M809 How many years ago did (NAME) die?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M810 How old was (NAME) when she/he died?	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [2]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [3]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [4]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [5]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [6]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [7]
M811 Was (NAME) pregnant when she died?	YES.....1 GO TO M814 NO.....2	YES.....1 GO TO M814 NO.....2	YES.....1 GO TO M814 NO.....2	YES.....1 GO TO M814 NO.....2	YES.....1 GO TO M814 NO.....2	YES.....1 GO TO M814 NO.....2
M812 Did (NAME) die during childbirth?	YES.....1 GO TO M815 NO.....2	YES.....1 GO TO M815 NO.....2	YES.....1 GO TO M815 NO.....2	YES.....1 GO TO M815 NO.....2	YES.....1 GO TO M815 NO.....2	YES.....1 GO TO M815 NO.....2
M813 Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES.....1 NO.....2 GO TO M815	YES.....1 NO.....2 GO TO M815	YES.....1 NO.....2 GO TO M815	YES.....1 NO.....2 GO TO M815	YES.....1 NO.....2 GO TO M815	YES.....1 NO.....2 GO TO M815
M814 Was her death due to complications of pregnancy or childbirth?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
M815 How many children did (NAME) give birth to during her lifetime?	<input type="text"/> GO TO [2]	<input type="text"/> GO TO [3]	<input type="text"/> GO TO [4]	<input type="text"/> GO TO [5]	<input type="text"/> GO TO [6]	<input type="text"/> GO TO [7]

IF NO MORE BROTHERS OR SISTERS, GO TO M816

	[7]	[8]	[9]	[10]	[11]	[12]
M804 What was the name given to (next oldest) brother or sister?	-----	-----	-----	-----	-----	-----
M805 Is (NAME) male or female?	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2
M806 Is (NAME) still alive?	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [8]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [9]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [10]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [11]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [12]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [13]
M807 How old is (NAME)?	<input type="text"/> GO TO [8]	<input type="text"/> GO TO [9]	<input type="text"/> GO TO [10]	<input type="text"/> GO TO [11]	<input type="text"/> GO TO [12]	<input type="text"/> GO TO [13]
M808 In what year did (NAME) die?	19 <input type="text"/> GO TO M810 DK.....98	19 <input type="text"/> GO TO M810 DK.....98	19 <input type="text"/> GO TO M810 DK.....98	19 <input type="text"/> GO TO M810 DK.....98	19 <input type="text"/> GO TO M810 DK.....98	19 <input type="text"/> GO TO M810 DK.....98
M809 How many years ago did (NAME) die?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M810 How old was (NAME) when she/he died?	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [9]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [10]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [11]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [12]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [13]
M811 Was (NAME) pregnant when she died?	YES.....1 GO TO M814 NO.....2	YES.....1 GO TO M814 NO.....2	YES.....1 GO TO M814 NO.....2	YES.....1 GO TO M814 NO.....2	YES.....1 GO TO M814 NO.....2	YES.....1 GO TO M814 NO.....2
M812 Did (NAME) die during childbirth?	YES.....1 GO TO M815 NO.....2	YES.....1 GO TO M815 NO.....2	YES.....1 GO TO M815 NO.....2	YES.....1 GO TO M815 NO.....2	YES.....1 GO TO M815 NO.....2	YES.....1 GO TO M815 NO.....2
M813 Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES.....1 NO.....2 GO TO M815	YES.....1 NO.....2 GO TO M815	YES.....1 NO.....2 GO TO M815	YES.....1 NO.....2 GO TO M815	YES.....1 NO.....2 GO TO M815	YES.....1 NO.....2 GO TO M815
M814 Was her death due to complications of pregnancy or childbirth?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
M815 How many children did (NAME) give birth to during her lifetime?	<input type="text"/> GO TO [8]	<input type="text"/> GO TO [9]	<input type="text"/> GO TO [10]	<input type="text"/> GO TO [11]	<input type="text"/> GO TO [12]	<input type="text"/> GO TO [13]

IF NO MORE BROTHERS OR SISTERS, GO TO M816

M816	RECORD THE TIME.	HOUR..... MINUTES.....	<input type="text"/> <input type="text"/>
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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 Supervisor: _____ Date: _____

EDITOR'S OBSERVATIONS

Name of Editor: _____ Date: _____

ERITREA DEMOGRAPHIC AND HEALTH SURVEY
SERVICE AVAILABILITY QUESTIONNAIRE

IDENTIFICATION	
AWRAJA _____	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </div>
WEREDA _____	
VILLAGE/TOWN NAME _____	
ASMARA=1, OTHER TOWN=2, RURAL=3.....	
CLUSTER NUMBER	
<div style="display: flex; justify-content: space-between;"> <div> DATE OF VISIT _____ <div style="display: flex; flex-direction: column; align-items: flex-end; margin-top: 5px;"> <div>DAY</div> <div>MONTH</div> <div>YEAR</div> <div>NAME</div> <div>*RESULT</div> </div> </div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-top: 5px;"></div> </div>	
INTERVIEWER'S NAME _____	
RESULT CODE* 1= COMPLETE, 2= PARTIALLY COMPLETE, 3= NOT COMPLETED	
CLUSTER INFORMANTS	
NAME	POSITION/TITLE/OCCUPATION
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
TOTAL NUMBER OF INFORMANTS IN THE CLUSTER..... <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></div>	

TIME STARTED _____

TIME ENDED _____

SECTION 1. COMMUNITY CHARACTERISTICS

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
QUESTIONS 101 IS TO BE ANSWERED BY THE INTERVIEWER UPON ARRIVAL AT THE CLUSTER.			
101	TYPE OF LOCALITY (in which cluster is found)	ASMARA.....1 OTHER TOWN.....2 RURAL.....3	→ 106 → 106

THE REMAINING QUESTIONS IN SECTIONS ONE AND TWO ARE TO BE ANSWERED BY KNOWLEDGEABLE INFORMANTS FROM THE CLUSTER.

102	What is the name of the nearest urban center?	NAME <input type="text"/>	
103	How far is it in kilometers to the nearest urban center?	KM. TO NEAREST URBAN CENTER..... <input type="text"/>	
104	What are the most commonly used types of transportation to go to the nearest urban center? (CIRCLE ALL APPLICABLE)	MOTORIZED.....A ANIMAL.....B WALKING.....C CYCLING.....D OTHER.....E	
105	What is the main access route to this (LOCALITY/ANSWER TO QUESTION 101?)	ALL WEATHER ROAD.....1 SEASONAL ROAD.....2 OTHER (RIVER/RAILWAY).....3 PATH.....4	
106	What are the major economic activities of the (LOCALITY) inhabitants? RECORD THREE ACTIVITIES	AGRICULTURE.....A LIVESTOCK.....B FISHING.....C TRADING/MARKETING.....D MANUFACTURING.....E MINING.....F OTHER.....G	
107	Is there telephone service in the (LOCALITY ?)	YES.....1 NO.....2	
108	Please tell me if the following things are in the (LOCALITY) Is there a primary school here? Is there a middle school here? Is there a secondary school here? Is there a post office here? Is there a local market here? Is there a cinema here? Is there a bank here? Is there a public transportation here? Is there a women's association here? Is there a youth association here?	KILOMETERS PRIMARY SCHOOL..... <input type="text"/> MIDDLE SCHOOL..... <input type="text"/> SECONDARY SCHOOL..... <input type="text"/> POST OFFICE..... <input type="text"/> LOCAL MARKET..... <input type="text"/> CINEMA..... <input type="text"/> BANK..... <input type="text"/> PUBLIC TRANSPORTATION.... <input type="text"/> WOMEN'S ASSOCIATION..... <input type="text"/> YOUTH ASSOCIATION..... <input type="text"/>	

NOTE: FOR EACH, IF IN LOCALITY, WRITE "00".

IF NOT IN LOCALITY, ASK HOW FAR. WRITE IN KILOMETERS. 97 = Not available or far away

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
113	Where do most of the time women give birth?	AT HOME.....1 AT HEALTH FACILITY/INSTITUTION..2	
114	Is there a traditional birth attendant available to women here who regularly assists during delivery?	YES.....1 NO.....2	→115
114a	Does the traditional birth attendant provide iron supplements?	YES.....1 NO.....2	
114b	Does the traditional birth attendant provide multiple vitamin supplements?	YES.....1 NO.....2	
114c	Has the traditional birth attendant had any special training from the government or Ministry of Health or other organization?	YES.....1 NO.....2 DON'T KNOW.....8	
115	Is the area covered by a trained midwife?	YES.....1 NO.....2	→116
115a	Does the trained midwife provide iron supplements?	YES.....1 NO.....2	
115b	Does the trained midwife provide multiple vitamin tablets?	YES.....1 NO.....2	
116	Is the area covered by a community/village health worker?	YES.....1 NO.....2	→117
116a	Does the health worker provide: a: Basic medications? b: ORT instruction or ORS packets? c: Vitamin A capsules? d: Growth promotion/nutrition? e: Iron tablets? f: Multiple vitamin tablets? g: Antenatal care? h: Immunizations? i: Family planning services? j: Training in prevention of malaria?	BASIC MEDICATIONS: YES.....1 NO.....2 ORT/ORS: YES.....1 NO.....2 VITAMIN A: YES.....1 NO.....2 GROWTH PROMOTION: YES.....1 NO.....2 IRON TABLETS: YES.....1 NO.....2 MULTIPLE VITAMIN TABLETS YES.....1 NO.....2 ANTENATAL CARE: YES.....1 NO.....2 IMMUNIZATIONS: YES.....1 NO.....2 FAMILY PLANNING: YES.....1 NO.....2 MALARIA PREVENTION YES.....1 NO.....2	
116b	How often does the health worker visit?	NO. OF TIMES <input type="text"/> <input type="text"/> PER MONTH	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
117	Has there been any health campaigns in this (LOCALITY) in last year?	YES.....1 NO.....2	GO TO → SEC.2
117a	What was the health campaign promoting?	<div>YES NO</div> <div>BENEFITS OF BREASTFEEDING.. 1 2</div> <div>IMMUNIZATION..... 1 2</div> <div>DIARRHEAL DISEASE CONTROL.. 1 2</div> <div>AIDS..... 1 2</div> <div>DRUG ABUSE..... 1 2</div> <div>GROWTH PROMOTION/NUTRITION. 1 2</div> <div>VITAMIN A..... 1 2</div> <div>IODINE DEFICIENCY..... 1 2</div> <div>SANITATION..... 1 2</div> <div>MALARIA CONTROL..... 1 2</div> <div>OTHER (SPECIFY)_____ 1 2</div>	

SECTION 2.

FACILITY IDENTIFICATION SECTION

What is the name of the nearest doctor with a private practice to this community?
(PROVIDE COUNTRY SPECIFIC DESCRIPTION OF A PRIVATE DOCTOR)

What is the name of the nearest private pharmacy to this community? (PROVIDE COUNTRY SPECIFIC
DESCRIPTION OF A PHARMACY)

What is the name of the nearest health center providing general health services to this community?
(PROVIDE COUNTRY SPECIFIC DESCRIPTION OF A HEALTH CENTER)

What is the name of the nearest clinic providing general health services to this community?
(PROVIDE COUNTRY SPECIFIC DESCRIPTION OF A CLINIC)

What is the name of the nearest hospital providing general health services to this community?
(PROVIDE COUNTRY SPECIFIC DESCRIPTION OF A HOSPITAL)

A. PRIVATE DOCTOR

No.	QUESTIONS	CODING CATEGORIES	SKIP TO																				
A201	NAME OF PRIVATE DOCTOR (COPY FROM SECTION 2, PAGE 4)	PRIVATE DOCTOR'S NAME _____ _____ NOT APPLICABLE97 DON'T KNOW.....98	→B201																				
A202	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>																					
A203	What is the most common type of transport to the doctor's practice?	MOTORIZED (FOR EXAMPLE, BUS).....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 OTHER.....5																					
A204	How long does it take to get from here to (PRIVATE DOCTOR'S NAME) using most common type of transport?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>																					
A205	Does this private doctor provide : antenatal care? delivery care? child immunization? family planning services?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ANTENATAL CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>DELIVERY CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>CHILD IMMUNIZATION...1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>FAMILY PLANNING.....1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		YES	NO	DK	ANTENATAL CARE.....1	2	8		DELIVERY CARE.....1	2	8		CHILD IMMUNIZATION...1	2	8		FAMILY PLANNING.....1	2	8		→A210
	YES	NO	DK																				
ANTENATAL CARE.....1	2	8																					
DELIVERY CARE.....1	2	8																					
CHILD IMMUNIZATION...1	2	8																					
FAMILY PLANNING.....1	2	8																					
A206	Who is the nearest doctor with a private practice who provides family planning services to this community?	PRIVATE DOCTOR'S NAME _____ _____ NOT APPLICABLE.....97 DON'T KNOW.....98	→A210 →A210																				
A207	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>																					
A208	What is the most common type of transport to the doctor's practice?	MOTORIZED (FOR EXAMPLE, BUS).....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 OTHER.....5																					
A209	How long does it take to get from here to (PRIVATE DOCTOR'S NAME) using most common type of transport?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>																					
A210	How many private doctor practices in total are there within 30 kilometers?	NO. PRIVATE DOCTORS WITHIN 30 KM..... <input type="text"/> <input type="text"/>																					

B. PHARMACY

No.	QUESTIONS	CODING CATEGORIES	SKIP TO				
B201	NAME OF PHARMACY (COPY FROM SECTION 2, PAGE 4)	PHARMACY NAME _____ _____ NOT APPLICABLE97 DON'T KNOW.....98	→C201				
B202	Is that a government pharmacy or is it operated by a non-government organization ?	GOVERNMENT1 NON-GOVERNMENT.....2					
B203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					
B204	What is the most common type of transport to the pharmacy?	MOTORIZED (FOR EXAMPLE, BUS).....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 OTHER.....5					
B205	How long does it take to get from here to (PHARMACY NAME) using most common type of transport?	HOURS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MINUTES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					
B206	Does this pharmacy sell family planning supplies?	YES.....1 NO.....2 DON'T KNOW.....8	→B212				
B207	What is the name of the nearest pharmacy which sells family planning supplies to this community?	PHARMACY NAME _____ _____ NOT APPLICABLE.....97 DON'T KNOW.....98	→B212 →B212				
B208	Is that a government pharmacy or is it operated by a non-government organization ?	GOVERNMENT1 NON-GOVERNMENT.....2					
B209	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					
B210	What is the most common type of transport to the pharmacy?	MOTORIZED (FOR EXAMPLE, BUS).....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 OTHER.....5					
B211	How long does it take to get from here to (PHARMACY NAME) using most common type of transport?	HOURS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MINUTES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					
B212	How many private pharmacies in total are there within 30 kilometers?	NO. PHARMACIES WITHIN 30 KM..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					

C. HEALTH CENTER

No.	QUESTIONS	CODING CATEGORIES	SKIP TO																								
C201	NAME OF HEALTH CENTER (COPY FROM SECTION 2 PAGE 4)	HEALTH CENTER NAME _____ NOT APPLICABLE97 DON'T KNOW.....98	→D201																								
C202	Is that a government health center or is it operated by a non-government organization?	GOVERNMENT.....1 NON-GOVERNMENT.....2																									
C203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>																									
C204	What is the most common type of transport to the health center?	MOTORIZED (FOR EXAMPLE, BUS).....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 OTHER.....5																									
C205	How long does it take to get from here to (HEALTH CENTER NAME) using most common type of transport?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>																									
C206	Does this health center provide : antenatal care? delivery care? growth promotion? child immunization? family planning services?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ANTENATAL CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>DELIVERY CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>GROWTH PROMOTION.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>CHILD IMMUNIZATION...1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>FAMILY PLANNING.....1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		YES	NO	DK	ANTENATAL CARE.....1	2	8		DELIVERY CARE.....1	2	8		GROWTH PROMOTION.....1	2	8		CHILD IMMUNIZATION...1	2	8		FAMILY PLANNING.....1	2	8		→C213
	YES	NO	DK																								
ANTENATAL CARE.....1	2	8																									
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GROWTH PROMOTION.....1	2	8																									
CHILD IMMUNIZATION...1	2	8																									
FAMILY PLANNING.....1	2	8																									
C207	What is the name of the nearest health center providing family planning services to this community?	HEALTH CENTER NAME _____ _____																									
C208	Is that a government health center or is it operated by a non-government organization?	GOVERNMENT.....1 NON-GOVERNMENT.....2																									
C209	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>																									
C210	What is the most common type of transport to the health center?	MOTORIZED (FOR EXAMPLE, BUS).....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 OTHER.....5																									
C211	How long does it take to get from here to (HEALTH CENTER NAME) using most common type of transport?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>																									
C212	Does this health center provide : antenatal care? delivery care? growth promotion? child immunization?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ANTENATAL CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>DELIVERY CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>GROWTH PROMOTION.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>CHILD IMMUNIZATION...1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		YES	NO	DK	ANTENATAL CARE.....1	2	8		DELIVERY CARE.....1	2	8		GROWTH PROMOTION.....1	2	8		CHILD IMMUNIZATION...1	2	8						
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GROWTH PROMOTION.....1	2	8																									
CHILD IMMUNIZATION...1	2	8																									
C213	How many health centers in total are there within 30 kilometers?	NO. HEALTH CENTERS WITHIN 30 KM..... <input type="text"/> <input type="text"/>																									

D. CLINIC

No.	QUESTIONS	CODING CATEGORIES	SKIP TO																								
D201	NAME OF CLINIC (COPY FROM SECTION 2, PAGE 4)	CLINIC NAME _____ _____ NOT APPLICABLE97 DON'T KNOW.....98	→E201																								
D202	Is that a government clinic or is it operated by a non-government organization?	GOVERNMENT.....1 NON-GOVERNMENT.....2																									
D203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>																									
D204	What is the most common type of transport to the clinic?	MOTORIZED (FOR EXAMPLE, BUS).....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 OTHER.....5																									
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D213	How many clinics in total are there within 30 kilometers?	NO. CLINICS WITHIN 30 KM..... <input type="text"/> <input type="text"/>																									

E. HOSPITAL

No.	QUESTIONS	CODING CATEGORIES	SKIP TO																								
E201	NAME OF HOSPITAL (COPY FROM SECTION 2, PAGE 4)	HOSPITAL NAME _____ NOT APPLICABLE97 DON'T KNOW.....98	→F214																								
E202	Is that a government hospital or is it operated by a non-government organization?	GOVERNMENT.....1 NON-GOVERNMENT.....2																									
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CONTRACEPTIVE METHOD AND HEALTH SERVICES IDENTIFICATION

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
F214	What is the name of the nearest place where birth control pills can be obtained?	<p>NEAREST PILL PROVIDER NAME</p> <p>_____</p> <p>NOT APPLICABLE97</p> <p>DON'T KNOW.....98</p>	
F215	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
F216	What is the name of the nearest place or provider to this community where condoms can be obtained?	<p>NEAREST CONDOM PROVIDER NAME</p> <p>_____</p>	
F217	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
F218	What is the name of the nearest place to this community where family planning injection can be obtained?	<p>NEAREST INJECTION PROVIDER NAME</p> <p>_____</p>	
F219	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
F220	What is the name of the nearest facility or provider to this community where IUDs can be inserted?	<p>NEAREST IUD PROVIDER NAME</p> <p>_____</p>	
F221	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
F222	What is the name of the nearest facility or provider to this community where female sterilization can be obtained?	<p>NEAREST STERILIZATION PROVIDER NAME</p> <p>_____</p>	
F223	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
F224	What is name of the nearest place to this community where immunizations for children can be obtained?	<p>NEAREST IMMUNIZATION PROVIDER NAME</p> <p>_____</p>	
F225	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
F226	What is the name of the nearest place to this community where oral rehydration solution (ORS) packets can be obtained?	<p>NEAREST ORS PLACE NAME</p> <p>_____</p>	
F227	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
F228	If child is sick with cough (respiratory disease), what is the name of the nearest place where treatment can be obtained?	NEAREST RESP. DISEASE TREATMENT PLACE _____	
F229	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
F230	What is the name of the nearest place to this community where antenatal care can be obtained?	NEAREST ANTENATAL PROVIDER NAME _____	
F231	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
F232	If a woman has a complication in delivery, what is the name of the nearest place she can be treated?	NEAREST DELIVERY PLACE NAME _____	
F233	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
F234	If a person has malaria, what is the name of the nearest place/person can get medicine?	NAME OF PLACE FOR MALARIA TREATMENT _____	
F235	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	