

APPENDIX E: SIDHS QUESTIONNAIRES

DEMOGRAPHIC AND HEALTH SURVEYS
WOMAN'S QUESTIONNAIRE

4 SEPTEMBER 2006

SOLOMON ISLANDS
NATIONAL STATISTICS OFFICE

IDENTIFICATION																	
NAME OF HOUSEHOLD HEAD _____ HOUSEHOLD NUMBER PROVINCE _____ WARD _____ EA NUMBER VILLAGE NAME _____ TOWN/PROVINCIAL CENTRE/RURAL AREA (TOWN=1, PROVINCIAL CENTRE=2, RURAL=3) NAME AND LINE NUMBER OF WOMAN _____	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																

INTERVIEWER VISITS										
	1	2	3	FINAL VISIT						
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>						
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>						
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>						
NEXT VISIT: DATE	_____	_____		INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>						
TIME	_____	_____		RESULT <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>						
TOTAL NUMBER OF VISITS				<table border="1" style="width: 30px; height: 20px; margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>						
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)										

LANGUAGE OF QUESTIONNAIRE: **ENGLISH & PIDGIN**

LANGUAGE OF INTERVIEWER: _____

LANGUAGE OF RESPONDENT _____

TRANSLATOR USED? YES _____ NO _____

FIELD EDITOR	TEAM SUPERVISOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	_____	_____
DATE _____	DATE _____	_____	_____

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the National Statistics Office. We are conducting a national survey that asks men and women about various health issues. We would very much appreciate your cooperation in this survey. This information will help the government to plan health services. The survey usually takes between 30 to 60 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

As part of the survey we would first like to ask some questions about your household. All of the answers you give will be confidential. We are also taking weight and height measurements and asking women and small children all over the country to take an anemia test. Anemia is a serious health problem that usually result from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. The survey is conducted under the Statistics Acts 1970 and anyone who release the information will be prosecuted.

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

INFORMED CONSENT

Halo nem blo mi hemi _____ an mi wak lo (Nem blo oganaiseisen). Mifala karemaot wanfala nasinol sovei fo askem olketa man an mere abaotem olketa di-difren kaen sik wea save kasem iumi Bae mifala hapi tumas lo tek pat blo iu lo disfala sovei. Disfala sovei bae helpem gavman fo plan gud fo olketa helt sevis blo iumi. Sovei bae tekem iumi from 30 go kasem 60 minit nomoa fo finisim ia. Olketa infomeisin iu givim kam bae mifala tambu tumas fo talem lo eniwan moa ia.

Olsem pat blo sovei bei mifala askem iu abaotem disfala haos blo iu. Evri ansa blo iu bae mifala tambu fo talem olbaot. Mifa bae bae tekem hoa hevi nao iu, mesam hao tol nao iu and olso bae askem olketa mere an pikinini lo hol kandre fo tekem wanfi test lo bald olketa kolek anemia. Disfala Anemi hemi wanfala bigfala helt problem wea hemi kasem iumi cecos lo nogut kaikai, o siknes o siksik olowe (sik wea hem no sava finis). Disfala sovei bae halpem gavman fo kampem olketa program blo hem to barava stopem anemia an fo tritim anemia.

Disfala sovei hemi folom lo blo Statistiks Act 1970 an eniwan hu hemi talem aot informeson o stori wea iumi kolectim lo dasfala sovei bae bae hemi go lo kot.

*Waswe, iu garem eni kuestin iu laek askem mi distaem?
Hao, iumitufala save stat wetem olketa kuestin nao?*

Signature of interviewer:

Date:

RESPONDENT AGREES TO BE INTERVIEWED . 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . 2 → END



SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	In what province and ward did you usually reside one year ago? <i>Insaet wat Provins an ward nao iu save stap insaet wan iia igo finis?</i> IF RESIDENCE ONE YEAR AGO IS SAME AS CURRENT WARD & PROVINCE OF RESIDENCE, CIRCLE '95' IF THE RESPONDENT IS A VISITOR, CIRCLE '96'.	ONE YEAR AGO PROVINCE <input type="text"/> <input type="text"/> WARD <input type="text"/> <input type="text"/> SAME WARD & PROVINCE 95 VISITOR 96	→ 105
103	In what province and ward did you usually reside during the coup of June 2000 or ethnic tension? <i>Insaet watkaen provins o ward nao iu stap lo taem disfala etnik tensin hemi hapen lo Jiun 2000 ia?</i> IF RESIDENCE IN JUNE 2000 IS SAME AS CURRENT WARD & PROVINCE OF RESIDENCE, CIRCLE '95'	JUNE 2000 PROVINCE <input type="text"/> <input type="text"/> WARD <input type="text"/> <input type="text"/> SAME WARD & PROVINCE 95	
104	Just before you moved here in (NAME OF CURRENT PLACE OF RESIDENCE) did you live in a town, a provincial centre, or in a rural area? <i>Jas bifoia iu mov kam lo hia (NAME OF CURRENT PLACE OF RESIDENCE) waswe, iu bin stap lo taon, wanfala senta lo Provins o lo rurol eria?</i> IF NEVER MOVED, CIRCLE '5'.	TOWN 1 PROVINCIAL CENTRE 2 RURAL 3 NEVER MOVED 5	
105	In what month and year were you born? <i>Lo wat iia an mans nao iu bon?</i>	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? <i>Iu hao olo nao lo las botde blo iu?</i> COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
107	Have you ever attended school? <i>Waswe, iu bin atendem skul tu o nomoa?</i>	YES 1 NO 2	→ 111
108	What is the highest level of school you attended: primary, secondary, vocational or higher? <i>Wat levol nao iu skul kasem: primari, sekondari, o hae go moa?</i>	PRIMARY 1 SECONDARY 2 VOCATIONAL 3 COLLEGE 4 POST-BACCALAUREATE 5	
109	What is the highest (grade/form/year) you completed at that level? <i>Wanem gred, fom o iia nao iu komplitim lo datfala levol?</i>	GRADE/FORM/YEAR <input type="text"/> <input type="text"/>	

110	CHECK 108: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		114
111	Now I would like you to read this sentence to me. <i>Distaem mi laekem iu fo ridim kam disfala sentens.</i> SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me? <i>Iu save ridim kam eni pat lo disfala sentens fo mi?</i>	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE.. 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
112	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)? <i>Waswe, iu bin tek pat tu lo eni program wea lanem iu hao fo rid o raet (an wea hemi difren from go lo praemari</i>	YES 1 NO 2	
113	CHECK 111: CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/>		115
114	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all? <i>Iu ridim niuspepa o magasin kolsap evride lo wik nomoa, samfala dei nomoa lo wan wik, no kasem wan dei insaet wan wik o nating nomoa?</i>	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
115	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all? <i>Waswe, iu save lisiin lo radio evride, samfala dei lo wan wik, no kasem wan dei nomoa insaet wanfala wik o nating nomoa?</i>	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
116	Do you watch television almost every day, at least once a week, less than once a week or not at all? <i>Waswe, iu save lukluk televisin evride lo wik, samfala dei nomoa insaet wan wik, less dan wanfala dei lo wan wik o nating nomoa?</i>	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
117	Do you consider yourself a Melanesian, a Polynesian, a Micronesian, European or what? <i>Waswe iu tingim iuseleva olsem iu Melanesian, o Polynesian, o Micronesian, o European o wat kaen grup?</i>	MELANESIAN 1 POLYNESIAN 2 MICRONESIAN 3 EUROPEAN 4 CHINESE 5 OTHER 6	
118	What is your religious affiliation? <i>Wat kaen Lotu nao iu go long hem?</i>	AGLICAN 1 ROMAN CATHOLIC 2 UNITED CHURCH 3 SOUTHSEAS EVANGELICAL 4 SEVENTH DAY ADVENTIST 5 OTHER 6	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
201	<p>Now I would like to ask about all the births you have had during your life. Have you ever given birth?</p> <p><i>Distaem bae mi askem iu abaotem olketa pikinini iu bonem lo laef taem blo iu. Iu bonem eni pikinini tu?</i></p>	<p>YES 1 NO 2</p>	→ 206				
202	<p>Do you have any sons or daughters to whom you have given birth who are now living with you?</p> <p><i>Iu garem eni pikinini boe o gel wea iu seleva bonem an olketa stap wetem iu distaem?</i></p>	<p>YES 1 NO 2</p>	→ 204				
203	<p>How many sons live with you? <i>Hao meni pikinini-boe blo iu nao stap wetem iu distaem?</i></p> <p>And how many daughters live with you? <i>An hao meni pikinini-gel blo iu nao stap wetem iu distaem?</i></p> <p align="center">IF NONE, RECORD '00'.</p>	<p>SONS LIVING WITH HER ... DAUGHTERS LIVING WITH HER</p> <table border="1" data-bbox="1161 555 1251 658"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>					
204	<p>Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?</p> <p><i>Waswe, iu garem eni pikinini-boe o pikinini-gel wea iu nao iu bonem olketa an hu stil laif distaem bat olketa no liv wetem iu lo hia distaem?</i></p>	<p>YES 1 NO 2</p>	→ 206				
205	<p>How many sons are alive but do not live with you? <i>Hao meni pikinini-boe nao olketa stil laef distaem bat no stap wetem iu?</i></p> <p>And how many daughters are alive but do not live with you? <i>An hao meni pikinini-gel nao olketa stil laef distaem bat no stap wetem iu?</i></p> <p align="center">IF NONE, RECORD '00'.</p>	<p>SONS ELSEWHERE DAUGHTERS ELSEWHERE</p> <table border="1" data-bbox="1161 904 1251 1008"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>					
206	<p>Have you ever given birth to a boy or girl who was born alive but later died?</p> <p><i>Waswe, iu bin bonem eni pikinini boe o gel, wea iu bonem kam an hem laef; bat lelebet taem bihaen hemi bon, hemi dae nomoa?</i></p> <p>IF NO, PROBE: Any baby who cried or showed signs of life but did not survive? <i>Eni bebi wea hemi krae o hem som samfala saen blo laef bat wea hemi dae nomoa?</i></p>	<p>YES 1 NO 2</p>	→ 208				
207	<p>How many boys have died? <i>Hao meni pikinini-boe nao olketa bin dae finis?</i></p> <p>And how many girls have died? <i>An hao meni pikinini-gel nao olketa bin dae finis?</i></p> <p align="center">IF NONE, RECORD '00'.</p>	<p>BOYS DEAD GIRLS DEAD</p> <table border="1" data-bbox="1161 1406 1251 1509"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>					
208	<p>SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.</p>	<p>TOTAL CHILDREN</p> <table border="1" data-bbox="1161 1576 1251 1635"> <tr><td></td><td></td></tr> </table>					
209	<p>CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct?</p> <p><i>Jas fo mek-sua mi getem stret: iu bin bonem TOTAL _____ pikinini lo laef taem blo iu. Waswe, hem tru?</i></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> CORRECT 201-208 AS NECESSARY.</p>						
210	<p>CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/></p>		→ 226				

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. <i>Distaem mi laek rekodem nem blo evri pikinini iu bonem, olketa wea laef an olketa dae tu; bae iumi stat wetem fasbon.</i> RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).									
212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby? <i>Wat nao nem iu givim lo faswan /neks bebi?</i> (NAME)	Were any of these births twins? <i>Eniwan lo olketa pikinini ia hemi tuin o nomoa?</i>	Is (NAME) a boy or a girl? <i>Waswe, (NEM) hemi boe o gel?</i>	In what month and year was (NAME) born? <i>Lo watkaen mans an iia nao (NEM) hemi bon?</i> PROBE: What is his/her birthday? <i>Wanem nao botde blo hem?</i>	Is (NAME) still alive? <i>Waswe (NEM) hemi laef iet?</i>	IF ALIVE: How old was (NAME) at his/her last birthday? <i>Hao olo nao (NE) lo las botde blo hem?</i> RECORD AGE IN COMPLETED YEARS.	IF ALIVE: Is (NAME) living with you? <i>Waswe (NEM) hem stap wetem iu o nomoa?</i>	IF ALIVE: RECORD HOUSE- HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	IF DEAD: How old was (NAME) when he/she died? <i>Hao olo nao (NEM) taem hemi dae?</i> IF '1 YR', PROBE: How many months old was (NAME)? <i>Hao meni mans olo nao (NEM)</i> RECORD DAYS IF < 1 MONTH; MONTHS IF < 2 YEARS; OR YEARS	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (NEXT BIRTH)	DAYS ... 1 MONTHS 2 YEARS ... 3	
13	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH
14	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH
15	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH
16	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH
17	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH
18	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221	
What name was given to your (first/next) baby? <i>Wat nao nem iu givim lo faswan /neks bebi?</i> (NAME)	Were any of these births twins? <i>Eniwan lo olketa pikinini ia tuin o nomoa?</i>	Is (NAME) a boy or a girl? <i>Waswe, (NAME) hemi boe o gel?</i>	In what month and year was (NAME) born? <i>Lo wataken mans an iia nao (NEM) hemi bon?</i> PROBE: What is his/her birthday? <i>Wanem nao botde blo hem?</i>	Is (NAME) still alive? <i>Waswe (NEM) hemi laef iet?</i>	How old was (NAME) at his/her last birthday? <i>Hao olo nao (NE) lo las botde blo hem?</i> RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you? <i>Waswe (NEM) hem stap wetem iu o nomoa?</i>	RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	How old was (NAME) when he/she died? <i>Hao olo nao (NEM) taem hemi dae?</i> IF '1 YR', PROBE: How many months old was (NAME)? <i>Hao meni mans olo nao (NEM)?</i> RECORD DAYS IF < 1 MONTH; MONTHS IF < 2 YEARS; OR YEARS	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?	
19	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH	
20	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH	
21	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH	
22	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH	
23	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD BIRTH NO... 2 NEXT BIRTH	
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE? <i>Waswe, iu bin bonem eni moa pikinini afta (NEM BLO)?</i>					YES 1 NO 2				
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. FOR EACH BIRTH SINCE JANUARY 2001: MONTH AND YEAR OF BIRTH ARE RECORDED. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.									
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2001 OR LATER. IF NONE, RECORD '0' AND SKIP TO 226.									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 2001, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)		
226	Are you pregnant now? <i>Waswe, iu babule distaem?</i>	YES 1 NO 2 UNSURE 8	→ 229
227	How many months pregnant are you? <i>Iu, hao meni mans babule nao?</i> RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
228	At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all? <i>Lo taem iu stat fo babule lo distaem ia, waswe, iu laek fo babule lo taem ia, o iu wande wet fo lelebet taem bihaen, o iu barava no laekem fo garem narafala (samfala moa) pikinini nao?</i>	THEN 1 LATER 2 NOT AT ALL 3	
229	Have you ever had a pregnancy that miscarried, was aborted or ended in a stillbirth? <i>Eni babule blo iu hemi nogud, o olketa dokta an nes helpem iu fo aotem, o hemi bon an die nomoa?</i>	YES 1 NO 2	→ 237
230	When did the last such pregnancy end? <i>Wat taem nao kaen babule olsem bin hapen?</i>	MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
231	CHECK 230: LAST PREGNANCY ENDED IN <input type="checkbox"/> JAN. 2001 OR LATER LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JAN. 2001		→ 237
232	How many months pregnant were you when the last such pregnancy ended? <i>Hao meni mans nao iu babule lo taem wea kaen ia happen?</i> RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
233	Since January 2001, have you had any other pregnancies that did not result in a live birth? <i>lo Januari 2001 go kasem distaem, waswe iu bin babule bat wea hemi nogud nomoa?</i>	YES 1 NO 2	→ 235
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2001. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any miscarriages, abortions or stillbirths that ended before 2001? <i>Iu bin garem eni babule wea hemi nogud o olketa dokta o nes helpem fo aotem o hemi dae insaet bele befoa hemi bon bifo 2001?</i>	YES 1 NO 2	→ 237

236	<p>When did the last such pregnancy that terminated before 2001 end? <i>Watkaen taem nao diskaen ia olsem bin happen bifo 2001 finis?</i></p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>									
237	<p>When did your last menstrual period start? <i>Wat taem nao las taem iu lukim mun hemi stat?</i></p> <p>_____ (DATE, IF GIVEN)</p>	<p>DAYS AGO 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> WEEKS AGO 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTHS AGO 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEARS AGO 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996</p>									
238	<p>From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations? <i>From wanfala taem wea iu lukim mun go fo neks wan, waswe hemi tru o nomoa dat insaet lo samfal de lo disfala taem mere bae hemi save babule sapos hem havem sex, winim olkeat narafal de insaet lo disfala taem?</i></p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>→ 301</p>								
239	<p>Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods? <i>Lo kaen taem olsem, waswe hem jas bifo hem lukim mun, insaet taem hemi lukim mun, jas afta taem hem lukim mun nomoa, o haf-we melwan tufala taem hem lukim mun blo hem?</i></p>	<p>JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8</p>									

SECTION 3. CONTRACEPTION

301	<p>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.</p> <p><i>Distaem mi laek fo tok abaotem famili planing - olsem olketa didifren kaen we o hao wan-marit (hasban an waef) save iusim fo holemap fo lelebet taem, taem blo mami fo babule o fo mekem mami no babule nomoa.</i></p> <p>Which ways or methods have you heard about?</p> <p><i>Olketa watkaen didifren kaen we o metod nao iu bin herem finis?</i></p> <p>FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)? <i>Waswe, iu bin herem finis bifo disfala(METHOD)?</i></p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</p>	302 Have you ever used <i>Waswe, iu bin iusim finis bifo</i> (METHOD)?	
01	<p>FEMALE STERILIZATION: Women can have an operation to avoid having any more children.</p> <p><i>FEMALE STERILIZATION: Olketa mere save kat stopem rot blo ek fo mekem hem fo no save garem eni moa pikinini.</i></p>	<p>YES 1 NO 2 ↓</p>	<p>Have you ever had an operation to avoid having any more children?</p> <p><i>Waswe iu bin getem eni kat fo stopem rot blo ek fo mekem iu fo no save garem eni moa pikinini?</i></p> <p>YES 1 NO 2</p>
02	<p>MALE STERILIZATION Men can have an operation to avoid having any more children.</p> <p><i>MALE STERILIZATION: Olketa man save kat stopem rot blo spem fo mekem hem fo no save mekem eni moa pikinini.</i></p>	<p>YES 1 NO 2 ↓</p>	<p>Have you ever had a partner who had an operation to avoid having any more children?</p> <p><i>Waswe patna blo iu hemi bin getem eni kat fo stopem rot blo spem fo mekem hem fo no save mekem eni moa pikinini?</i></p> <p>YES 1 NO 2</p>
03	<p>PILL: Women can take a pill every day to avoid becoming pregnant.</p> <p><i>PILL: Olketa mere save tekem wanfala pill lo evride fo stopem hem fo babule.</i></p>	<p>YES 1 NO 2 ↓</p>	<p>YES 1 NO 2</p>
04	<p>IUD Women can have a loop or coil placed inside them by a doctor or a nurse.</p> <p><i>IUD: Dokta o nes save putim wanfala ring o koil blo spring insaet lo mere.</i></p>	<p>YES 1 NO 2 ↓</p>	<p>YES 1 NO 2</p>
05	<p>INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p> <p><i>INJECTABLES: Olketa mere save tekem nila from olketa lo helt fo stopem olketa from babule fo wan mans o winim go moa.</i></p>	<p>YES 1 NO 2 ↓</p>	<p>YES 1 NO 2</p>
06	<p>IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.</p> <p><i>IMPLANTS: Olketa mere save getem samting olketa kolem rods lo untap saed lo han blo mere fo mekem olketa no save garem pikinini fo.</i></p>	<p>YES 1 NO 2 ↓</p>	<p>YES 1 NO 2</p>

07	<p>CONDOM Men can put a rubber sheath on their private part when having sexual intercourse <i>CONDOM: Olketa man save putum raba lo koko blo olketa taem olketa havem seks.</i></p>	<p>YES 1 NO 2 ↴</p>	<p>YES 1 NO 2 NO 2</p>
08	<p>FEMALE CONDOM Women can place a sheath in their vagina before having sexual intercourse <i>FEMALE CONDOM: Olketa mere save putum wanfala raba insaet kan blo olketa jas bifo taem olketa havem seks.</i></p>	<p>YES 1 NO 2 ↴</p>	<p>YES 1 NO 2 NO 2</p>
09	<p>LACTATIONAL AMENORRHEA METHOD (LAM)</p>	<p>YES 1 NO 2 ↴</p>	<p>YES 1 NO 2</p>
10	<p>RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely get pregnant. <i>RHYTHM: Lo evri mans lo taem bodi blo mere hemi stron tumas fo seks, hemi save stopem hemseleva fo babule sapos hem no havem seks lo olketa de lo mans wea hemi save bae hemi babule sapos hemi havem seks.</i></p>	<p>YES 1 NO 2 ↴</p>	<p>YES 1 NO 2</p>
11	<p>WITHDRAWAL Men can be careful and pull out before climax. <i>WITHDRAWAL: Olketa man save kea kea an pulaot befoa hemi bosta.</i></p>	<p>YES 1 NO 2 ↴</p>	<p>YES 1 NO 2</p>
12	<p>EMERGENCY CONTRACEPTION As an emergency measure after having sexual intercourse, women can take special pills at any time within 5 days to prevent pregnancy. EMERGENCY CONTRACEPTION Olssem wanfala kwik an sitoron we afta hem havem sekas, for olketa mere save teke, spesol table-meresin enifaem insaet taef (5) fala deis fo stopem hem from babule.</p>	<p>YES 1 NO 2 ↴</p>	<p>YES 1 NO 2</p>
13	<p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy? <i>Waswe, lu herem eni nara we moa wea olketa man o mere save iusim fo mekem mere no save babule?</i></p>	<p>YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2</p>	<p>YES 1 NO 2 YES 1</p>
303	<p>CHECK 302:</p> <p>NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/></p>		<p>→ 307</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant? <i>Waswe, lu bin iusim enisamting o traem eni we fo holemap o stopem iu seleva fo babule?</i>	YES 1 NO 2	→ 306
305	ENTER '0' IN THE CALENDAR IN EACH BLANK MONTH.		→ 333
306	What have you used or done? <i>Wanem nao iu bin iusim o duim?</i> CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. <i>Distaem mi laek askem iu abaotem, lo fastaem iu duim samfal samting o usim wanfala metod fo stopem iu seleva fo babule.</i> How many living children did you have at that time, if any? <i>Hao meni pikinini wea laef nao iu garem lo datfala taem, sapos eni?</i> IF NONE, RECORD '00'.	NUMBER OF CHILDREN ... <input type="text"/>	
308	CHECK 302 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 311A
309	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 322
310	Are you currently doing something or using any method to delay or avoid getting pregnant? <i>Waswe, distaem iu duim samfala samting o iusim eni we fo holemap o stopem iu seleva from babule o nomoa?</i>	YES 1 NO 2	→ 322
311	Which method are you using? <i>Watkaen we nao iu iusim ia?</i> CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTABLES E IMPLANTS F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMEN. METHOI..... K RHYTHM METHOD L WITHDRAWAL M OTHER _____ X (SPECIFY)	→ 316 → 315 → 315 → 319A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.		
312	RECORD IF CODE 'C' FOR PILL IS CIRCLED IN 311. YES (USING PILL) <input type="checkbox"/> NO (USING CONDOM BUT NOT PILL) <input type="checkbox"/> May I see the package of pills you are using? <i>Waswe, mi save lukim paket blo meresin iu iusim ia?</i> RECORD NAME OF BRAND IF PACKAGE SEEN. May I see the package of condoms you are using? <i>Waswe mi save lukim paket blo kondom wea iu iusim ia?</i>	PACKAGE SEEN 1 BRAND NAME _____ (SPECIFY) <input type="text"/> PACKAGE NOT SEEN 2	→ 314
313	Do you know the brand name of the (pills/condoms) you are using? <i>Iu save tu lo nem blo kaen (meresin/kondom) wea iu iusim distaem ia?</i> RECORD NAME OF BRAND.	BRAND NAME _____ (SPECIFY) <input type="text"/> DON'T KNOW 98	

314	<p>How many (pill cycles/condoms) did you get the last time?</p> <p><i>Hao meni (pill cycle/condom) nao iu bin getem las taem?</i></p>	<p>NUMBER OF PILL CYCLES/CONDOMS . . . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	
315	<p>The last time you obtained (HIGHEST METHOD ON LIST IN 311), how much did you pay in total, including the cost of the most and any consultation you may have had?</p> <p><i>Las taem iu getem (HIGHEST METHOD ON LIST IN 311) hao mas selen nao iu barava spendem evriwan fo peim olketa meresin ia an peim eni dokta fo stori wetem?</i></p>	<p>COST <input type="text"/> <input type="text"/> <input type="text"/></p> <p>FREE 995</p> <p>DON'T KNOW 998</p>	<p>→ 319A</p>
316	<p>In what facility did the sterilization take place?</p> <p><i>Lo watkaen fasiliti nao dokta katem iu fo stop garem pikinini?</i></p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL IS A PUBLIC PRIVATE OR CHURCH MEDICAL FACILITY, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>GOVT. HOSPITAL 1</p> <p>PRIVATE HOSPITAL 2</p> <p>CHURCH HOSPITAL 3</p> <p>OTHER _____ 6 (SPECIFY)</p> <p>DON'T KNOW 8</p>	
317	<p>CHECK 311/311A:</p> <p>CODE 'A' <input type="checkbox"/> CODE 'A' <input type="checkbox"/> CIRCLED NOT CIRCLED</p> <p>Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?</p> <p><i>Bifoa olketa katem iu, waswe olketa talem iu dat bae iu kanduit garem enimoa bebi bikos lo diskaen kat ia?</i></p> <p>Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?</p> <p><i>Bifoa olketa katem iu, waswe olketa talem hasban o patna blo iu dat bae hemi kanduit garem enimoa pikinini bikos lo disfala kat?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
318	<p>How much did you (your husband/partner) pay in total for the sterilization, including any consultation you (he) may have had?</p> <p><i>Hao mas nao (hasban/patna) blo iu spendem fo disfala kat wea olketa mekem lo iu wetem eni stori iu maet lukim dokta bifoa disfala kat?</i></p>	<p>COST <input type="text"/> <input type="text"/> <input type="text"/></p> <p>FREE 995</p> <p>DON'T KNOW 998</p>	
319	<p>In what month and year was the sterilization performed?</p> <p><i>Lo wat iia an mans nao olketa katem iu olsem?</i></p>	<p>MONTH <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
319A	<p>Since what month and year have you been using (CURRENT METHOD) without stopping?</p> <p><i>Stat lo wat mans an iia nao iu bin stat fo iusim disfala we (METHOD DISTAEM) bat no stop kam kasem distaem?</i></p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p> <p><i>PROBE: Hao long nao iu bin iusim (CURRENT METHOD) go kasem distaem?</i></p>		
320	<p>CHECK 319/319A, 215 AND 230:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>GO BACK TO 319/319A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>		

321	CHECK 319/319A: YEAR IS 2001 OR LATER	YEAR IS 2000 OR EARLIER THEN SKIP TO → 331																																													
ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.		ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2001.																																													
322	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p><i>Distaem mi laekem askem iu an patna blo iu abaotem olketa taem iutufala bin iusim we (metod) fo stopem iu from babule, lo insaet lo las tu tri iia hemi go finis.</i></p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2001. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS. ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then? * <i>Wat taem nao las taem iu iusim eni we? What kaen we nao dat wan?</i> * <i>Wat taem nao iu stat fo iusim we ia? Hao long afta (NEM) bon?</i> * <i>Hao long nao iu bin iusim disfala we ia?</i> 																																														
323	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	<table border="0"> <tr><td>NO CODE CIRCLED</td><td>00</td><td>→ 333</td></tr> <tr><td>FEMALE STERILIZATION</td><td>01</td><td>→ 326</td></tr> <tr><td>MALE STERILIZATION</td><td>02</td><td>→ 335</td></tr> <tr><td>PILL</td><td>03</td><td></td></tr> <tr><td>IUD</td><td>04</td><td></td></tr> <tr><td>INJECTABLES</td><td>05</td><td></td></tr> <tr><td>IMPLANTS</td><td>06</td><td></td></tr> <tr><td>CONDOM</td><td>07</td><td></td></tr> <tr><td>FEMALE CONDOM</td><td>08</td><td></td></tr> <tr><td>DIAPHRAGM</td><td>09</td><td></td></tr> <tr><td>FOAM/JELLY</td><td>10</td><td></td></tr> <tr><td>LACTATIONAL AMEN. METHOD .</td><td>11</td><td>→ 324A</td></tr> <tr><td>RHYTHM METHOD</td><td>12</td><td>→ 324A</td></tr> <tr><td>WITHDRAWAL</td><td>13</td><td>→ 335</td></tr> <tr><td>OTHER METHOD</td><td>96</td><td>→ 335</td></tr> </table>	NO CODE CIRCLED	00	→ 333	FEMALE STERILIZATION	01	→ 326	MALE STERILIZATION	02	→ 335	PILL	03		IUD	04		INJECTABLES	05		IMPLANTS	06		CONDOM	07		FEMALE CONDOM	08		DIAPHRAGM	09		FOAM/JELLY	10		LACTATIONAL AMEN. METHOD .	11	→ 324A	RHYTHM METHOD	12	→ 324A	WITHDRAWAL	13	→ 335	OTHER METHOD	96	→ 335
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324	<p>Where did you obtain (CURRENT METHOD) when you started using it?</p> <p><i>Wea nao iu bin tekem (CURRENT METHOD) taem iu stat fo iusim disfala we ia?</i></p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>RURAL HEALTH CENTRE 12</p> <p>RURAL HEALTH CLINIC 13</p> <p>NURSE AIDE POST 14</p> <p>SATELLITE CLINIC 15</p> <p>OTHER PUBLIC 16</p> <p>(SPECIFY)</p>	
324A	<p>Where did you learn how to use the rhythm/lactational amenorhea method?</p> <p><i>Wea nao iu lane fo iusim disfala rhythm/lactational amenorhea metod?</i></p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC, PRIVATE OR CHURCH MEDICAL FACILITY, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE CLINIC 21</p> <p>PHARMACY 22</p> <p>PRIVATE DOCTOR 23</p> <p>OTHER PRIVATE MEDICAL/FACILITIES 26</p> <p>(SPECIFY)</p> <p>CHURCH</p> <p>HOSPITAL 31</p> <p>RURAL HEALTH CLINIC 32</p> <p>NURSE AIDE POST 33</p> <p>SATELLITE CLINIC 34</p> <p>OTHER OUTLET 36</p> <p>NGO/OTHER SOURCE</p> <p>SIPPA CLINIC 41</p> <p>SIPPA CBD 42</p> <p>SAVE THE CHILDREN FUND... 43</p> <p>SHOP 44</p> <p>FRIEND/RELATIVE 46</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
325	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOI... 11</p> <p>RHYTHM METHOD 12</p>	<p>→ 332</p> <p>→ 329</p> <p>→ 329</p> <p>→ 329</p> <p>→ 335</p> <p>→ 335</p>
326	<p>You obtained (CURRENT METHOD FROM 323) from (SOURCE OF METHOD FROM 316 OR 324) in (DATE FROM 319/319a). At that time, were you told about side effects or problems you might have with the method?</p> <p><i>Iu bin tekem (CURRENT METHC FROM 323) from (SOURCE OF METHOD FROM 316 OR 324) in (DATE FROM 319/ Lo taem ia, hao, olketa talem iu abaotem side effects iu maet garem sapos iu iusim disfala we ia?</i></p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 328</p>
327	<p>Were you ever told by a health or family planning worker about side effects or problems you might have with the method?</p> <p><i>Eniwan lo famili planing o helt bin talem iu abaotem saed ifek o samting nogud?</i></p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 329</p>
328	<p>Were you told what to do if you experienced side effects or problems?</p> <p><i>Olketa talem iu wanem fo duim sapos iu garem side effects o samting nogud?</i></p>	<p>YES 1</p> <p>NO 2</p>	

329	<p>CHECK 326:</p> <p>CODE '1' CIRCLED </p> <p>At that time, were you told about other methods of family planning that you could use?</p> <p><i>Lo taem ia, hao, oketa talem iu abaot samfala nara we moa iu save iusim fo planem famili blo iu?</i></p> <p>CODE '1' NOT CIRCLED </p> <p>When you obtained (CURRENT METHOD FROM 323) from (SOURCE OF METHOD FROM 316 OR 324) were you told about other methods of family planning that you could use?</p> <p><i>Taem iu tekem (CURRENT METHOD FROM 323) lo (SOURCE OF METHOD FROM 316 OR 324) waswe oketa talem iu abaot samfala nara wei moa for planem famili blo iu?</i></p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 331</p>
330	<p>Were you ever told by a health or family planning worker about other methods of family planning that you could use?</p> <p><i>Eniwan lo helt o famili planing talem iu abaotem eni nara we moa iu save iusim fo planem famili blo iu o nomoa?</i></p>	<p>YES 1</p> <p>NO 2</p>	
331	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOI... 11</p> <p>RHYTHM METHOD 12</p> <p>WITHDRAWAL 13</p> <p>OTHER METHOD 96</p>	<p>→ 335</p> <p>→ 335</p>

<p>332</p>	<p>Where did you obtain (CURRENT METHOD) the last time? <i>Wea nao iu bin tekem (CURRENT METHOD) las taem?</i></p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC, PRIVATE, CHURCH OR NGO MEDICAL FACILITY, THE NAME OF THE PLACE.</p> <hr/> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR GOVT. HOSPITAL 11 RURAL HEALTH CENTRE 12 RURAL HEALTH CLINIC 13 NURSE AIDE POST 14 SATELLITE CLINIC 15 OTHER PUBLIC 16 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PRIVATE CLINIC 21 PHARMACY 22 PRIVATE DOCTOR 23 OTHER PRIVATE MEDICAL/FACILITIES 26 (SPECIFY)</p> <p>CHURCH HOSPITAL 31 RURAL HEALTH CLINIC 32 NURSE AIDE POST 33 SATELLITE CLINIC 34 OTHER OUTLET 36</p> <p>NGO/OTHER SOURCE SIPPA CLINIC 41 SIPPA CBD 42 SAVE THE CHILDREN FUND... 43 SHOP 44 FRIEND/RELATIVE OTHER 96 (SPECIFY)</p>	<p>335</p>
<p>333</p>	<p>Do you know of a place where you can obtain a method of family planning? <i>Iu save lo eni ples wea iu save tekem infomeisin abaotem metod blo famili planning?</i></p>	<p>YES 1 NO 2</p>	<p>335</p>
<p>334</p>	<p>Where is that? <i>Wea nao ia?</i></p> <p>Any other place? <i>Eni nara ples moa?</i></p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC, PRIVATE, CHURCH OR NGO MEDICAL FACILITY, THE NAME OF THE PLACE.</p> <hr/> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR GOVT. HOSPITAL A RURAL HEALTH CENTRE B RURAL HEALTH CLINIC C NURSE AIDE POST D SATELLITE CLINIC E OTHER PUBLIC F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PRIVATE CLINIC G PHARMACY H PRIVATE DOCTOR I OTHER PRIVATE MEDICAL/FACILITIES J (SPECIFY)</p> <p>CHURCH HOSPITAL K RURAL HEALTH CLINIC L NURSE AIDE POST M SATELLITE CLINIC N OTHER OUTLET O</p> <p>NGO/OTHER SOURCE SIPPA CLINIC P SIPPA CBD Q SAVE THE CHILDREN FUND... R SHOP S FRIEND/RELATIVE T OTHER X (SPECIFY)</p>	

335	In the last 12 months, were you visited by someone who talked to you about family planning? <i>Eniwan visitim iu insaet las 12 mans fo stori lo iu abaotem family planning?</i>	YES 1 NO 2	→ 337
336	Was the person a government health worker, from a private community -based distribution or CBD, a church organization or NGO? <i>Disfala man o mere hemi wak fo gavman, praevet komunity-bes distribuison o CBD, from wanfala siosi o NGO?</i>	GOVERNMENT HEALTH WORKER . . 1 COMMUNITY BASED DISTRIBUTION .. 2 CHURCH ORGANIZATION 3 NGO 4	
337	In the last 12 months, have you visited a government health facility for care for yourself (or your children)? <i>Waswe, insaet lo las 12 mans, iu bin go lo eni govman helt centa fo iuselesa (o olketa pikinini blo iu)?</i>	YES 1 NO 2	→ 401
338	Did any staff member at the health facility speak to you about family planning methods? <i>Eniwan lo oketa hu wak lo klinik o hospital stori lo iu abaotem olketa we fo planem famili o nomoa?</i>	YES 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	<p>CHECK 224:</p> <p>ONE OR MORE BIRTHS IN 2001 OR LATER <input type="checkbox"/></p> <p>NO BIRTHS IN 2001 OR LATER <input type="checkbox"/></p> <p align="right">→ 582</p>					
402	<p>CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2001 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).</p> <p>Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)</p> <p><i>Distaem mi laek askem iu abaotem helt blo olketa pikinini blo iu wea bon insaet las 5 iia. (Bae iumitufala tok abaotem wanfala fastaem, den narawan moa olsem)</i></p>					
403	<table border="1"> <tr> <td>LINE NUMBER FROM 212</td> <td>LAST BIRTH LINE NO. <input type="text"/></td> <td>THIRD-FROM-LAST BIRTH LINE NO. <input type="text"/></td> <td>FOURTH-FROM-LAST BIRTH LINE NO. <input type="text"/></td> </tr> </table>	LINE NUMBER FROM 212	LAST BIRTH LINE NO. <input type="text"/>	THIRD-FROM-LAST BIRTH LINE NO. <input type="text"/>	FOURTH-FROM-LAST BIRTH LINE NO. <input type="text"/>	
LINE NUMBER FROM 212	LAST BIRTH LINE NO. <input type="text"/>	THIRD-FROM-LAST BIRTH LINE NO. <input type="text"/>	FOURTH-FROM-LAST BIRTH LINE NO. <input type="text"/>			
404	<table border="1"> <tr> <td>FROM 212 AND 216</td> <td>NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></td> <td>NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></td> <td>NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></td> </tr> </table>	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	
FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>			
405	<table border="1"> <tr> <td rowspan="3"> <p>At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?</p> <p><i>Lo taem iu babule wetem (NEM) waswe, iu laek babule lo taem ia o iu wande wait fo nara taem bihaen o iu barava nating laek garem eni (samfala) pikinini moa?</i></p> </td> <td> <p>THEN 1 (SKIP TO 407) ←</p> <p>LATER 2</p> <p>NOT AT ALL 3 (SKIP TO 407) ←</p> </td> <td> <p>THEN 1 (SKIP TO 432) ←</p> <p>LATER 2</p> <p>NOT AT ALL 3 (SKIP TO 432) ←</p> </td> <td> <p>THEN 1 (SKIP TO 432) ←</p> <p>LATER 2</p> <p>NOT AT ALL 3 (SKIP TO 432) ←</p> </td> </tr> </table>	<p>At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?</p> <p><i>Lo taem iu babule wetem (NEM) waswe, iu laek babule lo taem ia o iu wande wait fo nara taem bihaen o iu barava nating laek garem eni (samfala) pikinini moa?</i></p>	<p>THEN 1 (SKIP TO 407) ←</p> <p>LATER 2</p> <p>NOT AT ALL 3 (SKIP TO 407) ←</p>	<p>THEN 1 (SKIP TO 432) ←</p> <p>LATER 2</p> <p>NOT AT ALL 3 (SKIP TO 432) ←</p>	<p>THEN 1 (SKIP TO 432) ←</p> <p>LATER 2</p> <p>NOT AT ALL 3 (SKIP TO 432) ←</p>	
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NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	THIRD-FROM-LAST BIRTH NAME _____	FOURTH-FROM-LAST BIRTH NAME _____
408	<p>Where did you receive antenatal care for this pregnancy?</p> <p><i>Wea nao iu go tekem diskaen antenatal kea lo hem?</i></p> <p>Anywhere else? <i>Eniwea moa?</i></p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC, PRIVATE, CHURCH OR NGO MEDICAL FACILITY WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>HOME YOUR HOME ... A OTHER HOME ... B</p> <p>PUBLIC SECTOR GOVT. HOSPITAL... C RURAL HEALTH CENTRE ... D RURAL HEALTH CLINIC ... E NURSE AIDE POST ... F SATELLITE CLINIC ... G OTHER PUBLIC. . H</p> <p>_____ (SPECIFY)</p> <p>PRIVATE SECTOR PRIVATE CLINIC... I PRIVATE DOCTOR. J OTHER PRIVATE MED/FACILITY.. K</p> <p>_____ (SPECIFY)</p> <p>CHURCH HOSPITAL ... L RURAL HEALTH CLINIC ... M NURSE AIDE POST ... N SATELLITE CLINIC.. O</p> <p>NGO/OTHER SOURCE SIPPA CLINIC ... P OTHER _____ X (SPECIFY)</p>		
409	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p> <p><i>Iu hao meni mans nao taem iu tekem fas antenatal care fo babule blo iu?</i></p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>		
410	<p>How many times did you receive antenatal care during this pregnancy?</p> <p><i>hao meni taem nao iu tekem antenatal kea lo taem iu balule ia?</i></p>	<p>NUMBER OF TIMES . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>		

411	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once?</p> <p>Were you weighed? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?</p> <p><i>Olsem pat lo antenatal care fo iu lo disfala taem iu babule ia, eniwan lo olketa samting olsem olketa duim eni wan taem fo iu? Olketa weim iu? Testem blad presa blo iu? Testem mimi blo iu? Iu givim eni blad blo iu fo olketa testem?</i></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">YES</th> <th style="width: 20%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>WEIGHT ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BP</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>URINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	WEIGHT ...	1	2	BP	1	2	URINE	1	2	BLOOD ...	1	2	
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WEIGHT ...	1	2																
BP	1	2																
URINE	1	2																
BLOOD ...	1	2																
412	<p>During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?</p> <p><i>Lo (eni lo) olketa antenatal kea visit blo iu ia, waswe eniwan talem iu olketa saen blo problems wea iu maet garem from babule?</i></p>	<p>YES 1 NO 2 (SKIP TO 414) ← DON'T KNOW 8</p>																
413	<p>Were you told where to go if you had any of these complications?</p> <p><i>Olketa talem iu wea nao fo go sapos iu garem eni problem olsem?</i></p>	<p>YES 1 NO 2 DON'T KNOW 8</p>																
414	<p>During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?</p> <p><i>Olketa givim eni nila go lo arm blo iu lo taem iu babule ia fo stopem bebi from garem tetanus, o sik wea bebi bae seksek afta hemi bon kam?</i></p>	<p>YES 1 NO 2 (SKIP TO 417) ← DON'T KNOW 8</p>																
415	<p>During this pregnancy, how many times did you get this tetanus injection?</p> <p><i>Hao meni taem nao olketa givim diskaen nila fo tetanus lo iu taem iu babule?</i></p>	<p>TIMES <input type="checkbox"/></p> <p>DON'T KNOW ... 8</p>																
416	CHECK 415:	<p>2 OR MORE OTHER TIMES <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 421) ↓ ↓</p>																

417	<p>At any time before this pregnancy, did you receive any tetanus injections, either to protect yourself or another baby?</p> <p><i>Eni taem bifo a disfala babule blo iu distaem ia, olketa givim eni nila fo stopem iu seleva o nara bebi from getem tetanus?</i></p>	<p>YES 1 NO 2 (SKIP TO 421) ← DON'T KNOW 8</p>
418	<p>Before this pregnancy, how many other times did you receive a tetanus injection?</p> <p><i>Hao meni nara nila fo stopem tetanus nao olketa givim iu bifo a disfala babule blo iu distaem?</i></p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>TIMES <input type="text"/></p> <p>DON'T KNOW ... 8</p>
419	<p>In what month and year did you receive the last tetanus injection before this pregnancy?</p> <p><i>Lo wat mans an iia nao olketa givim las nila aginstem tetanus bifo a iu babule distaem ia?</i></p>	<p>MONTH ... <input type="text"/><input type="text"/></p> <p>DK MONTH 98</p> <p>YEAR <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> (SKIP TO 421) ← DK YEAR 9998</p>
420	<p>How many years ago did you receive that tetanus injection?</p> <p><i>Hao meni iia go finis nao olketa givim iu disfala nila aginstem tetanus ia?</i></p>	<p>YEARS AGO <input type="text"/><input type="text"/></p>
421	<p>During this pregnancy, were you given or did you buy any tonic or iron tablets?</p> <p><i>lo taem iu babule distaem, waswe, olketa biu givim iu o iu biu baem eui tonic o iron tablet.</i></p> <p>SHOW TONIC/TABLETS.</p>	<p>YES 1 NO 2 (SKIP TO 423) ← DON'T KNOW 8</p>
422	<p>During the whole pregnancy, for how many days did you take the tonic or iron tablets?</p> <p><i>Hao meni days nao iu tekem olketa toni o iron tablets ia insaet ful babule blo iu distaem ia?</i></p> <p>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.</p>	<p>DAYS . <input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW ... 998</p>

423	During this pregnancy, did you take any drug for intestinal worms? <i>Iu tekem eni meresin againstem smol worm insaet intestine lo babule distaem o nomoa taem iu ?</i>	YES 1 NO 2 DON'T KNOW 8	
424	During this pregnancy, did you have difficulty with your vision during daylight? <i>Lo taem iu babule distaem, waswe iu garem lelebet hat taem wetem hao iu lukluk lo ae blo iu lo delait.</i>	YES 1 NO 2 DON'T KNOW 8	
425	During this pregnancy, did you suffer from night blindness? <i>lo taem iu babule distaem, waswe iu safa bekos iu no save lukluk lo nait.</i>	YES 1 NO 2 DON'T KNOW 8	
426	During this pregnancy, did you take any drugs to keep you from getting malaria? <i>Iu dringim meresin fo stopem malaria lo iu babule taem iu distaem o nomoa?</i>	YES 1 NO 2 (SKIP TO 431A) ← DON'T KNOW 8	
427	What drugs did you take? <i>Watkaen meresin nao iu tekem?</i> RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL OF ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR ... A CHLOROQUINE ... B OTHER _____ X (SPECIFY) DON'T KNOW Z	
428	CHECK 427: DRUGS TAKEN FOR MALARIA PREVENTION.	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 431A) ←	
429	How many times did you take (SP/Fansidar) during this pregnancy? <i>Hao meni taem nao iu tekem (SP/Fansidar) taem iu babule distaem?</i>	TIMES <input type="text"/> <input type="text"/>	
430	CHECK 407: ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE 'A', 'B' OR 'C' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 431A) ←	

431	Did you get the (SP/Fansidar) during any antenatal care visit, during another visit to a health facility or from another source? <i>Iu tekem (SP/Fansidar) insaet taem iu go fo antenatal visit, insaet nara visit go lo klinik o hospitol o from difren source?</i>	ANTENATAL VISIT . . 1 ANOTHER FACILITY VISIT 2 OTHER SOURCE . . . 6		
431A	During this pregnancy, did you suffer from malaria? <i>Lo taem iu babule distaem, waswe iu bin sik lo malaria tu o nomoa?</i>	YES 1 NO 2 (SKIP TO 432) ← DON'T KNOW 8		
431B	Were you diagnosed by a health worker then? <i>Waswe, man hemi wok lo helt nao mei faenim aot dat iu garem malaria datfala taem?</i>	YES 1 NO 2 (SKIP TO 432) ←		
431C	How many times were you diagnosed with malaria during this pregnancy? <i>Hao meni taem nao iu bin garem malaria an olketa wokman lo helt bin faenem aot dat iu garem malara, lo taem iu babule distaem?</i>	TIMES <input type="text"/>		
431D	Were you admitted for malaria then? <i>Waswe, iu bin go stapt lo haos sik bikos iu garem malaria datfala taem?</i>	YES 1 NO 2 (SKIP TO 432) ←		
431E	How many times were you admitted for malaria during this pregnancy? <i>Hao meni taem nao iu bin go stap lo haos sik bikos iu garem malaria, lo taem iu babule distaem ia?</i>	TIMES <input type="text"/>		
432	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small? <i>Taem (NEM) hemi bon, waswe hemi bik tumas, bik lelbet winim average, average, smaller than average, o barava smol tumas?</i>	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	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
433	Was (NAME) weighed at birth? <i>Waswe (NEM) olketa weim taem hemi bon o nomoa?</i>	YES 1 NO 2 (SKIP TO 435) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 435) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 435) ← DON'T KNOW 8
434	How much did (NAME) weigh? <i>Wanem nao weit blo (NEM)?</i>	KG FROM CARD 1 <input type="text"/> . <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> DON'T KNOW . . 99.998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> DON'T KNOW . . 99.998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> DON'T KNOW . . 99.998

<p>435</p>	<p>Who assisted with the delivery of (NAME)?</p> <p><i>Hu nao helpem iu lo taem (NEM) hemi bon?</i></p> <p>Anyone else? <i>Eniwan moa?</i></p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p>HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE .. B NURSE AIDE ... C</p> <p>OTHER PERSON TRAD. BIRTH ATTENDANT.... D COMMUNITY/ VILL. HEALTH WORKER E OTHER _____ X (SPECIFY)</p> <p>NO ONE Y</p>	<p>HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE ... B NURSE AIDE ... C</p> <p>OTHER PERSON TRAD. BIRTH ATTENDANT.... D COMMUNITY/ VILL. HEALTH WORKER E OTHER _____ X (SPECIFY)</p> <p>NO ONE Y</p>	<p>HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE .. B NURSE AIDE ... C</p> <p>OTHER PERSON TRAD. BIRTH ATTENDANT.... D COMMUNITY/ VILL. HEALTH WORKER E OTHER _____ X (SPECIFY)</p> <p>NO ONE Y</p>
<p>436</p>	<p>Where did you give birth to (NAME)?</p> <p><i>Wea nao iu bonem (NEM)?</i></p> <p>PROBE TO IDENTIFY THE TYPE OF FACILITY AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME YOUR HOME ... 11 (SKIP TO 443) ← OTHER HOME ... 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL... 21 RURAL HEALTH CENTRE ... 22 RURAL HEALTH CLINIC 23 NURSE AIDE POST 24 SATELLITE CLINIC 25 OTHER PUBLIC. . 26</p> <p>_____ (SPECIFY)</p> <p>PRIVATE SECTOR PRIVATE CLINIC.... 31 PRIVATE DOCTOR. 32 OTHER PRIVATE MED. FACILITY.. 36</p> <p>_____ (SPECIFY)</p> <p>CHURCH HOSPITAL 41 RURAL HEALTH CLINIC 42 NURSE AIDE POST 43 SATELLITE CLINIC.. 44</p> <p>NGO/OTHER SOURCE SIPPA CLINIC ... 51 OTHER _____ 96 (SPECIFY)</p>	<p>HOME YOUR HOME ... 11 (SKIP TO 444) ← OTHER HOME ... 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL... 21 RURAL HEALTH CENTRE ... 22 RURAL HEALTH CLINIC 23 NURSE AIDE POST 24 SATELLITE CLINIC 25 OTHER PUBLIC. . 26</p> <p>_____ (SPECIFY)</p> <p>PRIVATE SECTOR PRIVATE CLINIC.... 31 PRIVATE DOCTOR. 32 OTHER PRIVATE MED/FACILITY.. 36</p> <p>_____ (SPECIFY)</p> <p>CHURCH HOSPITAL 41 RURAL HEALTH CLINIC 42 NURSE AIDE POST 43 SATELLITE CLINIC.. 44</p> <p>NGO/OTHER SOURCE SIPPA CLINIC ... 51 OTHER _____ 96 (SPECIFY)</p>	<p>HOME YOUR HOME ... 11 (SKIP TO 444) ← OTHER HOME ... 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL... 21 RURAL HEALTH CENTRE ... 22 RURAL HEALTH CLINIC 23 NURSE AIDE POST 24 SATELLITE CLINIC 25 OTHER PUBLIC. . 26</p> <p>_____ (SPECIFY)</p> <p>PRIVATE SECTOR PRIVATE CLINIC.... 31 PRIVATE DOCTOR. 32 OTHER PRIVATE MED/FACILITY.. 36</p> <p>_____ (SPECIFY)</p> <p>CHURCH HOSPITAL 41 RURAL HEALTH CLINIC 42 NURSE AIDE POST 43 SATELLITE CLINIC.. 44</p> <p>NGO/OTHER SOURCE SIPPA CLINIC ... 51 OTHER _____ 96 (SPECIFY)</p>

437	<p>How long after (NAME) was delivered did you stay there? <i>Hao lon afta (NEM) hemi bon nao iu stap lo dea?</i></p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <input type="text"/><input type="text"/></p> <p>DAYS 2 <input type="text"/><input type="text"/></p> <p>WEEKS 3 <input type="text"/><input type="text"/></p> <p>DON'T KNOW . 998</p>	<p>HOURS 1 <input type="text"/><input type="text"/></p> <p>DAYS 2 <input type="text"/><input type="text"/></p> <p>WEEKS 3 <input type="text"/><input type="text"/></p> <p>DON'T KNOW ... 998</p>	<p>HOURS 1 <input type="text"/><input type="text"/></p> <p>DAYS 2 <input type="text"/><input type="text"/></p> <p>WEEKS 3 <input type="text"/><input type="text"/></p> <p>DON'T KNOW ... 998</p>
438	<p>Was (NAME) delivered by caesarean section? <i>Waswe (NEM) hem bon from olketa katem mami o nomoa?</i></p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>
439	<p>Before you were discharged after (NAME) was born, did any health care provider check on your health? <i>Bifoa iu lusim hospitol, bihaen (NEM) hemi bon, eni nes jekem helt blo iu o nomoa?</i></p>	<p>YES 1 NO 2 (SKIP TO 442) ←</p>	<p>YES 1 (SKIP TO 455) ← NO 2</p>	<p>YES 1 (SKIP TO 455) ← NO 2</p>
440	<p>How long after delivery did the first check take place? <i>Hao long afta bebi bon nao hemi givim fas jek-ap lo iu?</i></p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <input type="text"/><input type="text"/></p> <p>DAYS 2 <input type="text"/><input type="text"/></p> <p>WEEKS 3 <input type="text"/><input type="text"/></p> <p>DON'T KNOW ... 998</p>		
441	<p>Who checked on your health at that time? <i>Hu nao jekem helt blo iu lo dat taem?</i></p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR 11- NURSE/MIDWIFE 12- NURSE AIDE ... 13 - OTHER PERSON TRAD. BIRTH ATTENDANT.... 21- COMMUNITY/VILL. HEALTH WORKER ... 22- OTHER _____ 96- (SPECIFY) (SKIP TO 453) ←</p>		
442	<p>After you were discharged, did any health care provider or a traditional birth attendant check on your health? <i>Afta iu go aot from klinik o hospitol eni nes o mere lo hom hu helpem iu fo bonem bebi hemi jekem helt blo iu o nomoa?</i></p>	<p>YES 1 (SKIP TO 445) ← NO 2 (SKIP TO 453) ←</p>	<p>YES 1 (SKIP TO 455) ← NO 2</p>	<p>YES 1 (SKIP TO 455) ← NO 2</p>

443	<p>Why didn't you deliver in a health facility?</p> <p><i>Wae nao iu no go bonem bebi lo klinik o hospitol?</i></p> <p>PROBE: Any other reason? PROBE: <i>Eni nara rison?</i></p> <p>RECORD ALL MENTIONED.</p>	<p>COST TOO MUCH . . . A FACILITY NOT OPEN . B TOO FAR/ NO TRANS- PORTATION . . . C DON'T TRUST FACILITY/POOR QUALITY SERVICE D NO FEMALE PROVID- ER AT FACILITY . . E HUSBAND/FAMILY DID NOT ALLOW . . F NOT NECESSARY . . G NOT CUSTOMARY . . H OTHER _____ X (SPECIFY) X</p>								
444	<p>After (NAME) was born, did any health care provider or a traditional birth attendant check on your health?</p> <p><i>Afta (NEM) hemi bon waswe, eni nes o dokta o mere lo hom hu helpem iu fo bonem bebi jekem helt blo iu o nomoa?</i></p>	<p>YES 1 NO 2 (SKIP TO 449) ←</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>						
445	<p>How long after delivery did the first check take place?</p> <p><i>Hao long afta bebi bon nao fas jek blo iu hemi tek ples?</i></p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS. IF MORE THAN 2 MONTHS PROBE AND CORRECT Q.444.</p>	<p>HOURS 1 <table border="1" data-bbox="758 862 853 918"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="758 929 853 985"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="758 996 853 1052"><tr><td></td><td></td></tr></table> DON'T KNOW . . . 998</p>								
446	<p>Who checked on your health at that time?</p> <p><i>Hu nao jekem helt blo iu lo tame ia?</i></p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 NURSE AIDE . . . 13</p> <p>OTHER PERSON TRAD. BIRTH ATTENDANT.... 21 COMMUNITY/ VILL. HEALTH WORKER . . . 22</p> <p>OTHER _____ 96 (SPECIFY)</p>								

447	<p>Where did this first check take place?</p> <p><i>Fas jek hemi tek ples lo wea?</i></p> <p>PROBE TO IDENTIFY THE TYPE OF FACILITY AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC, PRIVATE, CHURCH, OR NGO MEDICAL FACILITY, WRITE THE NAME OF PLACE.</p> <hr/> <p>(NAME OF PLACE)</p>	<p>HOME YOUR HOME . . . 11 OTHER HOME . . . 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL.. 21 RURAL HEALTH CENTRE . . . 22 RURAL HEALTH CLINIC 23 NURSE AIDE POST 24 SATELLITE CLINIC 25 OTHER PUBLIC. . 26</p> <p>_____ (SPECIFY)</p> <p>PRIVATE SECTOR PRIVATE CLINIC.... 31 PRIVATE DOCTOR. 32 OTHER PRIVATE MED. FACILITY.. 36</p> <p>_____ (SPECIFY)</p> <p>CHURCH HOSPITAL 41 RURAL HEALTH CLINIC 42 NURSE AIDE POST 43 SATELLITE CLINIC.. 44</p> <p>NGO/OTHER SOURCE SIPPA CLINIC . . . 51 OTHER _____ 96 (SPECIFY)</p>	
448	CHECK 442:	<p>YES NOT ASKED</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(SKIP TO 453)</p>	
449	<p>In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?</p> <p><i>Bihaen tufala mans wea (NEM) bon eni nes o mere lo hom wea helpem iu fo bonem bebi jekem helt blo bebi o nomoa?</i></p>	<p>YES 1 NO 2 (SKIP TO 453) ← DON'T KNOW 8</p>	

450	<p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</p> <p><i>Hao meni aoa, dei, wik bihaen (NEM) hem bon nao fas jek lo helt blo hem tek ples?</i></p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HRS AFTER BIRTH .. 1 <input type="text"/></p> <p>DAYS AFTER BIRTH .. 2 <input type="text"/></p> <p>WKS AFTER BIRTH .. 3 <input type="text"/></p> <p>DON'T KNOW ... 998</p>	
451	<p>Who checked on (NAME)'s health at that time?</p> <p><i>Hu nao jekem helt blo (NEM) lo taem ia?</i></p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 NURSE AIDE ... 13</p> <p>OTHER PERSON TRAD. BIRTH ATTENDANT.... 21 COMMUNITY/VILL. HEALTH WORKER ... 22</p> <p>OTHER _____ 96 (SPECIFY)</p>	
452	<p>Where did this first check of (NAME) take place?</p> <p><i>Wea nao disfala fas jek blo (NEM) hem tek ples?</i></p> <p>PROBE TO IDENTIFY THE TYPE OF FACILITY AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL OR CHURCH, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME YOUR HOME ... 11 OTHER HOME ... 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL.. 21 RURAL HEALTH CENTRE ... 22 RURAL HEALTH CLINIC 23 NURSE AIDE POST 24 SATELLITE CLINIC 25 OTHER PUBLIC. . 26</p> <p>_____ (SPECIFY)</p> <p>PRIVATE SECTOR PRIVATE CLINIC.... 31 PRIVATE DOCTOR. 32 OTHER PRIVATE MED. FACILITY.. 36</p> <p>_____ (SPECIFY)</p> <p>CHURCH HOSPITAL 41 RURAL HEALTH CLINIC 42 NURSE AIDE POST 43 SATELLITE CLINIC.. 44</p> <p>NGO/OTHER SOURCE SIPPA CLINIC ... 51 OTHER _____ 96 (SPECIFY)</p>	

453	In the first two months after delivery, did you receive a vitamin A dose (like this/any of these)? <i>Insaet tufala fas mans bihaenem iu bonem bebi, waswe iu tekem eni Vitam A meresin (olsem diswan o olsem olketa ia) o nomoa?</i> SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8		
454	Has your menstrual period returned since the birth of (NAME)? <i>Waswe, iu lukim mun blo iu hemi kam baek nao since iu bonem bebi (NEM)?</i>	YES 1 (SKIP TO 456) ← NO 2 (SKIP TO 457) ←		
455	Did your period return between the birth of (NAME) and your next pregnancy? <i>Waswe, iu lukim mun blo iu hemi kam baek tu melwan taem (NEM) hemi bon an neks babule blo iu o hao?</i>	YES 1 NO 2 (SKIP TO 459) ←	YES 1 NO 2 (SKIP TO 459) ←	
456	For how many months after the birth of (NAME) did you <u>not</u> have a period? <i>Hao meni mans afta iu bonem (NEM) nao iu <u>no lukim</u> mun blo iu?</i>	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
457	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- NANT <input type="checkbox"/> OR PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 459) ←		
458	Have you begun to have sexual intercourse again since the birth of (NAME)? <i>Waswe, iu stat fo havem seks moa nao sins taem (NEM) hem bon?</i>	YES 1 NO 2 (SKIP TO 460) ←		
459	For how many months after the birth of (NAME) did you not have sexual intercourse? <i>Hao meni mans afta (NEM) hem bon nao iu bin no havem seks?</i>	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98

460	Did you ever breastfeed (NAME)? <i>Iu givim susu tu lo (NEM)?</i>	YES 1 NO 2 (SKIP TO 467) ←	YES 1 NO 2 (SKIP TO 467) ←	YES 1 NO 2 (SKIP TO 467) ←			
461	How long after birth did you first put (NAME) to the breast? <i>Hao long bihaen bebi (NEM) hemi bon nao bifo iu stat fo susum hem?</i> 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"/>					
462	In the first three days after delivery, was (NAME) given anything to drink other than breast milk? <i>Insaet fas trifala dei bebi (NEM) hemi bon, waswe, iu givim eni nara dring fo hemi dringim wea difren from susu melek?</i>	YES 1 NO 2 (SKIP TO 464) ←					
463	What was (NAME) given to drink? <i>Wat nao iu fala givim (NEM) fo dringim</i> Anything else? <i>Enisamting difren moa?</i> RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . . A PLAIN WATER . . . B SUGAR OR GLUCOSE WATER . . . C GRIPE WATER . . . D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA . G TEA/INFUSIONS . . . H HONEY I OTHER _____ X (SPECIFY)					
464	CHECK 404: IS CHILD LIVING?	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 466) ←					
465	Are you still breastfeeding (NAME)? <i>Iu stil givim susu melek lo bebi (NEM) o nomoa?</i>	YES 1 (SKIP TO 468) ← NO 2					
466	For how many months did you breastfeed (NAME)? <i>Hao meni mans nao iu bin gohed kam fo givim susu lo bebi (NEM)?</i>	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98				MONTHS ... <input type="text"/> <input type="text"/> STILL BF 95 DON'T KNOW ... 98	MONTHS ... <input type="text"/> <input type="text"/> STILL BF 95 DON'T KNOW ... 98

467	CHECK 404: IS CHILD LIVING?	<p>LIVING <input type="checkbox"/></p> <p>DEAD <input type="checkbox"/></p> <p>(GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)</p> <p>(SKIP TO 470)</p>	<p>LIVING <input type="checkbox"/></p> <p>DEAD <input type="checkbox"/></p> <p>(GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)</p> <p>(SKIP TO 470)</p>	<p>LIVING <input type="checkbox"/></p> <p>DEAD <input type="checkbox"/></p> <p>(GO BACK TO 405 IN "NEXT-TO-LAST BIRTH" COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE BIRTHS, GO TO 501)</p> <p>(SKIP TO 470)</p>
468	<p>How many times did you breastfeed last night between sunset and sunrise?</p> <p><i>Hao meni taem nao iu bin givim susu lo hem las naet melwan san go daon an san kamap?</i></p> <p>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.</p>	<p>NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/></p>		
469	<p>How many times did you breastfeed yesterday during the daylight hours?</p> <p><i>Hao meni taem nao iu bin givim susu lo hem iestade lo dei taem?</i></p> <p>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.</p>	<p>NUMBER OF DAYLIGHT FEEDINGS . <input type="text"/> <input type="text"/></p>		
470	<p>Did (NAME) drink anything from a bottle with a nipple yesterday or last night?</p> <p><i>Waswe (NEM) hemi dringim eni botol wetem nipol iestade o las naet?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
471		<p>GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.</p>	<p>GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.</p>	<p>GO BACK TO 405 IN NEXT-TO-LAST BIRTH COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.</p>

SECTION 5. CHILD IMMUNIZATION AND HEALTH AND CHILD'S AND WOMAN'S NUTRITION

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2001 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).														
502	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>			THIRD-FROM-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>		FOURTH-FROM-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>								
503	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 579)			NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 579)		NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT- TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 579)								
504	Do you have a baby book where (NAME'S) vaccinations are written down? IF YES: May I see it please? <i>Waswe, iu garem bebi buk wea (NEM'S) vaksineison olketa raitim daon? IF YES: Mi save lukim plis?</i>	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 508) ← NO BABY BOOK 3			YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 508) ← NO BABY BOOK 3		YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 508) ← NO BABY BOOK 3								
505	Did you ever have a baby book for (NAME)? <i>Iu bin garem bebi buk fo (NEM) tu?</i>	YES 1 (SKIP TO 508) ← NO 2			YES 1 (SKIP TO 508) ← NO 2		YES 1 (SKIP TO 508) ← NO 2								
506	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. (3) IF MORE THAN TWO VITAMIN 'A' DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES.														
		LAST BIRTH DAY MONTH YEAR		THIRD-FROM-LAST BIRTH DAY MONTH YEAR		FOURTH-FROM-LAST BIRTH DAY MONTH YEAR									
	BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HEPATITIS B1 (AT BIRTH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HB1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HB1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HEPATITIS B1 (NOT AT BIRTH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HB1 NOT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HB1 NOT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HEPATITIS B2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H B2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H B2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HEPATITIS B3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H B3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H B3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POLIO 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POLIO 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POLIO 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DPT 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DPT 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DPT 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	MEASLES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VITAMIN A (MOST RECENT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIT A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIT A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VITAMIN A (2nd MOST RECENT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIT A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIT A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
506A	CHECK 506:	BCG TO MEASLES ALL RECORDED		OTHER		BCG TO MEASLES ALL RECORDED		OTHER		BCG TO MEASLES ALL RECORDED		OTHER			
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
		(GO TO 510)				(GO TO 510)				(GO TO 510)					

NO.	QUESTIONS AND FILTERS	LAST BIRTH	THIRD-FROM-LAST BIRTH	FOURTH-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
507	<p>Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign?</p> <p><i>Waswe (NEM) hemi bin getem eni nila wea olketa no stap lo disfala kad blo hem, diskaen shud kavam olketa nila hemi tekem lo nasinol nila kampein?</i></p> <p>RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, HEPATITIS B1-B3, POLIO 1-3 DPT 1-3, AND/OR MEASLES VACCINES.</p>	<p>YES 1 (PROBE FOR ←)</p> <p>VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506)</p> <p>(SKIP TO 510) ←</p> <p>NO 2 (SKIP TO 510) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1 (PROBE FOR ←)</p> <p>VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506)</p> <p>(SKIP TO 510) ←</p> <p>NO 2 (SKIP TO 510) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1 (PROBE FOR ←)</p> <p>VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506)</p> <p>(SKIP TO 510) ←</p> <p>NO 2 (SKIP TO 510) ←</p> <p>DON'T KNOW 8</p>
508	<p>Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization campaign?</p> <p><i>Waswe (NEM) bin tekem eni nila fo stopem fo getem eni siknis, kavam tu eni nila hemi tekem from wanfala nasinol nila kampein?</i></p>	<p>YES 1</p> <p>NO 2 (SKIP TO 512) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 512) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 512) ←</p> <p>DON'T KNOW 8</p>
509	<p>Please tell me if (NAME) received any of the following vaccinations:</p> <p><i>Plis talem mi sapos (NEM) bin getem eniwan lo olketa nila olsem?</i></p>			
509A	<p>A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?</p> <p><i>Wanfala BCG nila agenstem TB, diswan minim nila lo arm o sholda wea hemi shud livim wanfala mak lo sholda blo hem.</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
509B	<p>Hepatitis B, an injection in the arm?</p> <p><i>Hepatitis B, nila wea olketa nilam arm?</i></p>	<p>YES 1</p> <p>NO 2 (SKIP TO 509E) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 509E) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 509E) ←</p> <p>DON'T KNOW 8</p>
509C	<p>Was the first Hepatitis vaccine received within the first 24 hours after birth or later?</p> <p><i>Waswe hemi tekem fas marasin blo Hepatitis ia insaet fas twenty four aoas after hemi bon o lelebet taem bihaen?</i></p>	<p>FIRST 24 hours . 1</p> <p>LATER 2</p>	<p>FIRST 24 hours . 1</p> <p>LATER 2</p>	<p>FIRST 24 hours . 1</p> <p>LATER 2</p>
509D	<p>How many times was the Hepa vaccine received?</p> <p><i>Hao meni taem nao hemi bin risivim Hepa marasin ia?</i></p>	<p>NUMBER OF TIMES <input type="text"/></p>	<p>NUMBER OF TIMES <input type="text"/></p>	<p>NUMBER OF TIMES <input type="text"/></p>

509E	Polio vaccine, that is, drops in the mouth? <i>Polio meresin, wea hemi samfala drop go insaet lo maot?</i>	YES 1 NO 2 (SKIP TO 509H) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 509H) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 509H) ← DON'T KNOW 8
509F	Was the first polio vaccine received in the first two months after birth or later? <i>Waswe hemi tekem fas marasin blo polio ia insaet fas tu mans bihaen hemi bon o lelebet taem bihaen?</i>	FIRST 2 MONTHS . 1 LATER 2	FIRST 2 MONTHS . 1 LATER 2	FIRST 2 MONTHS . 1 LATER 2
509G	How many times was the polio vaccine received? <i>Hao meni taem nao hemi risivim meresin blo polio ia?</i>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
509H	A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops? <i>Wanfala DPT nila wea olketa nilam thigh o botom blo hem, samfala taem lo sem taem hemi tekem meresin agenst polio.</i>	YES 1 NO 2 (SKIP TO 509J) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 509J) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 509J) ← DON'T KNOW 8
509I	How many times was a DPT vaccination received? <i>Hao meni taem nao hemi bin risivim DPT marasin ia?</i>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
509J	A measles injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles. <i>Nila blo misols wea olketa nilam arm blo pikini taem hemi 9 mans o ovam go fo stopem pikinini from getem misols.</i>	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
510	Were any of the vaccinations (NAME) received during the last two years given as part of a national immunization day campaign? <i>Eniwan lo olketa nila wea (NEM) risivim insaet las two iia hemi getem olsem pat blo wanfala national immunization day campaign?</i>	YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW ... 8 (SKIP TO 512) ←	YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW ... 8 (SKIP TO 512) ←	YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW ... 8 (SKIP TO 512) ←
511	At which national immunization day campaigns did (NAME) receive vaccinations? <i>Watkaen national immunization de kampein nao (NEM) hemi risivim olketa nila ia?</i> IF CAMPAIGN WAS BEFORE 2004, PROBE AND CORRECT 510 AS NECESSARY.	MEASLES CAMPAIGN 2006 A	MEASLES CAMPAIGN 2006 A	MEASLES CAMPAIGN 2006 A

512	CHECK 506: DATE SHOWN FOR VITAMIN A DOSE	DATE FOR MOST RECENT VITAMIN A DOSE NO CARD/ NO VITAMIN A IN CARD/ CODE '44' FOR MOST RECENT VITAMIN A DOSE (SKIP TO 514)	DATE FOR MOST RECENT VITAMIN A DOSE NO CARD/ NO VITAMIN A IN CARD/ CODE '44' FOR MOST RECENT VITAMIN A DOSE (SKIP TO 514)	DATE FOR MOST RECENT VITAMIN A DOSE NO CARD/ NO VITAMIN A IN CARD/ CODE '44' FOR MOST RECENT VITAMIN A DOSE (SKIP TO 514)
513	<p>According to (NAME)'s baby book, he/she received a vitamin A dose (like this/any of these) in (MONTH AND YEAR OF MOST RECENT DOSE FROM CARD). Has (NAME) received another vitamin A dose since then? SHOW COMMON TYPES OF GELS/CAPSULES</p> <p><i>Helt kad blo (NEM) hemi som dat hemi bin risivim wanfala Vitamin A (meresin olsem) lo (MONTH AND YEAR OF MOST RECENT DOSE FROM CARD). Waswe, (NEM) risivim nara Vitamin A dose moa from taem ia</i> SHOW COMMON TYPES OF GELS/CAPSULES</p>	<p>YES 1 (SKIP TO 515) ↙ NO 2 (SKIP TO 516) ↙ DON'T KNOW 8</p>	<p>YES 1 (SKIP TO 515) ↙ NO 2 (SKIP TO 516) ↙ DON'T KNOW 8</p>	<p>YES 1 (SKIP TO 515) ↙ NO 2 (SKIP TO 516) ↙ DON'T KNOW 8</p>
514	<p>HAS (NAME) ever received a vitamin A dose (like this/ any of these)? <i>(NEM) bin risivim wanfala vitamin A dose olsem (like this or any of these)?</i> SHOW COMMON TYPES OF GELS/CAPSULES</p>	<p>YES 1 NO 2 (SKIP TO 516) ↙ DON'T KNOW 8</p>	<p>YES 1 NO 2 (SKIP TO 516) ↙ DON'T KNOW 8</p>	<p>YES 1 NO 2 (SKIP TO 516) ↙ DON'T KNOW 8</p>
515	<p>Did (NAME) receive a vitamin A dose within the last six months? <i>(NEM) bin risivim eni vitamin A dose olsem insaet las six mans o nomoa?</i></p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>
516	<p>In the last seven days, did (NAME) take iron pills, or iron syrup (like this/any of these)? <i>Insaet las seven deis, waswe, (NAME) tekem iron pills, sprinklets wetem iron o iron syrup (olsem diswan/eni lo oloketa ia)?</i> SHOW COMMON TYPES OF PILLS/SYRUPS.</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>

517	Has (NAME) taken any drug for intestinal worms in the last six months? <i>Waswe (NEM) bin tekem eni meresin fo olketa worm insaet intestine insaet las six mans?</i>	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
518	Has (NAME) had diarrhea in the last 2 weeks? <i>Waswe (NEM) bin garem daearia insaet las two wik o nomoa?</i>	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8
519	Was there any blood in the stools? <i>Eni blad lo siti blo hem?</i>	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
520	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less? <i>Nao, mi laek fo save hao mas wata nao (NEM) bin dringim lo taem hemi garem daearia (diswan includim tu susu melek)</i> <i>Hemi bin dringim less than usual, abaot sem amount o more than</i> IF LESS, PROBE: Waswe iu givim much less than usual fo dringim o somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
521	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less? <i>Taem (NEM) garem daearia , iu givim less than usual fo kaikai, abaot sem amaont, more than usual, o no enisamting fo kaikai?</i> IF LESS, PROBE: Iu givim lelebet winim evri taem or barava smol tumas winim evri taem?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
522	Did you seek advice or treatment for the diarrhea from any source? <i>Iu lukaotem advais an meresin fo daearia from wea?</i>	YES 1 NO 2 (SKIP TO 527) ←	YES 1 NO 2 (SKIP TO 527) ←	YES 1 NO 2 (SKIP TO 527) ←

<p>523</p> <p>Where did you seek advice or treatment? <i>Wea nao iu lukaotem advais an meresin?</i></p> <p>Anywhere else? <i>Eniwea moa?</i></p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTRE, CLINIC OR NURSE AIDE POST IS PUBLIC, PRIVATE, CHURCH, OR NGO MEDICAL FACILITY, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL... A</p> <p>RURAL HEALTH CENTRE ... B</p> <p>RURAL HEALTH CLINIC C</p> <p>NURSE AIDE POST D</p> <p>SATELLITE CLINIC E</p> <p>OTHER PUBLIC. . F</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>PRIVATE CLINIC.... G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR. I</p> <p>OTHER PRIVATE MED. FACILITY.. J</p> <p>_____</p> <p>(SPECIFY)</p> <p>CHURCH</p> <p>HOSPITAL K</p> <p>RURAL HEALTH CLINIC L</p> <p>NURSE AIDE POST M</p> <p>SATELLITE CLINIC.. N</p> <p>NGO/OTHER SOURCE</p> <p>SIPPA CLINIC ... O</p> <p>SHOP P</p> <p>FRIEND/RELATIVE. Q</p> <p>TRADITIONAL PRACTITIONER.. R</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL... A</p> <p>RURAL HEALTH CENTRE ... B</p> <p>RURAL HEALTH CLINIC C</p> <p>NURSE AIDE POST D</p> <p>SATELLITE CLINIC E</p> <p>OTHER PUBLIC. . F</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>PRIVATE CLINIC.... G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR. I</p> <p>OTHER PRIVATE MED. FACILITY.. J</p> <p>_____</p> <p>(SPECIFY)</p> <p>CHURCH</p> <p>HOSPITAL K</p> <p>RURAL HEALTH CLINIC L</p> <p>NURSE AIDE POST M</p> <p>SATELLITE CLINIC.. N</p> <p>NGO/OTHER SOURCE</p> <p>SIPPA CLINIC ... O</p> <p>SHOP P</p> <p>FRIEND/RELATIVE Q</p> <p>TRADITIONAL PRACTITIONER.. R</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL... A</p> <p>RURAL HEALTH CENTRE ... B</p> <p>RURAL HEALTH CLINIC C</p> <p>NURSE AIDE POST D</p> <p>SATELLITE CLINIC E</p> <p>OTHER PUBLIC. . F</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>PRIVATE CLINIC.... G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR. I</p> <p>OTHER PRIVATE MED. FACILITY.. J</p> <p>_____</p> <p>(SPECIFY)</p> <p>CHURCH</p> <p>HOSPITAL K</p> <p>RURAL HEALTH CLINIC L</p> <p>NURSE AIDE POST M</p> <p>SATELLITE CLINIC.. N</p> <p>NGO/OTHER SOURCE</p> <p>SIPPA CLINIC ... O</p> <p>SHOP P</p> <p>FRIEND/RELATIVE Q</p> <p>TRADITIONAL PRACTITIONER.. R</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL... A</p> <p>RURAL HEALTH CENTRE ... B</p> <p>RURAL HEALTH CLINIC C</p> <p>NURSE AIDE POST D</p> <p>SATELLITE CLINIC E</p> <p>OTHER PUBLIC. . F</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>PRIVATE CLINIC.... G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR. I</p> <p>OTHER PRIVATE MED. FACILITY.. J</p> <p>_____</p> <p>(SPECIFY)</p> <p>CHURCH</p> <p>HOSPITAL K</p> <p>RURAL HEALTH CLINIC L</p> <p>NURSE AIDE POST M</p> <p>SATELLITE CLINIC.. N</p> <p>NGO/OTHER SOURCE</p> <p>SIPPA CLINIC ... O</p> <p>SHOP P</p> <p>FRIEND/RELATIVE Q</p> <p>TRADITIONAL PRACTITIONER.. R</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
<p>524</p>	<p>CHECK 523:</p>	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 526) ←</p>	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 526) ←</p>	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 526) ←</p>
<p>525</p>	<p>Where did you first seek advice or treatment? <i>Wea nao fas ples iu lukaotem advais an meresin fo hem?</i></p> <p>USE LETTER CODE FROM 523.</p>	<p>FIRST PLACE ... <input type="checkbox"/></p>	<p>FIRST PLACE ... <input type="checkbox"/></p>	<p>FIRST PLACE ... <input type="checkbox"/></p>
<p>526</p>	<p>How many days after the diarrhea began did you first seek advice or treatment for (NAME)? <i>Hao meni de bihaen daearia stat nao iu stat lukaotem advais an meresin fo finisim sik blo (NEM)?</i></p> <p>IF THE SAME DAY, RECORD '00'.</p>	<p>DAYS <input type="text"/> <input type="text"/></p>	<p>DAYS <input type="text"/> <input type="text"/></p>	<p>DAYS <input type="text"/> <input type="text"/></p>

527	Does (NAME) still have diarrhea? <i>Waswe (NEM) hemi garem daearia iet o nomoa?</i>	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
528	Was he/she given any of the following to drink at any time since he/she started having the diarrhea: <i>Waswe iu givim eni wan lo olketa dring olsem bihaen taem hemi stat garem daearia?</i> a) Fluid from pre-packaged ORS or oral rehydration salt? <i>a. Dring from wanfala spesol dring "oral rehydration salt" lo paket olketa kolem ORS PACK)?</i> b) A government-recommended coconut fluid? <i>b) Kokonat dring wea gavman nao apruvum fo daearia?</i>	YES NO DK ORS .. 1 2 8 COCONUT FLUID ... 1 2 8	YES NO DK ORS .. 1 2 8 COCONUT FLUID ... 1 2 8	YES NO DK ORS .. 1 2 8 COCONUT FLUID ... 1 2 8
529	Was anything (else) given to treat the diarrhea? <i>Eni nara samting moa iu givim fo tritim daearia?</i>	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8
530	What (else) was given to treat the diarrhea? <i>Wanem moa nao iu givim fo tritim daearia ia?</i> Anything else? <i>Enisamting moa?</i> RECORD ALL TREATMENTS GIVEN. IF RESPONDENT DOES NOT KNOW WHAT THE MEDICINE IS FOR, ASK THE TEAM NURSE OR HEALTH TECHNICIAN TO CHECK THE BABY BOOK. IF ANTIBIOTICS WAS GIVEN, CHECK IF THE BABY HAD OTHER ILLNESS THAT REQUIRED TREATMENT WITH ANTIBIOTICS IN WHICH CASE, DO NOT RECORD ANTIBIOTICS.	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY . B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC . G UNKNOWN INJECTION ... H (IV) INTRAVENOUS . I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY . B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC . G UNKNOWN INJECTION ... H (IV) INTRAVENOUS . I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY . B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC . G UNKNOWN INJECTION ... H (IV) INTRAVENOUS . I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)
531	CHECK 530: GIVEN ZINC?	CODE "C" CIRCLED <input type="checkbox"/> CODE "C" NOT CIRCLED <input type="checkbox"/> (SKIP TO 533) ←	CODE "C" CIRCLED <input type="checkbox"/> CODE "C" NOT CIRCLED <input type="checkbox"/> (SKIP TO 533) ←	CODE "C" CIRCLED <input type="checkbox"/> CODE "C" NOT CIRCLED <input type="checkbox"/> (SKIP TO 533) ←

532	How many times was (NAME) given zinc? <i>Hao meni taem nao iu givim zinc long (NEM)?</i>	TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98	TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98	TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98
533	Has (NAME) been ill with a fever at any time in the last 2 weeks? <i>Waswe, (NEM) hemi bin sik lo eni taem insaet las 2 wik o nomoa?</i>	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
534	Has (NAME) had an illness with a cough at any time in the last 2 weeks? <i>Waswe (NEM) bin sik wetem wanfala cough insaet las 2 wik o nomoa?</i>	YES 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8
535	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing? <i>Taem (NEM) hemi sik wetem kof ia, waswe, briting blo hem fast winim normal taem, o faendem had lelebet fo brit?</i>	YES 1 NO 2 (SKIP TO 538) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 538) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 538) ← DON'T KNOW 8
536	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose? <i>Diskaen fast briting ia hemi kam bikos problem lo chest o nose hem block o hem ran?</i>	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 538) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 538) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 538) ←
537	CHECK 533: HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 579)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 579)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO TO 503 IN "NEXT-TO-LAST BIRTH" COL. OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 579)

538	<p>Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?</p> <p><i>Distaem mi laek save hao mas dring nao iu givim lo (NEM) fo dringim (including breastmilk) lo taem hem sik wetem fiva o kof.</i></p> <p><i>Iu givim smol wata winim evri taem, abaot sem amaont olsem evritaem, o staka wata winim evritaem.</i></p> <p><i>IF LESS, PROBE: Iu givim smol wata tumas winim nomol nao o barava smol go moa nao?</i></p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>
539	<p>When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?</p> <p><i>Taem (NEM) hemi sik, waswe, iu givim lelebet kaikai nomoa, sem olsem olowe nomoa, staka winim evri taem o iu nating givim eni kaikai fo hem nomoa?</i></p> <p><i>IF LESS, PROBE: Waswe iu givim smol kaikai tumas no kasem normal size nao, o barava smol go moa nao?</i></p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE 4</p> <p>STOPPED FOOD . 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE 4</p> <p>STOPPED FOOD . 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE 4</p> <p>STOPPED FOOD . 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>
540	<p>Did you seek advice or treatment for the (ILLNESS) from any source?</p> <p><i>Iu lukaotem advice o meresin fo (SIK ia) lo eniwea o?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 545) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 545) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 545) ←</p>

541	<p>Where did you seek advice or treatment? <i>Wea nao iu go lukaotem advais o meresin fo tritmen?</i></p> <p>Anywhere else? <i>Eniwea moa?</i></p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CLINIC OR NURSE AIDE POST IS PUBLIC, PRIVATE, CHURCH, OR NGO MEDICAL FACILITY, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR GOVT. HOSPITAL... A RURAL HEALTH CENTRE ... B RURAL HEALTH CLINIC C NURSE AIDE POST D SATELLITE CLINIC E OTHER PUBLIC. . F</p> <p>_____ (SPECIFY)</p> <p>PRIVATE SECTOR PRIVATE CLINIC.... G PHARMACY H PRIVATE DOCTOR. I OTHER PRIVATE MED. FACILITY.. J</p> <p>_____ (SPECIFY)</p> <p>CHURCH HOSPITAL K RURAL HEALTH CLINIC L NURSE AIDE POST M SATELLITE CLINIC.. N</p> <p>NGO/OTHER SOURCE SIPPA CLINIC ... O SHOP P FRIEND/RELATIVE. Q TRADITIONAL PRACTITIONER.. R OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR GOVT. HOSPITAL...A RURAL HEALTH CENTRE ... B RURAL HEALTH CLINIC C NURSE AIDE POST D SATELLITE CLINIC E OTHER PUBLIC. . F</p> <p>_____ (SPECIFY)</p> <p>PRIVATE SECTOR PRIVATE CLINIC.... G PHARMACY H PRIVATE DOCTOR. I OTHER PRIVATE MED. FACILITY.. J</p> <p>_____ (SPECIFY)</p> <p>CHURCH HOSPITAL K RURAL HEALTH CLINIC L NURSE AIDE POST M SATELLITE CLINIC.. N</p> <p>NGO/OTHER SOURCE SIPPA CLINIC ... O SHOP P FRIEND/RELATIVE. Q TRADITIONAL PRACTITIONER.. R OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR GOVT. HOSPITAL...A RURAL HEALTH CENTRE ... B RURAL HEALTH CLINIC C NURSE AIDE POST D SATELLITE CLINIC E OTHER PUBLIC. . F</p> <p>_____ (SPECIFY)</p> <p>PRIVATE SECTOR PRIVATE CLINIC.... G PHARMACY H PRIVATE DOCTOR. I OTHER PRIVATE MED. FACILITY.. J</p> <p>_____ (SPECIFY)</p> <p>CHURCH HOSPITAL K RURAL HEALTH CLINIC L NURSE AIDE POST M SATELLITE CLINIC.. N</p> <p>NGO/OTHER SOURCE SIPPA CLINIC ... O SHOP P FRIEND/RELATIVE. Q TRADITIONAL PRACTITIONER.. R OTHER _____ X (SPECIFY)</p>
542	CHECK 541:	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED</p> <p>↓ (SKIP TO 544) ←</p>	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED</p> <p>↓ (SKIP TO 544) ←</p>	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED</p> <p>↓ (SKIP TO 544) ←</p>
543	<p>Where did you first seek advice or treatment? <i>Wea nao iu fas go lukaotem advais o meresin fo tritmen?</i></p> <p>USE LETTER CODE FROM 541.</p>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
544	<p>How many days after the illness began did you first seek advice or treatment for (NAME)? <i>Hao meni dei afta sikia bin stat nao bifo iu fas stat lukaotem advais o meresin fo tritmen fo (NEM)?</i></p> <p>IF THE SAME DAY, RECORD '00'.</p>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>

545	<p>Is (NAME) still sick with a (fever/ cough)?</p> <p><i>Waswe, (NEM) hemi sik iet distaem wetem (fiva/kofe)?</i></p>	<p>FEVER ONLY 1 COUGH ONLY 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DON'T KNOW 8</p>	<p>FEVER ONLY 1 COUGH ONLY 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DON'T KNOW 8</p>	<p>FEVER ONLY 1 COUGH ONLY 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DON'T KNOW 8</p>
546	<p>At any time during the illness, did (NAME) take any drugs for the illness?</p> <p><i>Lo enitaem taem hemi sik ia, waswe, (NEM) hemi tekem eni meresin fo sik blo hem tu o nomoa?</i></p>	<p>YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 579) DON'T KNOW 8</p>	<p>YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 579) DON'T KNOW 8</p>	<p>YES 1 NO 2 (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 579) DON'T KNOW 8</p>
547	<p>What drugs did (NAME) take?</p> <p><i>Watkaen meresin nao (NEM) hemi tekem?</i></p> <p>Any other drugs? <i>Eni nara meresin moa?</i></p> <p>RECORD ALL MENTIONED.</p>	<p>ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B PRIMAQUINE ... C QUININE D ARTEMISININ ... E ARTAMETAR ... F ARTESUNATE . G CBD ANTI-MALARIAL ... H OTHER ANTI-MALARIAL ... I _____ (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... J INJECTION ... K OTHER DRUGS ASPIRIN L PANADOL M OTHER _____ X (SPECIFY) DON'T KNOW Z</p>	<p>ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B PRIMAQUINE ... C QUININE D ARTEMISININ ... E ARTAMETAR ... F ARTESUNATE . G CBD ANTI-MALARIAL ... H OTHER ANTI-MALARIAL ... I _____ (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... J INJECTION ... K OTHER DRUGS ASPIRIN L PANADOL M OTHER _____ X (SPECIFY) DON'T KNOW Z</p>	<p>ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B PRIMAQUINE ... C QUININE D ARTEMISININ ... E ARTAMETAR ... F ARTESUNATE . G CBD ANTI-MALARIAL ... H OTHER ANTI-MALARIAL ... I _____ (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... J INJECTION ... K OTHER DRUGS ASPIRIN L PANADOL M OTHER _____ X (SPECIFY) DON'T KNOW Z</p>
548	<p>CHECK 547: ANY CODE A-J CIRCLED?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 579)</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 579)</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 503 IN "NEXT-TO-LAST BIRTH" COL. OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, BIRTHS, GO TO 579)</p>
549	<p>Did you already have (NAME OF DRUG FROM 547) at home when the child became ill?</p> <p><i>lu garem finis (NAME OF DRUG FROM 547) lo haus taem pikinini hemi stat fo sik o waswe?</i></p> <p>ASK SEPARATELY FOR EACH OF THE DRUGS 'A' THROUGH 'J' THAT THE CHILD IS RECORDED AS HAVING TAKEN IN 547.</p> <p>IF YES FOR ANY DRUG, CIRCLE CODE FOR THAT DRUG.</p> <p>IF NO FOR ALL DRUGS, CIRCLE 'Y'.</p>	<p>ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B PRIMAQUINE ... C QUININE D ARTEMISININ ... E ARTAMETAR ... F ARTESUNATE . G CBD ANTI-MALARIAL ... H OTHER ANTI-MALARIAL ... I ANTIBIOTIC PILL/SYRUP J NO DRUG AT HOME . Y</p>	<p>ANTIMALARIAL DRUGS SP/FANSIDAR .. A CHLOROQUINE . B PRIMAQUINE ... C QUININE D ARTEMISININ ... E ARTAMETAR ... F ARTESUNATE . G CBD ANTI-MALARIAL ... H OTHER ANTI-MALARIAL ... I ANTIBIOTIC PILL/SYRUP J NO DRUG AT HOME . Y</p>	<p>ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B PRIMAQUINE ... C QUININE D ARTEMISININ ... E ARTAMETAR ... F ARTESUNATE . G CBD ANTI-MALARIAL ... H OTHER ANTI-MALARIAL ... I ANTIBIOTIC PILL/SYRUP J NO DRUG AT HOME . Y</p>

550	CHECK 547: ANY CODE A-I CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 579)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 579)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 503 IN "NEXT-TO-LAST BIRTH" COL. OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 579)
551	CHECK 547: SP/FANSIDAR ('A') GIVEN	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 554)	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 554)	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 554)
552	How long after the fever started did (NAME) first take SP/Fansidar? <i>Hao long afta sik bin stat nao bifo (NEM) stat fo tekem SP/Fansida?</i>	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8
553	For how many days did (NAME) take the SP/Fansidar? <i>Hao meni dei nao (NEM) dringim SP/Fansida?</i> IF 7 DAYS OR MORE, RECORD 7.	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8
554	CHECK 547: CHLOROQUINE ('B') GIVEN	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 557)	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 557)	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 557)
555	How long after the fever started did (NAME) first take chloroquine? <i>Hao long afta sik bin stat nao bifo (NEM) fas tekem klorokuin?</i>	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8
556	For how many days did (NAME) take the chloroquine? <i>Hao meni dei nao (NEM) dringim klorokuin?</i> IF 7 DAYS OR MORE, RECORD 7.	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8

557	CHECK 547: PRIMAQUINE ('C') GIVEN	CODE 'C' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 560) ←	CODE 'C' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 560) ←	CODE 'C' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 560) ←	CODE 'C' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 560) ←	CODE 'C' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 560) ←	CODE 'C' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 560) ←
558	How long after the fever started did (NAME) first take Primaquine? <i>Hao long afta sik bin stat nao bifo (NEM) fas tekem Primakuin?</i>	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8
559	For how many days did (NAME) take the Primaquine? <i>Hao meni dei nao (NEM) dringim Primakuin?</i> IF 7 DAYS OR MORE, RECORD 7.	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8
560	CHECK 547: QUININE ('D') GIVEN	CODE 'D' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 563) ←	CODE 'D' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 563) ←	CODE 'D' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 563) ←	CODE 'D' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 563) ←	CODE 'D' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 563) ←	CODE 'D' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 563) ←
561	How long after the fever started did (NAME) first take quinine? <i>Hao long afta sik bin stat nao bifo (NEM) fas tekem Kuinin?</i>	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8
562	For how many days did (NAME) take the quinine? <i>Hao meni dei nao (NEM) dringim kuinin?</i> IF 7 DAYS OR MORE, RECORD 7.	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8
563	CHECK 547: ARTEMISININ ('E') GIVEN	CODE 'E' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 566) ←	CODE 'E' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 566) ←	CODE 'E' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 566) ←	CODE 'E' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 566) ←	CODE 'E' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 566) ←	CODE 'E' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 566) ←
564	How long after the fever started did (NAME) first take ARTEMISININ? <i>Hao long afta sik bin stat nao bifo (NEM) fas tekem Atimisinin?</i>	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8

565	For how many days did (NAME) take the ARTIMISININ? <i>Hao meni dei nao (NEM) dringim Atimisinin?</i> IF 7 DAYS OR MORE, RECORD 7.	DAYS <input type="text"/> DON'T KNOW ... 8	DAYS <input type="text"/> DON'T KNOW ... 8	DAYS <input type="text"/> DON'T KNOW ... 8
566	CHECK 547: ARTAMETAR (F) GIVEN	CODE 'F' CIRCLED <input type="checkbox"/> CODE 'F' NOT CIRCLED <input type="checkbox"/> (SKIP TO 569) ←	CODE 'F' CIRCLED <input type="checkbox"/> CODE 'F' NOT CIRCLED <input type="checkbox"/> (SKIP TO 569) ←	CODE 'F' CIRCLED <input type="checkbox"/> CODE 'F' NOT CIRCLED <input type="checkbox"/> (SKIP TO 569) ←
567	How long after the fever started did (NAME) first take ARTAMETAR? <i>Hao long afta sik bin stat nao bifo (NEM) fas tekem ATAMETA?</i>	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8
568	For how many days did (NAME) take ARTAMETAR? <i>Hao meni dei nao (NEM) dringim ATAMETA?</i> IF 7 DAYS OR MORE, RECORD 7.	DAYS <input type="text"/> DON'T KNOW ... 8	DAYS <input type="text"/> DON'T KNOW ... 8	DAYS <input type="text"/> DON'T KNOW ... 8
569	CHECK 547: ARTESUNATE ('G') GIVEN	CODE 'G' CIRCLED <input type="checkbox"/> CODE 'G' NOT CIRCLED <input type="checkbox"/> (SKIP TO 572) ←	CODE 'G' CIRCLED <input type="checkbox"/> CODE 'G' NOT CIRCLED <input type="checkbox"/> (SKIP TO 572) ←	CODE 'G' CIRCLED <input type="checkbox"/> CODE 'G' NOT CIRCLED <input type="checkbox"/> (SKIP TO 572) ←
570	How long after the fever started did (NAME) first take ARTESUNATE? <i>Hao long afta sik bin stat nao bifo (NEM) fas tekem ARTESUNATE?</i>	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8
571	For how many days did (NAME) take the ARTESUNATE? <i>Hao meni dei nao (NEM) dringim ARTESUNATE?</i> IF 7 DAYS OR MORE, RECORD 7.	DAYS <input type="text"/> DON'T KNOW ... 8	DAYS <input type="text"/> DON'T KNOW ... 8	DAYS <input type="text"/> DON'T KNOW ... 8
572	CHECK 547: CBD ANTIMALARIAL DRUG ('H') GIVEN	CODE 'H' CIRCLED <input type="checkbox"/> CODE 'H' NOT CIRCLED <input type="checkbox"/> (SKIP TO 575) ←	CODE 'H' CIRCLED <input type="checkbox"/> CODE 'H' NOT CIRCLED <input type="checkbox"/> (SKIP TO 575) ←	CODE 'H' CIRCLED <input type="checkbox"/> CODE 'H' NOT CIRCLED <input type="checkbox"/> (SKIP TO 575) ←

573	How long after the fever started did (NAME) first take (CBD ANTIMALARIAL DRUG)? <i>Hao long afta sik bin stat nao bifo (NEM) fas tekem (CBD ANTIMALARIAL DRUG)?</i>	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8
574	For how many days did (NAME) take the (CBD ANTIMALARIAL)? <i>Hao meni dei nao (NEM) dringim (CBD ANTIMALARIAL DRUG)?</i> IF 7 DAYS OR MORE, RECORD 7.	DAYS <input type="text"/> DON'T KNOW . . . 8	DAYS <input type="text"/> DON'T KNOW . . . 8	DAYS <input type="text"/> DON'T KNOW . . . 8
575	CHECK 547: OTHER ANTIMALARIAL ('I') GIVEN	CODE 'I' CIRCLED <input type="checkbox"/> CODE 'I' NOT CIRCLED <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 579)	CODE 'I' CIRCLED <input type="checkbox"/> CODE 'I' NOT CIRCLED <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 579)	CODE 'I' CIRCLED <input type="checkbox"/> CODE 'I' NOT CIRCLED <input type="checkbox"/> (GO TO 503 IN "NEXT-TO-LAST BIRTH" COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 579)
576	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)? <i>Hao long afta sik bin stat nao bifo (NEM) fas tekem (OTHER ANTIMALARIAL)?</i>	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER . . 4 DON'T KNOW . . . 8
577	For how many days did (NAME) take the (OTHER ANTIMALARIAL)? <i>Hao meni dei nao (NEM) dringim (OTHER ANTIMALARIAL)?</i> IF 7 DAYS OR MORE, RECORD 7.	DAYS <input type="text"/> DON'T KNOW . . . 8	DAYS <input type="text"/> DON'T KNOW . . . 8	DAYS <input type="text"/> DON'T KNOW . . . 8
578		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 579.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 579.	GO TO 503 IN "NEXT-TO-LAST BIRTH" COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 579.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
579	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2001 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/>		582
580	The last time (NAME OF YOUNGEST CHILD) passed stools, what was done to dispose of the stools? Las taem pikini (NAME OF SMALLEST CHILD) hemi siti wanem iu duim fo torowem siti blo hem?	CHILD USED TOILET OR LATRINE . 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04 THROWN INTO SEA/RIVER 05 BURIED 06 LEFT IN THE OPEN 07 OTHER 96 (SPECIFY)	
581	CHECK 528(a), ALL COLUMNS: NO CHILD RECEIVED <input type="checkbox"/> ORAL REHYDRATION SALT ANY CHILD RECEIVED <input type="checkbox"/> ORAL REHYDRATION SALT		583
582	Have you ever heard of a pre-packaged ORS or oral rehydration salt you can get for the treatment of diarrhea? Iu bin herem tu spesol prodak wea olketa kolem wanfala packet lo ORS meresin iu save iusim fo tritim daearia lo hem?	YES 1 NO 2	
583	CHECK 215 AND 218, ALL ROWS: HAS AT LEAST ONE CHILD BORN IN 2003 OR LATER AND LIVING WITH HER <input type="checkbox"/> RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 584) _____ (NAME)	DOES NOT HAVE ANY CHILDREN BORN IN 2003 OR LATER AND LIVING WITH HER <input type="checkbox"/>	601
584	Now I would like to ask you about liquids or foods (NAME FROM 583) had yesterday during the day or at night. Did (NAME FROM 583) (drink/eat): Distaem mi laek askem iu abaotem dring an kaikai wea (NAME FROM 583) bin kaikaim yesdade, lo dei taem o las naet. Waswe (NAME FROM 583) kaikaim/ dringim? Plain water? Wata nating? Coconut water? Samting olketa wakem fo bebi from stoa? Commercially produced infant formula such as SMA, S-26? Eni samting iufala pem long store olsem infant formula SMA, S-26? Any commercially produced baby food or cereal? Eni kaikai blo pikinini iufaka pem long store?	YES NO DK PLAIN WATER 1 2 8 COCONUT WATER 1 2 8 INFANT FORMULA 1 2 8 BABY CEREAL 1 2 8	

585

Now I would like to ask you about (other) liquids or foods that (NAME FROM 583)/you may have had yesterday during the day or at night. I am interested in whether your child/you had the item even if it was combined with other foods.

Distaem mi laek askem iu abaotem e olketa (other) liquids o dring wea (NAME FROM 583) iu maet kaikaim o dringim lo dei taem o naet. Mi laek save sapos iu o pikinini blo iu nao kaikaim o dringim nomata hemi olketa nara kaikai.

Did (NAME FROM 583)/you drink (eat):

- a) Milk such as tinned, powdered, or fresh animal milk?
Meleki lo tin, pauda o fres wan from cau o buluka?
- b) Tea or coffee?
- c) Softdrinks?
- d) Any other liquids, such as sugar cane juice?
Eni nara kaen dring moa?
- e) Bread, rice, noodles, or other foods made from grains?
Bread, rice, noodles, o nara kaikai olketa mekem from greins?
- f) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?
- g) White potatoes, white yams, taro, cassava, or any other foods made from roots?
White potatoes, white yams, taro, cassave eni nara kaikai wea kam from root crops?
- h) Any dark green, leafy vegetables?
Eni dak green leafy vegetables?
- i) Ripe mangoes, pawpaw, or any Vitamin A-rich fruits?
- j) Any other fruits or vegetables?
Eni nara fruit o vegetables?
- k) Liver, kidney, heart or other organ meats?
- l) Any fresh meat, such as beef, pork, lamb, goat, chicken, or duck?
Eni fresh meat, olsem beef, pork, lamb, goat, kokorako o dakdak?
- m) Any frozen or canned meat, such as beef, pork, lamb, lamb, goat, chicken, or duck?
Eni tin meat lo olketa olsem wea bin stap lo ice box?
- n) Eggs?
- o) Fresh or dried/smoked/canned fish or shellfish?
- p) Any foods made from beans, peas, lentils, or nuts?
Eni kaikai olketa mekem lo beans
- q) Cheese, yogurt or other milk products?
Cheese, yogurt o nara milk products?
- r) Any oil, fats, or butter, coconut milk or foods made with any of these?
Eni oil, fats, or butter, coconut wea olketa mekem lo kaikai from eniwan lo olketa ia?
- s) Any sugary foods such as chocolates, sweets, candies, pastries, cakes, biscuits or ice blocks?
Eni kaikai wea ful lo sugar olsem chocolate, sweets, candies, pastries, cakes, biscuits or ice blocks?
- t) Any other solid or semi-solid food?
Eni nara solid o semi-solid kaikai?

	CHILD			MOTHER		
	YES	NO	DK	YES	NO	DK
a	1	2	8	1	2	8
b	1	2	8	1	2	8
c	1	2	8	1	2	8
d	1	2	8	1	2	8
e	1	2	8	1	2	8
f	1	2	8	1	2	8
g	1	2	8	1	2	8
h	1	2	8	1	2	8
i	1	2	8	1	2	8
j	1	2	8	1	2	8
k	1	2	8	1	2	8
l	1	2	8	1	2	8
m	1	2	8	1	2	8
n	1	2	8	1	2	8
o	1	2	8	1	2	8
p	1	2	8	1	2	8
q	1	2	8	1	2	8
r	1	2	8	1	2	8
s	1	2	8	1	2	8
t	1	2	8	1	2	8

586

CHECK 584 (LAST CATEGORY: BABY CEREAL AND 585 (CATEGORIES e THROUGH t FOR CHILD):

AT LEAST ONE "YES"

NOT A SINGLE "YES"

601

587

How many times did (NAME FROM 583) eat solid, semisolid, or soft foods yesterday during the day or at night?
Hao meni taem nao (NAME FROM 583) kaikaim o soft kaikai iestade, lo dei taem tude
IF 7 OR MORE TIMES, RECORD '7'.

NUMBER OF TIMES
DON'T KNOW 8

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married? <i>Iu maret distaem o stap wetem wanfala man olsem iutufala maret?</i>	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	→604
602	Have you ever been married or lived together with a man as if married? <i>Waswe,iu bin mamaret tu bifoia o stap wetem wanfala man olsem iutufala maret?</i>	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→612
603	What is your marital status now: are you widowed, divorced, or separated? <i>Wat nao maret stori blo iu distaem: hasban dae from iu, hasban hemi lusim iu o hasban hemi stap difren lo iu?</i>	WIDOWED 1 DIVORCED 2 SEPARATED 3	→609
604	Is your husband/partner living with you now or is he staying elsewhere? <i>Waswe, hasban o partner blo iu stap wetem iu distaem o hemi stap lo nara ples?</i>	LIVING WITH HER 1 STAYING ELSEWHERE 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
606	Does your husband/partner have other wives or does he live with other women as if married? <i>Hasban o partner blo iu hemi liv wetem olketa nara mere moa olsem olketa maret o nomoa?</i>	YES 1 NO 2 DON'T KNOW 8	→609
607	Including yourself, in total, how many wives or partners does your husband live with now as if married? <i>Wetem iu, waswe, hao meni nara mere moa nao hasban blo iuliv wetem olketa olsem olketa maret?</i>	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/> DON'T KNOW 98	
608	Are you the first, second, ... wife? <i>Iu 01, o 02 wife?</i>	RANK <input type="text"/> <input type="text"/>	
609	Have you been married or lived with a man only once or more than once? <i>Iu bin maret an liv wetem wanfala man wan taem nomoa o plande taem?</i>	ONLY ONCE 1 MORE THAN ONCE 2	
610	CHECK 609: MARRIED/ LIVED WITH A MAN <input type="checkbox"/> ONLY ONCE ↓ In what month and year did you start living with your husband/partner? <i>Lo watkaen mans o iia nao iu stat liv wetem hasban o partner blo distaem?</i> MARRIED/ LIVED WITH A MAN <input type="checkbox"/> MORE THAN ONCE ↓ Now I would like to ask about when you started living with your first husband/partner. In what month and year was that? <i>Distaem mi laek ask abaotem taem iu stat liv wetem first hasban o partner blo iu. Lo wat mans o iia nao dat wan?</i>	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→612
611	How old were you when you first started living with him? <i>Iu hao meni iia olo taem iu stat liv wetem hasban o partner blo iu?</i>	AGE IN YEARS <input type="text"/> <input type="text"/>	

612	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.	
613	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If you do not want to answer, just let me know and I will skip to the next question.</p> <p><i>Distaem, mi nid fo akem iu samfala kuestin abaotem seksol aktiviti fo mekem gud moa save lo samafala big samting lo laif. Mi laik fo talem iu moa dat olketa ansa blo iu hemi tabu tumas an noeni wan moa bae save. Sapos iu no laik fo ansa, iu talem me an bae mi go lo neks kuestin moa.</i></p> <p>FOR NEVER MARRIED, FIRST ASK: Have you ever had sexual intercourse? <i>Waswe, iu bin havem seks finis</i></p> <p>IF YES: How old were you when you had sexual intercourse for the very first time? <i>Iu hao olo nao lo taem iu barava havem seks fo fastaem ia?</i></p>	<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/> → 616</p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95 → 616</p>
614	CHECK 106: AGE <input type="text"/> 15-24 ↓	AGE <input type="text"/> 25-49 → 637
615	<p>Do you intend to wait until you get married to have sexual intercourse for the first time? <i>Waswe, iu laik fo weit gogo iu maret befoa iu havem seks fo fastaem?</i></p>	<p>YES 1 NO 2 DON'T KNOW/UNSURE 8</p> <p>→ 637</p>
616	CHECK 106: AGE <input type="text"/> 15-24 ↓	AGE <input type="text"/> 25-49 → 621
617	<p>The <u>first</u> time you had sexual intercourse, was a condom used? <i>Lo barava fastaem iu havem seks, waswe iu bin iusim kondom o nomoa lo taem ia?</i></p>	<p>YES 1 NO 2 DON'T KNOW/DON'T REMEMBER ... 8</p>
618	<p>How old was the person you first had sexual intercourse with? <i>Hao olo nao disfala man wea iu fas havem seks wetem ia?</i></p>	<p>AGE OF PARTNER <input type="text"/> <input type="text"/> → 621 DON'T KNOW 98</p>
619	<p>Was this person older than you, younger than you, or about the same age as you? <i>Waswe, disfala man hemi olo winim iu, o hemi iagna winim iu, o hem kolsap semsem ej olsem iu nomoa?</i></p>	<p>OLDER 1 YOUNGER 2 ABOUT THE SAME AGE 3 DON'T KNOW/DON'T REMEMBER ... 8</p> <p>→ 621</p>
620	<p>Would you say this person was ten or more years older than you or less than ten years older than you? <i>Waswe, bae iu se dat disfala man hemi ten iia o winim go moa ovam ej blo iu o hemi smol dan ten iias olo nomoa ovam ej blo iu?</i></p>	<p>TEN OR MORE YEARS OLDER 1 LESS THAN TEN YEARS OLDER ... 2 OLDER, UNSURE HOW MUCH 3</p>
621	<p>When was the <u>last</u> time you had sexual intercourse? <i>Wat taem nao barava <u>lalas taem</u> iu havem seks?</i></p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/> <input type="text"/></p> <p>→ 636</p>

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
622	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. <i>Distaem mi laek askem iu abaotem si eni se activiti t blo iu lelebet taem kan Letem mi talem iu gudfala moa dat bae olketa ansa blo iu bae mifala tambu fo talem eniwan mo. Sapos iumi kasem wanfala kuestin wea iu no laek ansam, iu jas talem mi mekem iumi go lo nara kuestin moa.</i>			
623	When was the last time you had sexual intercourse with this person? <i>Wat taem nao las taem iu havem sex wetem disfala man?</i>		DAYS . 1 <input type="text"/> WEEKS 2 <input type="text"/> MONTHS 3 <input type="text"/>	DAYS . 1 <input type="text"/> WEEKS 2 <input type="text"/> MONTHS 3 <input type="text"/>
624	The last time you had sexual intercourse (with this second/third person), was a condom used? <i>Lo las taem iu havem sex wetem disfala (second/third person) iu tufala iusim condom?</i>	YES 1 NO 2 (SKIP TO 626) ←	YES 1 NO 2 (SKIP TO 626) ←	YES 1 NO 2 (SKIP TO 626) ←
625	Did you use a condom every time you had sexual intercourse with this person in the last 12 months? <i>Iu iusim condom wetem disfala man lo evritaem iutufala havem sex insaet las 12 mans?</i>	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
626	What was your relationship to this (second/third) person with whom you had sexual intercourse? Wanem nao rileisinsip blo iu wetem disfala (second/third) person hu havem sex wetem iu? IF BOYFRIEND: Were you living together as if married? <i>Iutufala stap tugeta olsem iutufala maret?</i> IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	HUSBAND 1 (SKIP TO 632) ← LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY)	HUSBAND 1 (SKIP TO 632) ← LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY)	HUSBAND 1 (SKIP TO 632) ← LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY)
627	For how long (have you had/did you have) a sexual relationship with this person? <i>Fo hao long nao iu bin havem lo disfala rileisinsip wetem disfala man ia?</i> IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	DAYS . 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	DAYS . 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>
628	CHECK 106:	AGE 15-24 <input type="checkbox"/> AGE 25-49 <input type="checkbox"/> ↓ (SKIP TO 632) ←	AGE 15-24 <input type="checkbox"/> AGE 25-49 <input type="checkbox"/> ↓ (SKIP TO 632) ←	AGE 15-24 <input type="checkbox"/> AGE 25-49 <input type="checkbox"/> ↓ (SKIP TO 632) ←

629	How old is this person? <i>Hao olo nao disfala man ia?</i>	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 632) ← DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 632) ← DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 632) ← DON'T KNOW 98
630	Is this person older than you, younger than you, or about the same age? <i>Disfala man hemi olo winim iu, iang winim iu, o iutufala kolsap garem sem age?</i>	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW . . . 8 (SKIP TO 632) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW . . . 8 (SKIP TO 632) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW . . . 8 (SKIP TO 632) ←
631	Would you say this person is ten or more years older than you or less than ten years older than you? <i>Bae iu se disfala man hemi winim o go moa winim iu, ten iia iang o hem olo winim iu?</i>	TEN OR MORE YEARS OLDER . . 1 LESS THAN TEN YEARS OLDER . . 2 OLDER, UNSURE HOW MUCH 3	TEN OR MORE YEARS OLDER . . 1 LESS THAN TEN YEARS OLDER . . 2 OLDER, UNSURE HOW MUCH 3	TEN OR MORE YEARS OLDER . . 1 LESS THAN TEN YEARS OLDER . . 2 OLDER, UNSURE HOW MUCH 3
632	The last time you had sexual intercourse with this person, did you or this person drink alcohol? <i>Las taem iu bin havem sex wetem disfala man, iu o disfala man hemi dringim alkohol o?</i>	YES 1 NO 2 (SKIP TO 634) ←	YES 1 NO 2 (SKIP TO 634) ←	YES 1 NO 2 (SKIP TO 635) ←
633	Were you or your partner drunk at that time? <i>Waswe, iu o patna blo iu bin daranga lo datfala taem?</i> IF YES: Who was drunk? IF YES: <i>Hu nao daranga?</i>	RESPONDENT ONLY 1 PARTNER ONLY..... 2 RESPONDENT AND PARTNER BOTH... 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY..... 2 RESPONDENT AND PARTNER BOTH... 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY..... 2 RESPONDENT AND PARTNER BOTH... 3 NEITHER 4
634	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months? <i>Waswe, bisaed (disfala man/ tufala mania), waswe, iu bin havem sex wetem nara man moa insaet las 12 mans?</i>	YES 1 (GO BACK TO 623 IN NEXT COLUMN) ← NO 2 (SKIP TO 636) ←	YES 1 (GO BACK TO 623 IN NEXT COLUMN) ← NO 2 (SKIP TO 636) ←	
635	In total, with how many different people have you had sexual intercourse in the last 12 months? <i>Insaet las 12 mans ia, hao meni man olketa nao iu bin havem sex wetem olketa?</i> IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS LAST 12 MONTHS . . . <input type="text"/> <input type="text"/> DON'T KNOW 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
636	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p><i>Lo total, hao meni man nao iu bin havem sex wetem olketa lo laef taem blo iu?</i></p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>	<p>NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
637	<p>Do you know of a place where a person can get condoms?</p> <p><i>Iu save lo eni ples wea eniwan save tekem condom?</i></p>	<p>YES 1</p> <p>NO 2</p>	→640
638	<p>Where is that?</p> <p><i>Wea nao ples ia?</i></p> <p>Any other place?</p> <p><i>Eni nara ples moa?</i></p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE, CHURCH OR NGO MEDICAL FACILITY, THE NAME OF THE PLACE.</p> <hr/> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>RURAL HEALTH CENTRE B</p> <p>RURAL HEALTH CLINIC C</p> <p>NURSE AIDE POST D</p> <p>SATELLITE CLINIC E</p> <p>OTHER PUBLIC F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE CLINIC G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR I</p> <p>OTHER PRIVATE MEDICAL/FACILITIES J</p> <p>(SPECIFY)</p> <p>CHURCH</p> <p>HOSPITAL K</p> <p>RURAL HEALTH CLINIC L</p> <p>NURSE AIDE POST M</p> <p>SATELLITE CLINIC N</p> <p>OTHER OUTLET O</p> <p>NGO/OTHER SOURCE</p> <p>SIPPA CLINIC P</p> <p>SIPPA CBD Q</p> <p>SAVE THE CHILDREN FUND ... R</p> <p>SHOP S</p> <p>FRIEND/RELATIVE T</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
639	<p>If you wanted to, could you yourself get a condom?</p> <p><i>Sapos iu wantem, bae iu save go tekem condom seleva?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	
640	<p>Do you know of a place where a person can get female condoms?</p> <p><i>waswe, iu save lo eni ples wea eniwan save tekem condom blo olkete mere?</i></p>	<p>YES 1</p> <p>NO 2</p>	→701

641	<p>Where is that? <i>Wea nao ples ia?</i></p> <p>Any other place? <i>Eni nara ples moa?</i></p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC, PRIVATE, CHURCH OR NGO MEDICAL FACILITY, THE NAME OF THE PLACE.</p> <hr/> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>RURAL HEALTH CENTRE B</p> <p>RURAL HEALTH CLINIC C</p> <p>NURSE AIDE POST D</p> <p>SATELLITE CLINIC E</p> <p>OTHER PUBLIC F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE CLINIC G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR I</p> <p>OTHER PRIVATE MEDICAL/FACILITIES J</p> <p>(SPECIFY)</p> <p>CHURCH</p> <p>HOSPITAL K</p> <p>RURAL HEALTH CLINIC L</p> <p>NURSE AIDE POST M</p> <p>SATELLITE CLINIC N</p> <p>OTHER OUTLET O</p> <p>NGO/OTHER SOURCE</p> <p>SIPPA CLINIC P</p> <p>SIPPA CBD Q</p> <p>SAVE THE CHILDREN FUND ... R</p> <p>SHOP S</p> <p>FRIEND/RELATIVE T</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
642	<p>If you wanted to, could you yourself get a female condom? <i>Sapos iu laekem, waswe, iu save go tekem condom seleva?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→713
702	CHECK 226 & 216: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <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? <i>Distaem mi garem kuestin abaot future. Bae iu laek garem nara bebi moa o iu no laek garem eni bebi moa?</i> After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children? <i>Distaem mi laek ask abaotem future. Afta pikinini iu babule lo hem distaem ia, waswe bae iu laek bonem nara pikinini moa o iu no laekem eni moa pikinini fo bon?</i>	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT . 3 UNDECIDED/DON'T KNOW AND PREGNANT 4 UNDECIDED/DON'T KNOW AND NOT PREGNANT OR UNSURE 5	→704 →713 →709 →708
703	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? <i>Hao long nao bae iu laek fo wait bifo iu save bonem nara pikinini moa?</i> After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? <i>Afta iu bonem pikinini iu babule lo hem ia, hao long nao bae iu laek fo wait bifo iu bonem nara bebi moa?</i>	MONTHS 1 YEARS 2 SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT AFTER MARRIAGE 994 OTHER 996 (SPECIFY) DON'T KNOW 998	→708 →713 →708
704	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→709
705	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→713
706	CHECK 703: NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		→709

707	<p>CHECK 702:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why you are not using a method?</p> <p><i>Iu se iu no wande bonem wanfala pikinini kuiptaem bat iu no iusim eni we fo stopem iu from babule. Iu talem mi wae nao iu no iusim eni we fo stopem iu?</i></p> <p>Any other reason? <i>Eni nara reason?</i></p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY . . . D</p> <p>SUBFECUND/INFECUND E</p> <p>POSTPARTUM AMENORRHEIC ... F</p> <p>BREASTFEEDING G</p> <p>FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED . . . J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS O</p> <p>FEAR OF SIDE EFFECTS P</p> <p>LACK OF ACCESS/TOO FAR Q</p> <p>COSTS TOO MUCH R</p> <p>INCONVENIENT TO USE S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES T</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>
708	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NO, NOT CURRENTLY USING <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/> → 713</p>	
709	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p> <p><i>Iu ting bae iu iusim eni contraceptive we fo stopem iu from babule moa eni taem lo future?</i></p>	<p>YES 1</p> <p>NO 2 → 711</p> <p>DON'T KNOW 8 → 713</p>
710	<p>Which contraceptive method would you prefer to use?</p> <p><i>Watkaen contraceptive we nao iu laekem?</i></p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08 → 713</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>RHYTHM METHOD 12</p> <p>WITHDRAWAL 13</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>UNSURE 98</p>

711	<p>What is the main reason that you think you will not use a contraceptive method at any time in the future?</p> <p><i>Wanem nao reason wae iu se bae iu no save iusim eni contraceptive method at any time in the future?</i></p>	<p>NOT MARRIED 11</p> <p>FERTILITY-RELATED REASONS</p> <p>INFREQUENT SEX/NO SEX ... 21</p> <p>MENOPAUSAL/HYSTERECTOMY 22</p> <p>SUBFECUND/INFECUND 23</p> <p>WANTS AS MANY CHILDREN AS POSSIBLE 24</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED 31</p> <p>HUSBAND/PARTNER OPPOSED 32</p> <p>OTHERS OPPOSED 33</p> <p>RELIGIOUS PROHIBITION 34</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD 41 →713</p> <p>KNOWS NO SOURCE 42</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS 51</p> <p>FEAR OF SIDE EFFECTS 52</p> <p>LACK OF ACCESS/TOO FAR ... 53</p> <p>COSTS TOO MUCH 54</p> <p>INCONVENIENT TO USE 55</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES 56</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	
712	<p>Would you ever use a contraceptive method if you were married?</p> <p><i>Bae iu iusim eni contraceptive method lo taem bae iu maret?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
713	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time when you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p><i>Sapos iu save go baek lo taem iu no garem eni pikinini an save susim hao meni pikinini iu barava laek garem lo whole laef blo iu, hao meni pikinini nao ia?</i></p> <p><i>Sapos iu save susim barava namba lo pikinini iu laek garem long whole laef blo iu, hao meni nao ia?</i></p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00 → 715</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 → 715</p> <p>(SPECIFY)</p>	
714	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?</p> <p><i>Hao meni lo olketa ia nao baebae boys an hao meni nao bae iu laekem fo gele blo olketa?</i></p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	

715	In the last few months have you: Heard about family planning on the radio? Seen about family planning on the television? Read about family planning in a newspaper or magazine? <i>Herem redio tok abaotem family planning?</i> <i>Lukim tv tok abaotem family planning?</i> <i>Ridim niuspepa o magasin wea tok abaot family planning?</i>	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE ... 1 2	
716	Have you ever heard about the message: "Not too early, not too late, not too many, not too soon"? <i>Iu bin herem disfala mesej bifo:</i> "Not too early, not too late, not to many, not to soon"?	YES 1 NO 2	
717	CHECK 601: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		801
718	CHECK 311/311A: CODE B, G, OR M CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		720 722
719	Does your husband/partner know that you are using a method of family planning? <i>Waswe hasban o partner blo iu save iu gohed fo iusim wanfala metod fo famili planning o nomoa?</i>	YES 1 NO 2 DON'T KNOW 8	
720	Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together? <i>Hu nao tingting blo hem fo iu iusim contraception, hasban o partner blo iu, o iutufala evriwan nao agri?</i>	MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER 6 (SPECIFY)	
721	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		801
722	Does your husband/partner want the same number of children that you want, or does he want more or fewer than you want? <i>Waswe, hasban o partner blo iu nao laekem namba lo pikinini iu wantem o hemi laekem plande winim namba wea iu seleva iu wantem?</i>	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	<p>CHECK 601 AND 602:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/></p>	<p>→ 803</p> <p>→ 807</p>	
802	<p>How old was your husband/partner on his last birthday? <i>Hao olo nao hasban o partner blo iu lo las botde blo hem?</i></p>	<p>AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/></p>	
803	<p>Did your (last) husband/partner ever attend school? <i>Waswe, (last) hasban blo iu hemi skul lelebet o nomoa?</i></p>	<p>YES 1</p> <p>NO 2</p>	→ 806
804	<p>What was the highest level of school he attended: primary, secondary, vocational, or higher? <i>Watkaen level nao hemi kasem:</i> <i>primary, secondary, or higher?</i></p>	<p>PRIMARY 1</p> <p>SECONDARY 2</p> <p>VOCATIONAL 3</p> <p>COLLEGE 4</p> <p>POST-BACCALAUREATE 5</p> <p>DON'T KNOW 8</p>	→ 806
805	<p>What was the highest (grade/form/year) he completed at that level? <i>Wanem nao highest (grade, form, year) hemi completim lo datfal level?</i></p>	<p>GRADE/FORM/YEAR <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
806	<p>CHECK 801:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>What is your husband's/ partner's occupation? That is, what kind of work does he mainly do? <i>Hasban/partner blo iu wak lo wanem?</i> <i>Diswan minim watkaen wak nao hem save duim?</i></p> <p>What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do? <i>Wanem nao wak blo las hasban/ partner blo iu? Diswan minim watkaen wak nao hemi bin duim?</i></p>	<p><input type="text"/> <input type="text"/></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
807	<p>Aside from your own housework, have you done any work in the last seven days? <i>Wak lo eni wea moa insaet las seven days apart from wak blo iu lo haos blo iu?</i></p>	<p>YES 1</p> <p>NO 2</p>	→ 811
808	<p>As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work? <i>Olsem iu save, samfala mere save duim samfala wak wea olketa save peim lo selen o samfala difren kaen samting. samfala salem olketa samting, ranem smol bisnis, iu duim eniwan lo olketa wak olsem insaet las seven dei o eni nara kaen wak moa o nomoa?</i></p>	<p>YES 1</p> <p>NO 2</p>	→ 811
809	<p>Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason? <i>Nomata iu no duim eni wak lo las seven days, wea iu absent from bikos iu bin sik, holide, babule bikos babule o eni nara reason moa?</i></p>	<p>YES 1</p> <p>NO 2</p>	→ 811

810	Have you done any work in the last 12 months? <i>Iu duim eni wak insaet las 12 mans?</i>	YES 1 NO 2	→ 818
811	What is your occupation, that is, what kind of work do you mainly do? <i>Wanem nao wak blo iu, diswan minim watkaen wak nao iu save duim olowe?</i>	<input type="text"/> <input type="text"/> <input type="text"/>	
812	CHECK 811: WORKS IN CASH CROP OR SUBSISTENCE FARMING <input type="checkbox"/> DOES NOT WORK IN CASH CROP OR SUBSISTENCE FARMING <input type="checkbox"/>		→ 814
813	Do you work mainly on your own land or on family/customary land or do you work on land that you rent from someone else or do you work on someone else's land? <i>Iu wak oltaem lo land blo iu blo famili blo customary land, registered land o iu wak lo land wea iu rentem from nara pipol, o iu wak lo land blo nara pipol?</i>	OWN LAND 1 FAMILY/CUSTOMARY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
814	Do you do this work for a member of your family, for some else, or are you self-employed? <i>Iu duim diskaen wak fo memba long famili blo iu, fo nara man, o iu duim wak ia fo iu seleva?</i>	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
815	Do you usually work at home or away from home? <i>Iu save wak lo hom nomoa o</i>	HOME 1 AWAY 2	
816	Do you usually work throughout the year, or do you work seasonally, or only once in a while? <i>Iu wak insaet ful iia, samfala taem nomoa, o wan taem lo eni taem iu garem wak?</i>	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
817	Are you paid in cash or kind for this work or are you not paid at all? <i>Olketa peim iu lo selen o eni nara samting fo diskaen wak o iu nating tekem eni selen?</i>	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
818	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 827
819	CHECK 817: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 822
820	Who usually decides how the money that you earn will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly? <i>Hu nao save talem hao fo spendem selen iu tekem, iu, hasban, partner blo iu o iutufala evriwan tugeta?</i>	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 OTHER 6 (SPECIFY)	
821	Would you say that the money that you earn is more than what your husband/partner earns, less than what he earns, or about the same? <i>Bae iu se selen iu save tekem hemi staka winim hasban/partner o smol winim selen hasban/partner save tekem o hemi kolsap semsem?</i>	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY 4 DON'T KNOW 8	→ 823

822	Who usually decides how your husband's/partner's earning will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly? <i>Hu nao save talem hao fo spendem selen wea hasban/partner blo iu tekem: iu seleva, iu an hasban/partner o iutafala evriwan tugeta?</i>	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . 3 HUSBAND/PARTNER HAS NO EARNINGS 4 OTHER 6 (SPECIFY)	
823	Who usually makes decisions about health care for yourself: mainly you, mainly your husband/partner, you and your husband/partner jointly, or someone else? <i>Hu nao save mekem decision abaotem helt kea, hasban/partner?</i>	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 6 1 2 3 4 6	
824	Who usually makes decisions about making major household purchases? <i>Hu nao save mekem bik decision abaotem baem olketa samting fo haos?</i>	1 2 3 4 6	
825	Who usually makes decisions about making purchases for daily household needs? <i>Hu nao save mekem decision abaotem baem olketa samting wea haos nidim evride?</i>	1 2 3 4 6	
826	Who usually makes decisions about visits to your family or relatives? <i>Hu nao save mekem decision abaotem visitim relatives blo iu?</i>	1 2 3 4 6	
827	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES./ PRES./ NOT LISTEN. NOT PRES. LISTEN. CHILDREN < 10 ... 1 2 3 HUSBAND 1 2 3 OTHER MALES 1 2 3 OTHER FEMALES ... 1 2 3	
828	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: <i>samfala taem hasban save kros abaotem olketa samting waef save duim. Long tingting blo iu seleva, waswe iu ting hasban hemi right fo hitim waef lo olketa kaen taem olsem?</i>	YES NO DK GOES OUT 1 2 8 NEGL. CHILDREN ... 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNS FOOD 1 2 8	

SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
901	<p>Now I would like to talk about something else. HIV is a virus (infection) that can be passed from person to person. If people catch HIV they can become ill. This illness is called AIDS. Prior to this interview, have you ever heard of HIV or the disease called AIDS?</p> <p><i>Nao mi laik fo tokabaotem nara samting moa HIV hemi wanfala virus (siknes) wea hemi save pas-pas raon forom narawan go fo nara wan. Sapos vaeras ia kasem pipol, bae olketa sik. Nemblo sik ia nao AIDS. Iu bin herem finis disfala vaeras HIV or disfala sik AIDS?</i></p>	<p>YES..... 1 NO 2</p>	<p>→ 938</p>												
902	<p>CHECK Q. 111:</p> <p>CODE '2', '3' OR '4' <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/></p> <p>CIRCLED OR NO ANSWER <input type="checkbox"/></p>		<p>→ 904</p>												
903	<p>The following is a list of sources of information on prevention of getting HIV, the virus that causes AIDS. <i>Olketa samting wea bae mi talem kam .list blo infomeisin wea save preventem iu from getem HIV, virus wea meke sik AIDS.</i> Have you ever <i>Iu ever duim eniwan lo olketa samting olsem o nomoa?</i></p> <p>a. Read messages about HIV or AIDS in newspapers or magazines? <i>Ridim meseaj abaot HIV or AIDS lo niuspapa or magasin?</i></p> <p>b. Seen leaflets, brochures, or booklets on HIV or AIDS? <i>lukim leaflets, brochures, or books abaotem HIV?</i></p> <p>c. Gotten information on HIV or AIDS from the internet? Getem infomeisin abaot HIV or AIDS from internet?</p>	<table border="0"> <thead> <tr> <th></th> <th align="center">YES</th> <th align="center">NO</th> </tr> </thead> <tbody> <tr> <td>NEWSPAPER/MAGAZINE .</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>LEAFLETS/BOOKLETS ...</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>INTERNET</td> <td align="center">1</td> <td align="center">2</td> </tr> </tbody> </table>		YES	NO	NEWSPAPER/MAGAZINE .	1	2	LEAFLETS/BOOKLETS ...	1	2	INTERNET	1	2	
	YES	NO													
NEWSPAPER/MAGAZINE .	1	2													
LEAFLETS/BOOKLETS ...	1	2													
INTERNET	1	2													

READ INTRODUCTORY STATEMENT ONLY IF Q903 WAS NOT ASKED:			
The following is a list of sources of information on prevention of getting HIV, the virus that causes AIDS.			
904	Have you ever	YES	NO
	Iu ever duim eniwan lo olketa samting olsem o nomoa?		
	a. Seen messages about HIV or AIDS on billboards, signs or posters? <i>Lukim mesej abaot HIV or ADIS lo billboards, signs o posters?</i>	SIGNS/POSTERS 1	2
	b. Seen messages about HIV or AIDS on TV? <i>Lukim mesej abaotem HIV or AIDS lo TV?</i>	TV 1	2
	c. Read messages about HIV or AIDS on radio? <i>Herem mesej abaot HIV or AIDS lo redio?</i>	RADIO 1	2
	d. Seen the "Mr Right Guy" film or CD? <i>Bin lukim film olketa kolem "Mr Right Guy" lo film o CD?</i>	"MR RIGHT GUY" 1	2
	e. Attended a community event about HIV or AIDS? <i>Atendem wanfala komiuniti event abaot HIV o AIDS?</i>	COMMUNITY EVENT 1	2
	f. Received information about AIDS or HIV, the virus that causes AIDS, from an outreach work, that is someone who came to your community and talked about HIV or AIDS? <i>Risivim infomeisin abaotem HIV o AIDS from wanfala aotrij woksop wea minim samfala kam tok aboat HIV o AIDS fo komiuniti?</i>	OUTREACH WORKER 1	2
	g. Participated in an HIV or AIDS peer education program? <i>Tek part lo HIV or AIDS peer edukeisin program?</i>	PEER EDUCATION 1	2
	h. Participated in another type of HIV or AIDS education program such as a wokshop or school program? <i>Tek part lo nara kaen program moa olsem wokshop o skul program?</i>	OTHER EDUCATION 1	2
	i. Discussed AIDS OR HIV, the virus that causes AIDS, with other persons such as friend, family members, or work colleagues? <i>Diskasem HIV o AIDS wetem olketa nara pipol olsem fren, olketa memba lo famili, o olketa pipol iu wak wetem?</i>	FAMILY/FRIENDS 1	2
905	Can people reduce their chance of getting HIV, the virus that causes AIDS, by having just one, uninfected, faithful sex partner? <i>Waswe, pipol save katem daon chance fo garem HIV, virus wea save kosem AIDS sapos hemi havem sex wetem wanfala man o mere nomoa wea no garem an hemi feifful olowe?</i>	YES 1 NO 2 DON'T KNOW 8	
906	Can people get HIV from mosquito bites? <i>Waswe, pipol save getem HIV sapos moskito baetem hem?</i>	YES 1 NO 2 DON'T KNOW 8	
907	Can people reduce their chance of getting HIV by using a condom every time they have sex? <i>Waswe, pipol save katem daon chance fo gerem HIV sapos olketa iusim kondom evri taem olketa havem sex?</i>	YES 1 NO 2 DON'T KNOW 8	
908	Can people get HIV by sharing food with a person who has HIV or AIDS? <i>Waswe, pipol save getem HIV virus wea kosem AIDS sapos olketa kaikai wetem olketa wetem hu garem o nomoa?</i>	YES 1 NO 2 DON'T KNOW 8	

909	Can people reduce their chance of getting HIV by not having sexual intercourse at all? <i>Waswe, pipol save katem daon chance fo getem HIV sapos olketa nating havem eni sex?</i>	YES 1 NO 2 DON'T KNOW 8																	
910	Can people get HIV from the saliva of someone who has HIV or AIDS? <i>Waswe, pipol save getem HIV from salaeva blo person hu garem HIV o AIDS?</i>	YES 1 NO 2 DON'T KNOW 8																	
911	Can people get HIV by having injections with a needle or syringe that has already been used by someone else? <i>Waswe, pipol save getem HIV sapos olketa nila lo nila wea nara man o mere bin iusim finis?</i>	YES 1 NO 2 DON'T KNOW 8																	
912	Can only gay men get HIV? <i>Waswe, olketa man hu havem seks lo nara manu nomoa nao save getem HIV?</i>	YES 1 NO 2 DON'T KNOW 8																	
913	Can people get HIV because of witchcraft or other supernatural means? <i>Waswe, pipol save getem HIV sapos olketa posinim olketa lo meresin o devol?</i>	YES 1 NO 2 DON'T KNOW 8																	
914	Is it possible for a healthy-looking person to have HIV? <i>Waswe, hemi posibol fo man o mere wea luk helti fo garem HIV o nomoa?</i>	YES 1 NO 2 DON'T KNOW 8																	
915	Can HIV, the virus that causes AIDS, be transmitted from a mother to her baby: <i>Waswe, mami save pasem HIV, virus wea kosem AIDS go long bebi blo hem o nomoa:</i> During pregnancy? <i>Taem hemi babule?</i> During delivery? <i>Taem hemi bonem bebi?</i> By breastfeeding? <i>Taem hemi givim susu lo bebi?</i>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>DURING PREG.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>DURING DELIVERY. . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>BREASTFEEDING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY. . . .	1	2	8	BREASTFEEDING	1	2	8	
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DURING PREG.	1	2	8																
DURING DELIVERY. . . .	1	2	8																
BREASTFEEDING	1	2	8																
916	CHECK 915: AT LEAST <input type="checkbox"/> ONE 'YES'	OTHER <input type="checkbox"/>	918																
917	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby? <i>Eni spesol meresin hemi stap wea dokta o nes save givim lo mere hu garem HIV fo katem daon chances lo pasem sik ia go lo bebi o nomoa?</i>	YES 1 NO 2 DON'T KNOW 8																	
918	Have you heard about special antiretroviral drugs that people infected with HIV can get from a doctor or a nurse to help them live longer? <i>Iu herem finis meresin olketa kolek antiretrovial wea pipol hu garem HIV save getem from wanfala dokta o nes fo save liv long taem lelebet o nomoa?</i>	YES 1 NO 2 DON'T KNOW 8																	

919	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.	
920	Do you know of a place where people can go to get tested for HIV? <i>Iu save lo eni ples wea pipol save go tekem test fo HIV, virus wea save kosem AIDS o nomoa?</i>	YES 1 NO 2 → 922
921	Where is that? <i>Wea nao disfala ples ia?</i> Any other place? <i>Eni nara ples moa?</i> PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HIV TESTING HEADQUARTER OR CLINIC IS PUBLIC OR PRIVATE, CHURCH OR NGO MEDICAL FACILITY, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL A HIV TESTING HEADQUARTER . B HIV TESTING CLINIC C OTHER PUBLIC _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE CLINIC G PRIVATE DOCTOR H OTHER PRIVATE MEDICAL/FACILITIES I _____ (SPECIFY) CHURCH HOSPITAL J OTHER _____ K (SPECIFY) NGO/OTHER SOURCE SIPPA CLINIC N OTHER _____ X (SPECIFY)
922	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV? <i>Iu save baem vegetable from wanfala stoa-kipa wea iu save dat hemi garem HIV?</i>	YES 1 NO 2 DON'T KNOW 8
923	Would you share a meal with a person if you knew that this person had HIV? <i>Iu save kaikai wetem man o mere wea iu save finis hemi garem HIV?</i>	YES 1 NO 2 DON'T KNOW 8
924	If a member of your family got infected with HIV, would you want it to remain a secret or not? <i>Sapos wanfala memba blo famili blo iu garem HIV, waswe, bae iu laekem fo hemi stap olsem secret o nomoa?</i>	YES, REMAIN A SECRET 1 NO 2 DK/NOT SURE/DEPENDS 8
925	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household? <i>Sapos wanfala memba blo famili sik lo AIDS, waswe bae iu willing fo tek kea lo hem insaet haos blo iu o nomoa?</i>	YES 1 NO 2 DK/NOT SURE/DEPENDS 8
926	In your opinion, if a female teacher has HIV but is not sick, should she be allowed to continue teaching in the school? <i>Sapos wanfala mere tisa hemi garem HIV, wanem nao tingting blo iu, olketa shud letem fo gohed tisa nomoa o waswe?</i>	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED 2 DK/NOT SURE/DEPENDS 8
927	Should the names of all persons with HIV be displayed in a public place for everyone to see? <i>Waswe, nem blo olketa pipol hu garem HIV shud stap lo pablik ples mekem evriwan lukim o nomoa?</i>	YES 1 NO 2 DON'T KNOW 8

928	Should all persons with HIV live apart from the general community? <i>Waswe, olketa pipol hu garem HIV shud liv lo difren ples from komiuniti o nomoa?</i>	YES 1 NO 2 DON'T KNOW 8	
929	Should it be a criminal offence to knowingly pass HIV onto someone else? <i>Waswe, man o mere hu pasem HIV go lo nara wan, nomata hemi save hemi garem sik ia shud go prisin o nomoa?</i>	YES 1 NO 2 DON'T KNOW 8	
930	Should all newcomers to Solomon Islands be required to take a test for HIV? <i>Waswe, iu ting evri pipol wea kasem kandre fo first taem shud tekem test fo HIV o nomoa?</i>	YES 1 NO 2 DON'T KNOW 8	
931	Do you personally know someone who has been denied health services in the last 12 months because he or she has or is suspected to have HIV? <i>Waswe, iu save lo eniwan hu olketa bin no alaoem hem fo tekem helt sevis lo las 12 mans bekos olketa tingse hemi garem HIV?</i>	YES 1 NO 2 DK ANYONE WITH HIV 3	→ 936
932	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she has or is suspected to have HIV? <i>Waswe, iu save lo eniwan wea olketa no letem fo tek pat lo samting olsem sios prea, miting, pati, dans o olsem lo komiuniti insaet las 12 mans bikos pipol tingse hemi garem HIV?</i>	YES 1 NO 2	
933	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she has or is suspected to have HIV? <i>Waswe, iu save lo eniwan wea pipol abiusim an tok spolem insaet las 12 mans bikos pipol tingse hemi garem HIV?</i>	YES 1 NO 2	
934	CHECK 931, 932, AND 933: NOT A SINGLE <input type="checkbox"/> YES' ↓	AT LEAST ONE 'YES' <input type="checkbox"/>	→ 936
935	Do you personally know someone who has or is suspected to have HIV or AIDS? <i>Waswe, iu save lo eniwan hu hemi garem HIV o wea pipol tingse hemi garem HIV o AIDS?</i>	YES 1 NO 2	
936	Do you agree or disagree with the following statement: People with HIV or AIDS should be ashamed of themselves. <i>Waswe, iu agri o noagri wetem disfala toktok: Pipol hu garem HIV shud shem lo olketa seleva!. Wanem nao tingting blo iu lo disfala toktok?</i>	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	
937	Do you agree or disagree with the following statement: People with HIV or AIDS should be blamed for bringing the disease into the community. <i>Waswe, iu agri o noagri wetem disfala toktok: Pipol hu garem HIV o AIDS shud garem blame lo tekem kam HIV an AIDS insaet lo komiuniti. Wanem nao tingting blo iu lo disfala toktok?</i>	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	

938	<p>CHECK Q. 901.</p> <p>HEARD ABOUT HIV OR AIDS <input type="checkbox"/></p> <p>NOT HEARD ABOUT HIV OR AIDS <input type="checkbox"/></p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? <i>Bisaed lo AIDS, iu bin herem abaotim eni nara sik moa wea hem save pas-pas olbaot forom seksol kontak?</i></p> <p>Have you heard about infections that can be transmitted through sexual contact? <i>Waswe, iu bin herem abaotem olketa sik wea save pas-pas olbaot bikos lo</i></p>	<p>YES 1</p> <p>NO 2</p>	
939	<p>CHECK 613:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>	<p>→ 947</p>	
940	<p>CHECK 938: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>	<p>→ 942</p>	
941	<p>Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact? <i>Distaem mi laek askem iu abaotem helt blo iu insaet lo las 12 mans. Insaet lo las 12 mans, waswe, iu bin getem eni sik wea kasem iu bikos iu garem seksol kontak?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
942	<p>Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge? <i>Samfala taem, samfala mere save garem wanfala nana wea hem smel nogut, wea hemi kamaot forom praevet pat blo olketa?</i></p> <p><i>Lo insaet lo las 12 mans, waswe iu bin garem nana wea hem smel nogut o nomoa?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
943	<p>Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer? <i>Samfala taem olketa mere save garem soa o ulcer lo private pat blo olketa</i></p> <p><i>Insaet lo las 12 mans, waswe, iu bin garem eni soa o ulcer olsem lo private pat blo iu o nomoa?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
944	<p>CHECK 941, 942, AND 943:</p> <p>HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/></p> <p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></p>	<p>→ 947</p>	

945	<p>The last time you had (PROBLEM FROM 941/942/943), did you seek any kind of advice or treatment? <i>Las taem iu bin garem problem olsem (PROBLEM FROM 941/942/943), waswe iu tekem eni gud toktok o meresin from olketa dokta o nes?</i></p>	<p>YES 1 NO 2</p>	→947
946	<p>Where did you go? <i>Wea nao iu go?</i></p> <p>Any other place? Eni nara ples moa?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HIV TESTING HEADQUARTER OR CLINIC IS PUBLIC OR PRIVATE, CHURCH OR NGO MEDICAL FACILITY, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR GOVT. HOSPITAL A HIV TESTING HEADQUARTER . B HIV TESTING CLINIC C OTHER PUBLIC _____ D (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PRIVATE CLINIC G PRIVATE DOCTOR H OTHER PRIVATE MEDICAL/FACILITIES I _____ (SPECIFY)</p> <p>CHURCH HOSPITAL J OTHER _____ K (SPECIFY)</p> <p>NGO/OTHER SOURCE SIPPA CLINIC N OTHER _____ X (SPECIFY)</p>	
947	<p>Husbands and wives do not always agree on everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him? <i>Olketa hasban an waef no save agri olowe, lo samfala samting. Sapos waef hemi save dat hasban blo hem garem wanfala nogud sik from sex, wea hem tu save garem taem hem havem seks wetem hasban blo hem, waswe, hem stret o nomoa sapos waif ia hem no laik for havem seks wetem hem?</i></p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	
948	<p>Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood? <i>Iu tingse waef hemi raet fo no laek havem sex wetem hasban blo hem taem hemi taead o no fil laekem?</i></p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	
949	<p>Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women? <i>Iu tingse waef hemi raet fo no havem sex wetem hasban blo hem taem hemi save dat hasban havem sex wetem olketa nara mere?</i></p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	
950	<p>Do you believe that young men should wait until they are married to have sexual intercourse? <i>Waswe, iu biliv dat olketa iang man shud wait go-go kasem taem olketa maret bifo olketa havem sex?</i></p>	<p>YES 1 NO 2 DK/NOT SURE/DEPENDS 8</p>	

951	Do you think that most young men you know wait until they are married to have sexual intercourse? <i>Waswe iu tingse staka lo olketa iang man iu save olketa wait go-go olketa maret bifo olketa havem sex o nomoa?</i>	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
952	Do you believe that men who are not married and are having sex should only have sex with one partner? <i>Waswe iu biliv dat olketa man wea no maret bat havem sex shud havem sex nomoa wetem wanfala patna/mere nomoa?</i>	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
953	Do you think that most men you know who are not married and are having sex, have sex with only one partner? <i>Waswe iu tingse staka man iu save an wea no maret iet bat olketa bin havem sex finis, olketa bin havem seks wetem wanfala patna nomoa o hao?</i>	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
954	Do you believe that married men should only have sex with their wives? <i>Waswe iu biliv dat olketa maret man shud havem sex nomoa wetem waef blo olketa o?</i>	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
955	Do you think that most married men you know have sex only with their wives? <i>Waswe, iu tingse staka maret man wea iu save lo olketa olketa havem sex wetem waef blo olketa nomoa?</i>	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
956	Do you believe that young women should wait until they are married to have sexual intercourse? <i>Waswe, iu biliv dat olketa iang mere shud wait go-go kasem taem olketa maret bifo olketa havem sex?</i>	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
957	Do you think that most young women you know wait until they are married to have sexual intercourse? <i>Waswe, iu ting staka iang mere iu save lo olketa bin wait go-go kasem taem olketa maret bifo olketa havem sex?</i>	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
958	Do you believe that women who are not married and are having sex should only have sex with one partner? <i>Waswe, iu bilivim dat olketa mere wea no maret an olketa havem sex nao sud havem seks wetem wanfala patna nomoa o hao?</i>	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
959	Do you think that most women you know who are not married and are having sex have sex with only one partner? <i>Waswe, iu tingse staka mere iu save lo olketa an hu ino maret bat havem sex finis, waswe olketa bin havem seks wetem wanfala man nomoa o hao?</i>	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
960	Do you believe that married women should only have sex with their husbands? <i>Waswe, iu bilivim dat olketa maret mere sud havem sex nomoa wetem hasban blo olketa?</i>	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
961	Do you think that most married women you know have sex only with their husbands? <i>Waswe, iu tingse staka lo olketa maret mere wea iu save lo olketa havem sex nomoa wetem olketa hasban blo olketa?</i>	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
1001	<p>Have you ever heard of an illness called tuberculosis or TB? <i>Waswe, iu bin herem finis wanfala siknis olketa kolek tuberculosis o TB?</i></p>	<p>YES 1</p> <p>NO 2</p>	→ 1008																											
1002	<p>CHECK Q. 111:</p> <p>CODE '2', '3' OR '4' CIRCLED OR NO ANSWER</p> <p>CODE '1' OR '5' CIRCLED</p>		→ 1004																											
1003	<p>The following is a list of sources of information on tuberculosis or TB. Have you ever done any of the following? <i>Diswan hemi list blo olketa source blo informeisin abaot tuberculosis o TB. Waswe, iu bin duim eniwan lo olketa samting olsem?</i></p> <p>a. Read messages about TB in newspapers or magazines? <i>Ridim mesej abaot TB insaet niuspepa o magasin?</i></p> <p>b. Seen leaflets, brochures, or booklets on TB? <i>lukim olketa liflet, brojua, buklet abaotem TB?</i></p> <p>c. Gotten information on TB from the internet? <i>Tekem infomeisin abaot TB lo internet?</i></p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>NEWSPAPER/MAGAZINE .</td> <td>1</td> <td>2</td> </tr> <tr> <td>LEAFLETS/BOOKLETS ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>INTERNET</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	NEWSPAPER/MAGAZINE .	1	2	LEAFLETS/BOOKLETS ...	1	2	INTERNET	1	2																
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LEAFLETS/BOOKLETS ...	1	2																												
INTERNET	1	2																												
1004	<p>READ INTRODUCTORY STATEMENT ONLY IF Q1003 WAS NOT ASKED: The following is a list of sources of information on tuberculosis or TB. <i>Diswan hemi list blo olketa source blo informeisin abaot tuberculosis o TB?</i></p> <p>Have you ever <i>Waswe, iu bin</i></p> <p>a. Seen messages about TB on billboards, signs or posters? <i>lukim meseg abaotim TB lo advataisbod, lo olketa saen an posta?</i></p> <p>b. Seen messages about TB on TV? <i>Lukim meseg abaotim TB lo TV?</i></p> <p>c. Heard messages about TB on radio? <i>Herem meseg abaotim TB lo redio</i></p> <p>d. Attended a community event about TB? <i>Bin atendem wanfala komunity mitin abaotem TB?</i></p> <p>e. Received information about TB from an outreach work, that is, one who came to your community and talked about TB? <i>Risivim infomesen abaotim TB from wanfala toktok and visit abaotim TB?</i></p> <p>f. Participated in a TB peer education program? <i>Bin tekpat lo wanfal TB grup edukeisen program?</i></p> <p>g. Participated in another type of TB education program such as a wokshop or school program? <i>Bin tekpat lo nara fala taep TB edukeisen program olsem woksop o skul?</i></p> <p>h. Discussed TB with other persons such as friend, family members, or work colleagues? <i>Tokabaotem TB wetem narafala pipol olsem frens, olketa memba blo famili o olketa man-mere iu wok wetem?</i></p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>SIGNS/POSTERS</td> <td>1</td> <td>2</td> </tr> <tr> <td>TV</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO</td> <td>1</td> <td>2</td> </tr> <tr> <td>COMMUNITY EVENT ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>OUTREACH WORKER ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>PEER EDUCATION</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER EDUCATION</td> <td>1</td> <td>2</td> </tr> <tr> <td>FAMILY/FRIENDS</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	SIGNS/POSTERS	1	2	TV	1	2	RADIO	1	2	COMMUNITY EVENT ...	1	2	OUTREACH WORKER ...	1	2	PEER EDUCATION	1	2	OTHER EDUCATION	1	2	FAMILY/FRIENDS	1	2	
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1005	<p>How does tuberculosis spread from one person to another? <i>Hao nao tuberculosis o TB hem spred forom wanfala go lo narawan?</i></p> <p>PROBE: Any other ways? PROBE: <i>Eni narawe moa?</i></p> <p>RECORD ALL MENTIONED.</p>	<p>THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS ... B THROUGH TOUCHING A PERSON WITH TB C THROUGH FOOD D THROUGH SEXUAL CONTACT ... E THROUGH MOSQUITO BITES F</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
1006	<p>Can tuberculosis be cured? <i>Waswe TB garem mersin fo kiurem o nomoa?</i></p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	
1007	<p>If a member of your family got tuberculosis, would you want it to remain a secret or not? <i>Sapos eni memba blo famili blo iu garem TB, waswe bae iu laekem fo stap haid nomoa o waswe?</i></p>	<p>YES, REMAIN A SECRET 1 NO 2 DON'T KNOW/NOT SURE/ DEPENDS 8</p>	
1008	<p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? <i>Distaem mi laek askem iu samfala kuestin moa abaotem samfala samting moa abaotem helt. Waswe eniwan bin givim iu eni meresin lo nila insaet las 12 mans o nomoa?</i></p> <p>IF YES: How many injections have you had? IF YES: <i>Hao meni nila nao iu bin tekem?</i></p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS . <input type="text"/> <input type="text"/></p> <p>NONE 00 →1012</p>	
1009	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? <i>Lo olketa nila iu talem ia, hao meni nao dokta, nes, man blo meresin (famasis), dokta blo titi o eni nara man o mere wea wak lo helt nao nilam iu?</i></p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS . <input type="text"/> <input type="text"/></p> <p>NONE 00 →1012</p>	

1010	<p>The last time you had an injection given to you by a health worker, where did you go to get the injection?</p> <p><i>Lo las taem iu tekem nila wea dokta o nes bin givim lo iu ia wea nao iu go, fo olketa nilam iu ia?</i></p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC, PRIVATE, CHURCH OR NGO MEDICAL FACILITY, THE NAME OF THE PLACE.</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>RURAL HEALTH CENTRE 12</p> <p>RURAL HEALTH CLINIC 13</p> <p>NURSE AIDE POST 14</p> <p>SATELLITE CLINIC 15</p> <p>OTHER PUBLIC 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE CLINIC 21</p> <p>PHARMACY 22</p> <p>PRIVATE DOCTOR 23</p> <p>OTHER PRIVATE MEDICAL/FACILITIES 26</p> <p>(SPECIFY)</p> <p>CHURCH</p> <p>HOSPITAL 31</p> <p>RURAL HEALTH CLINIC 32</p> <p>NURSE AIDE POST 33</p> <p>SATELLITE CLINIC 34</p> <p>OTHER OUTLET 36</p> <p>NGO/OTHER SOURCE</p> <p>SIPPA CLINIC 41</p> <p>SIPPA CBD 42</p> <p>SAVE THE CHILDREN FUND ... 43</p> <p>SHOP 44</p> <p>FRIEND/RELATIVE 45</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
1011	<p>Did the person who gave you that injection take the syringe and needle from a new, unopened package?</p> <p><i>Waswe, datfala man o mere wea givim iu datfala nila lo iu ia, hem bin tekem syrin and nila ia forom wanfala niu paket wea hemi jas openem o nomoa?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1012	<p>Do you currently smoke cigarettes?</p> <p><i>Waswe, iu smokem sigaret distaem o nomoa?</i></p>	<p>YES 1</p> <p>NO 2</p>	→1014
1013	<p>In the last 24 hours, how many cigarettes did you smoke?</p> <p><i>Insaet lo las 24 hours, hao meni sikaret nao iu smokem?</i></p>	<p>CIGARETTES <input type="text"/> <input type="text"/></p>	
1014	<p>Do you currently smoke or use any other type of tobacco?</p> <p><i>Waswe, iu smok distaem o iu iusim eni nara kaen tobako?</i></p>	<p>YES 1</p> <p>NO 2</p>	→1016
1015	<p>What (other) type of tobacco do you currently smoke or use?</p> <p><i>Wat nao olketa nara taep tobako wea iu smokem o iusim distaem?</i></p> <p>RECORD ALL MENTIONED.</p>	<p>PIPE A</p> <p>CHEWING TOBACCO B</p> <p>SNUFF C</p> <p>ROLLED LEKONA D</p> <p>OTHER X</p> <p>(SPECIFY)</p>	

1016	<p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?</p> <p><i>Staka difren samting nao save stopem olketa mere forom go getem medikol advaes o tritment fo olketa seleva. Taem iu sik an iu wandem fo getem medikol advaes o tritment, waswe eniwan lo olketa samting olsem ia hemi bik problom o nomoa?</i></p> <p>a. Getting permission to go? <i>Fo oloketa alaom iu fo go?</i></p> <p>b. Getting money needed for treatment? <i>Fo tekem selen wea iu nidim fo peim tritmen</i></p> <p>c. The distance to the health facility? <i>Klinik o hospital hemi farawe tumas?</i></p> <p>d. Having to take transport? <i>Mas tekem transpot bifo save go?</i></p> <p>e. Not wanting to go alone? <i>No wande go seleva?</i></p> <p>f. Concern that there may not be a female health provider? <i>Fraet bikos no eni mere nao wak lo klinik?</i></p> <p>g. Concern that there may not be any health provider? <i>Fraet bikos maet no eni helt wakman o mere stap?</i></p> <p>h. Concern that there may be no drugs available? <i>Wari bikos no eni meresin nao stap?</i></p>	<p style="text-align: right;">NOT</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center; border-bottom: 1px solid black;">BIG PROB- LEM</th> <th style="text-align: center; border-bottom: 1px solid black;">A BIG PROB- LEM</th> </tr> </thead> <tbody> <tr> <td>PERMISSION TO GO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>GETTING MONEY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DISTANCE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TAKING TRANSPORT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>GO ALONE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NO FEMALE PROVIDER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NO PROVIDER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NO DRUGS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		BIG PROB- LEM	A BIG PROB- LEM	PERMISSION TO GO	1	2	GETTING MONEY	1	2	DISTANCE	1	2	TAKING TRANSPORT	1	2	GO ALONE	1	2	NO FEMALE PROVIDER	1	2	NO PROVIDER	1	2	NO DRUGS	1	2	
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1017	<p>Are you covered by any health insurance? <i>Iu garem eni helt insurens kava tu o nomoa?</i></p>	<p>YES 1</p> <p>NO 2</p>	→ 1019																											
1018	<p>What type of health insurance?</p> <p><i>Watkaen taep helt insurens nao ia?</i></p> <p>RECORD ALL MENTIONED.</p>	<p>MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A</p> <p>HEALTH INSURANCE THROUGH EMPLOYER B</p> <p>SOCIAL SECURITY C</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE. D</p> <p>OTHER _____ X</p> <p style="text-align: center;">(SPECIFY)</p>																												
1019	<p>Now I would like to ask you about alcohol and drug use. Remember that your responses are completely anonymous and confidential and will not be released to anyone.</p> <p>During the last 12 months, how often did you have drinks containing alcohol, such as beer, wine, liquor, spirits, homebrew, kwaso, toddy, yeast? Would you say: 4 or more times a week? 2 to 3 times a week? 2 to 4 times a month? Monthly or less?</p> <p><i>Distaem mi laek askem iu abaotem alkohol an drak. Oloketa ansa blo iu baebae tambu tumas fo mi talem o givim lo eniwan moa.</i></p> <p><i>Insaet las 12 mans, hao meni taem nao iu bin dringim alkohol olsem bia, waen, hotstaf, olketa nara hot dring, kwaso, hom-bru o todi?</i></p> <p><i>Bae iu se hemi: winim 4 taem insaet wanfala wik? 2 go kasem 3 taem insaet wan wik? 2 go kasem 4 taem insaet wan mans? no kasem 2 lo evri mans?</i></p>	<p>4+ PER WEEK 1</p> <p>2-3 PER WEEK 2</p> <p>2-4 PER MONTH 3</p> <p>< 2 PER MONTH 4</p> <p>NEVER 0</p> <p>DON'T KNOW 8</p> <p>NO ANSWER/REFUSED 7</p>	→ 1022																											

1020	<p>During the last 12 months, how many standard drinks containing alcohol did you have on a typical day when drinking? A standard drink is a can of beer, a glass of wine, a shot of liquor, etc. 20 or more? 10 to 19? 7, 8, or 9? 5 or 6? 3 or 4? 1 or 2?</p> <p><i>Insaet las 12 mans hao meni standad dring wea hem kontenim alkahol nao iu save dringim lo wanfala tipikol dei? Standad dring nao iumi minim wan fala tin-bia, wanfala glas lo waen o wan sisimol glas lo lika.</i> 20 o winim go? 10 go kasem 19? 7, 8 or 9? 5 or 6? 3 or 4? 1 o 2?</p>	<p>NUMBER OF STANDARD DRINKS</p> <p>20 OR MORE 1 10 TO 19 2 7, 8 OR 9 3 5 OR 6 4 3 OR 4 5 1 OR 2 6</p> <p>DON'T KNOW 8 NO ANSWER/REFUSED 7</p>																																																	
1021	<p>During the last 12 months, how often did you have five or more standard drinks at one time? A standard drink is a can of beer, a glass of wine, a shot of liquor, etc. Daily or almost daily? Weekly? Monthly? Less than monthly? Less than monthly?</p> <p><i>Insaet las 12 mans hao ofen nao iu bin dringim faefala an go-ap lo olketa standad diring ia lo eniwan taem? Standad dring hem minim wanfala tin-bia, wanfala glas lo waen wan o wan sisimol glas lo lo lika an olketa samting olsem.</i> <i>Evride o kolsap evride? Evri Wik? Evri mans? No kasem wan mans? Nating nao.</i></p>	<p>DAILY OR ALMOST DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 0 DON'T KNOW 8 NO ANSWER/REFUSED 7</p>																																																	
1022	<p>Next I would like to ask you about use of the following items. Have you <u>ever</u> tried...? IF YES, ASK: Did you use it in the last 30 days?</p> <p><i>Distaem, mi laek askem iu abaotem ius blo olketa samting wea bae mi talem kam. Iu bin traem?</i> IF YES, ASK: <i>Iu bin iusim insaet las 30 days?</i></p> <p>a. Betel nut? <i>Bilnat?</i> b. Sakau/Kava? <i>Kava</i> c. Marijuana/Cannibis <i>Maruana</i> d. Ecstasy/E/Eccies? <i>Ektasi tablet</i> e. Inhalants including gas? <i>Samting fo britim olsem gas</i> f. Speed/Base/Other amphetamines? <i>Spid</i> g. Ice/Crystal meth? <i>Ice</i> h. Cocaine/Crack/Freebasing? <i>Koken</i> i. Heroin? <i>Heroin</i> j. LSD/Acid/Hallucinogens? <i>LSD/Acid</i></p>	<table border="1"> <thead> <tr> <th>NEVER TRIED</th> <th>EVER TRIED</th> <th>USED IN LAST 30 DAYS</th> <th>NO ANSWER, REFUSED</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td><td>3</td><td>7</td></tr> </tbody> </table>	NEVER TRIED	EVER TRIED	USED IN LAST 30 DAYS	NO ANSWER, REFUSED	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	1	2	3	7	
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1023	<p>Some people have tried injecting drugs using a syringe. In the last 12 months, have you injected drugs (not including injections for medical reasons or treatment of an illness)?</p> <p><i>Samfala pipol save trae fo nilam olketa seleva wetem druks. Waswe, iu bin nilam iu seleva wetem drugs insaet las 12 mans o nomoa (no includim nila wea iu tekem saed lo medical helt an tritmen for sik blo iu)?</i></p>	<p>YES 1</p> <p>NO 2</p> <p>NO ANSWER, REFUSED 8</p>								
1024	<p>What physical activities do you usually do?</p> <p><i>Watkaen fisikol wak nao iu save duim samfala taem?</i></p> <p>Anything else? <i>Enisamting difren moa?</i></p> <p>RECORD ALL MENTIONED.</p>	<p>WALKING/JOGGING A</p> <p>SPORTS B</p> <p>DANCING/AEROBICS/GYM C</p> <p>DRIVING CANOE/VEHICLE D</p> <p>MANUAL LABOR (WORKING IN GARDEN, FISHING, ETC) ... E</p> <p>OTHER _____ X (SPECIFY)</p>								
1025	RECORD THE TIME.	<p>HOUR <table border="1" data-bbox="1198 645 1299 703"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MINUTES <table border="1" data-bbox="1198 703 1299 763"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>								

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: _____

INSTRUCTIONS:
 ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
 ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN N

BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 PILL
- 4 INJECTABLES
- 5 IMPLANTS
- 6 CONDOM
- 7 RHYTHM METHOD
- 8 WITHDRAWAL
- X OTHER _____
 (SPECIFY)

	12	DEC	01		
	11	NOV	02		
	10	OCT	03		
	09	SEP	04		
2	08	AUG	05		2
0	07	JUL	06		0
0	06	JUN	07		0
7	05	MAY	08		7
	04	APR	09		
	03	MAR	10		
	02	FEB	11		
	01	JAN	12		

	12	DEC	13		
	11	NOV	14		
	10	OCT	15		
	09	SEP	16		
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	02	FEB	23		
	01	JAN	24		

	12	DEC	25		
	11	NOV	26		
	10	OCT	27		
	09	SEP	28		
2	08	AUG	29		2
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0	06	JUN	31		0
5	05	MAY	32		5
	04	APR	33		
	03	MAR	34		
	02	FEB	35		
	01	JAN	36		

	12	DEC	37		
	11	NOV	38		
	10	OCT	39		
	09	SEP	40		
2	08	AUG	41		2
0	07	JUL	42		0
0	06	JUN	43		0
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	04	APR	45		
	03	MAR	46		
	02	FEB	47		
	01	JAN	48		

	12	DEC	49		
	11	NOV	50		
	10	OCT	51		
	09	SEP	52		
2	08	AUG	53		2
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0	06	JUN	55		0
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	04	APR	57		
	03	MAR	58		
	02	FEB	59		
	01	JAN	60		

	12	DEC	61		
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	10	OCT	63		
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2	08	AUG	65		2
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