

DEMOGRAPHIC AND HEALTH SURVEYS
WOMAN'S QUESTIONNAIRE

KIRIBATI ISLANDS
NATIONAL STATISTICS OFFICE

| IDENTIFICATION | |
|-------------------------------------|--|
| NAME OF ISLAND _____ | |
| VILLAGE _____ | |
| ENUMERATION AREA (EA) | |
| NAME OF HOUSEHOLD HEAD _____ | |
| HOUSEHOLD NUMBER | |
| URBAN/RURAL | |
| (URBAN=1, RURAL=2) | |
| NAME AND LINE NUMBER OF WOMAN _____ | |

| INTERVIEWER VISITS | | | | |
|---|-------|-------|-------|------------------------|
| | 1 | 2 | 3 | FINAL VISIT |
| DATE | _____ | _____ | _____ | DAY MONTH YEAR |
| INTERVIEWER'S NAME | _____ | _____ | _____ | INT. NUMBER |
| RESULT* | _____ | _____ | _____ | RESULT |
| NEXT VISIT: DATE | _____ | _____ | | TOTAL NUMBER OF VISITS |
| TIME | _____ | _____ | | |
| *RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY) | | | | |

| |
|----------------------------------|
| LANGUAGE OF QUESTIONNAIRE _____ |
| LANGUAGE OF INTERVIEW _____ |
| LANGUAGE OF RESPONDENT _____ |
| TRANSLATOR USED? 1 YES 2 NO |

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

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

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

If we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. We hope that you will participate in this survey since your views are important.

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

Signature of interviewer: _____ Date: _____

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

| 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 | How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS. | YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96 | 104 |
| 103 | Just before you moved here, in what island did you usually reside? WRITE THE NAME OF THE ISLAND _____ (SPECIFY) | DIFFERENT ISLAND <input type="text"/> <input type="text"/> SAME ISLAND..... 95 OVERSEAS 96 | |
| 104 | In what month and year were you born? | MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998 | |
| 105 | How old were you at your last birthday? COMPARE AND CORRECT 104 AND/OR 105 IF INCONSISTENT. | AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> | |

| | | | |
|-----|--|---|-----|
| 106 | Have you ever attended school? | YES 1 NO 2 | 110 |
| 107 | What is the highest level of school you attended: elementary, secondary, or higher? | PRE-SCHOOL 0 PRIMARY 1 SECONDARY 2 TERTIARY 3 HIGHER 4 OTHER 5 DON'T KNOW 8 | |
| 108 | What is the highest class/form/year you completed at that level? | CLASS/FORM/YEAR <input type="text"/> <input type="text"/> | |
| 109 | CHECK 107: PRIMARY HIGH SCHOOL OR HIGHER | | 113 |
| 110 | Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: <input type="checkbox"/> <input type="checkbox"/> | 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 | |
| 111 | Have you ever participated in a literacy program or any other program that involves learning to read or write (not including elementary school)? | YES 1 NO 2 | |
| 112 | CHECK 110: CODE '2', '3' OR '4' CIRCLED CODE '1' OR '5' CIRCLED | | 114 |
| 113 | Do you read a newspaper or magazine almost every day, at least a week, once a week, less than once a week or not at all? | ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4 | |
| 114 | Do you listen to the radio almost every day, at least once less than once a week or not at all? <input type="checkbox"/> <input type="checkbox"/> | ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4 | |
| 115 | Do you watch television almost every day, at least once a week, less than once a week or not at all? | ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4 | |

SECTION 2. REPRODUCTION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|------|
| 201 | Now I would like to ask about all the births you have had during your life. Have you ever given birth? | YES 1 NO 2 | 206 |
| 202 | Do you have any sons or daughters to whom you have given birth who are now living with you? | YES 1 NO 2 | 204 |
| 203 | How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'. | SONS AT HOME <input type="text"/> <input type="text"/> DAUGHTERS AT HOME <input type="text"/> <input type="text"/> | |
| 204 | Do you have any sons or daughters to whom you have given birth who are alive but do not live with you? | YES 1 NO 2 | 206 |
| 205 | How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'. | SONS ELSEWHERE <input type="text"/> <input type="text"/> DAUGHTERS ELSEWHERE <input type="text"/> <input type="text"/> | |
| 206 | Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive? | YES 1 NO 2 | 208 |
| 207 | How many boys have died? And how many girls have died? IF NONE, RECORD '00'. | BOYS DEAD <input type="text"/> <input type="text"/> GIRLS DEAD <input type="text"/> <input type="text"/> | |
| 208 | SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'. | TOTAL <input type="text"/> <input type="text"/> | |
| 209 | CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES NO PROBE AND CORRECT 201-208 AS NECESSARY. | | |
| 210 | CHECK 208: ONE OR MORE BIRTHS NO BIRTHS | | 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. 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 IF ALIVE: | 218 IF ALIVE: | 219 IF ALIVE: | 220 IF DEAD: | 221 |
| What name was given to your (first/next) baby? (NAME) | Were any of these births twins? | Is (NAME) a boy or a girl? | In what month and year was (NAME) born? PROBE: What is his/her birthday? | Is (NAME) still alive? | How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. | Is (NAME) living with you? | RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD). | How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. | Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth? |
| 01 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES . . 1 NO . . . 2 220 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES . . . 1 NO 2 | LINE NUMBER <input type="text"/> <input type="text"/> (NEXT BIRTH) | DAYS . . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS . . 3 <input type="text"/> <input type="text"/> | |
| 02 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES . . 1 NO . . . 2 220 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES . . . 1 NO 2 | LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 221) | DAYS . . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS . . 3 <input type="text"/> <input type="text"/> | YES 1 ADD BIRTH NO 2 NEXT BIRTH |
| 03 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES . . 1 NO . . . 2 220 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES . . . 1 NO 2 | LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 221) | DAYS . . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS . . 3 <input type="text"/> <input type="text"/> | YES 1 ADD BIRTH NO 2 NEXT BIRTH |
| 04 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES . . 1 NO . . . 2 220 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES . . . 1 NO 2 | LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 221) | DAYS . . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS . . 3 <input type="text"/> <input type="text"/> | YES 1 ADD BIRTH NO 2 NEXT BIRTH |
| 05 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES . . 1 NO . . . 2 220 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES . . . 1 NO 2 | LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 221) | DAYS . . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS . . 3 <input type="text"/> <input type="text"/> | YES 1 ADD BIRTH NO 2 NEXT BIRTH |
| 06 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES . . 1 NO . . . 2 220 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES . . . 1 NO 2 | LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 221) | DAYS . . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS . . 3 <input type="text"/> <input type="text"/> | YES 1 ADD BIRTH NO 2 NEXT BIRTH |
| 07 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES . . 1 NO . . . 2 220 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES . . . 1 NO 2 | LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 221) | DAYS . . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS . . 3 <input type="text"/> <input type="text"/> | YES 1 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 next baby? (NAME) | Were any of these births twins? | Is (NAME) a boy or a girl? | In what month and year was (NAME) born? PROBE: What is his/her birthday? | Is (NAME) still alive? | How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. | Is (NAME) living with you? | RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD). | How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. | Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth? |
| 08 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 220 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 | LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 221) | DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/> | YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH |
| 09 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 220 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 | LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 221) | DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/> | YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH |
| 10 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 220 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 | LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 221) | DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/> | YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH |
| 11 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 220 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 | LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 221) | DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/> | YES ... 1 ADD BIRTH NO ... 2 NEXT BIRTH |
| 12 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 220 | AGE IN YEARS <input type="text"/> <input type="text"/> | YES ... 1 NO ... 2 | LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 221) | DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/> | YES ... 1 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. | | | | | YES ... 1 NO ... 2 | 1 2 | | |
| 223 | <p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME NUMBERS ARE DIFFERENT (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. ↓</p> <p>FOR EACH BIRTH SINCE JANUARY 2004: MONTH AND YEAR OF BIRTH ARE RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p> | | | | | | | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 224 | CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2004 OR LATER. IF NONE, RECORD '0' AND SKIP TO 226. ↓ | | | | | | | | <input type="text"/> |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|------|
| 225 | FOR EACH BIRTH SINCE JANUARY 2004, 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? | YES 1 NO 2 UNSURE 8 | 229 |
| 227 | How many months pregnant are you? 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 <u>wait until</u> later, or did you <u>not want</u> to have any (more) children at all? | THEN 1 LATER 2 NOT AT ALL 3 | |
| 229 | Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth? | YES 1 NO 2 | 237 |
| 230 | When did the last such pregnancy end? | MONTH <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 JAN. 2004 OR LATER LAST PREGNANCY ENDED BEFORE JAN. 2004 | | 237 |
| 232 | How many months pregnant were you when the last such pregnancy ended? 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 2004, have you had any other pregnancies that did not result in a live birth? | YES 1 NO 2 | 235 |
| 234 | ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2004. 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 2004? | YES 1 NO 2 | 237 |
| 236 | When did the last such pregnancy that terminated before 2004 end? | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| 237 | When did your last menstrual period start? _____ (DATE, IF GIVEN) | DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996 | |

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>Which ways or methods have you heard about?</p> <p>FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</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 (METHOD)? | |
| 01 | <p>FEMALE STERILIZATION Women can have an operation to avoid having any more children.</p> | <p>YES 1 NO 2</p> | <p>Have you ever had an operation to avoid having any more children? YES 1 NO 2</p> |
| 02 | <p>MALE STERILIZATION Men can have an operation to avoid having any more children.</p> | <p>YES 1 NO 2</p> | <p>Have you ever had a partner who had an operation to avoid having any more children? YES 1 NO 2</p> |
| 03 | <p>PILL Women can take a pill every day to avoid becoming pregnant.</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>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>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>YES 1 NO 2</p> | <p>YES 1 NO 2</p> |
| 07 | <p>CONDOM Men can put a rubber sheath on their penis before sexual intercourse.</p> | <p>YES 1 NO 2</p> | <p>YES 1 NO 2</p> |
| 08 | <p>FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse</p> | <p>YES 1 NO 2</p> | <p>YES 1 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 to get pregnant.</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.</p> | <p>YES 1 NO 2</p> | <p>YES 1 NO 2</p> |
| 12 | <p>EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.</p> | <p>YES 1 NO 2</p> | <p>YES 1 NO 2</p> |

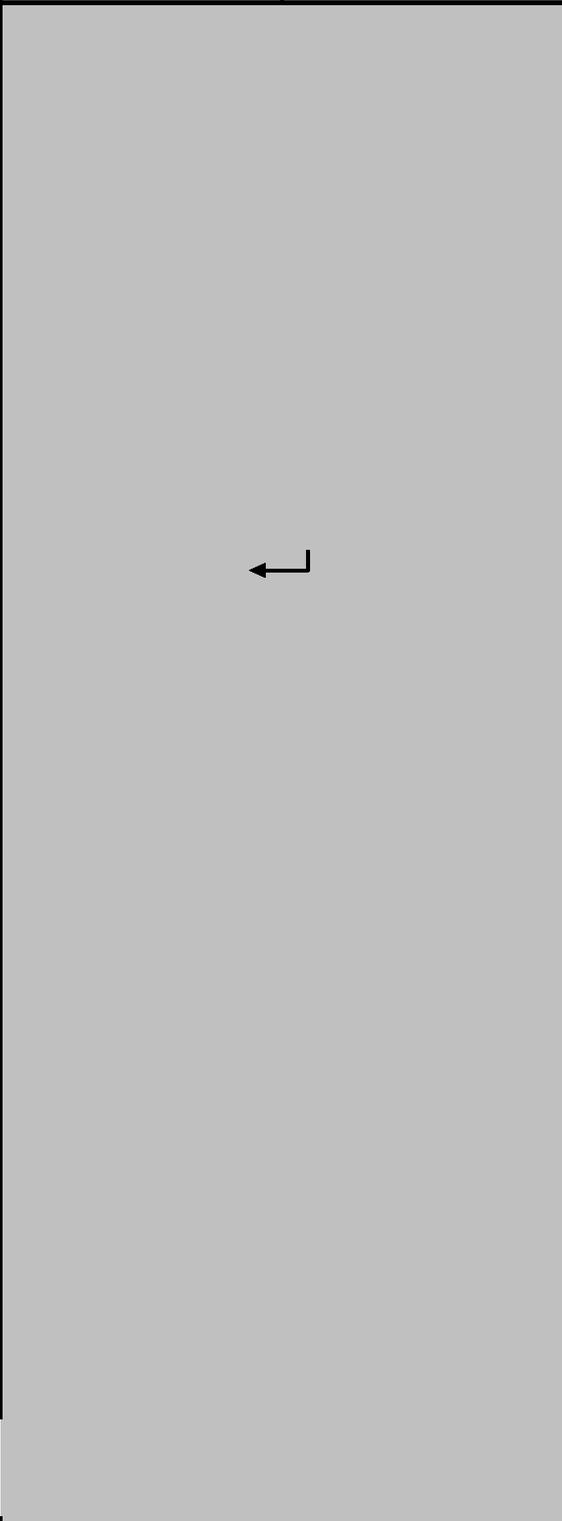
| | | | |
|-----|---|---|--|
| 13 | Have you heard of any other ways or methods that women or men can use to avoid pregnancy? | YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2 | YES 1 NO 2 YES 1 NO 2 |
| 303 | CHECK 302: NOT A SINGLE "YES" (NEVER USED) AT LEAST ONE "YES" (EVER USED) | 307 | |

| | | | |
|------|--|--|--|
| 315 | <p>CHECK 311/311A:</p> <p>CODE 'A' CIRCLED CODE 'A' 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? 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>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 6</p> | |
| 316 | <p>How much did you (your husband/partner) pay in total for the sterilization, including any consultation you (he) may have had? COST</p> | <p>FREE 995</p> <p>DON'T KNOW 998</p> | |
| 317 | <p>In what month and year was the sterilization performed?</p> | <p>MONTH [] [] [] []</p> <p>YEAR [] [] [] []</p> | |
| 317A | <p>Since what month and year have you been using (CURRENT METHOD) without stopping?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p> | <p>MONTH [] [] [] []</p> <p>YEAR [] [] [] []</p> | |
| 318 | <p>CHECK 317/317A, 215 AND 230:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 317/317A YES NO</p> <p>GO BACK TO 317/317A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p> | | |
| 319 | <p>CHECK 317/317A:</p> <p>YEAR IS 2004 OR LATER YEAR IS 2003 OR EARLIER</p> <p>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 2004.</p> <p>THEN SKIP TO 329</p> | | |
| 320 | <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>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2004.</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>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? | | |

| | | | |
|------|--|--|---|
| 321 | CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST. | NO CODE CIRCLED 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 CONDOM 07 FEMALE CONDO 08 LAM 09 RHYTHM METHOD 10 WITHDRAWAL 11 EMERGENCY 12 OTHER METHOD 96 | 331 324 333 322A 322A 333 333 |
| 322 | Where did you obtain (CURRENT METHOD) when you started using it?  | PUBLIC SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CENTER 12 FAMILY PLANNING CLINIC 13 MOBILE CLINIC 14 OTHER SOURCE COMMUNITIES..... 21 SHOP 22 HOTEL/MOTEL 23 FRIEND/RELATIVE 24 BAR..... 25 OVERSEAS 31 OTHER _____ 98 (SPECIFY) | |
| 322A | Where did you learn how to use rhythm? | | |
| 323 | CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST. | PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 05 CONDOM 06 FEMALE CONDOM 07 LAM 08 RHYTHM METHOD 09 | 330 327 327 327 |
| 324 | You obtained (CURRENT METHOD FROM 321) from (SOURCE OF METHOD FROM 314 OR 322) in (DATE FROM 317/317A). At that time, were you told about side effects or problems you might have with the method? | YES 1 NO 2 | 326 |
| 325 | Were you ever told by a health or family planning worker about side effects or problems you might have with the method? | YES 1 NO 2 | 327 |
| 326 | Were you told what to do if you experienced side effects or problems? | YES 1 NO 2 | |
| 327 | CHECK 324: CODE '1' CIRCLED CODE '1' NOT CIRCLED At that time, were you told about other methods of family planning that you could use? When you obtained (CURRENT METHOD FROM 321) from (SOURCE OF METHOD FROM 314 OR 322) were you told about other methods of family planning that you could use? | YES 1 NO 2 | 329 |

SECTION 4. PREGNANCY AND POSTNATAL CARE

| | | | | |
|-----|---|---|---|---|
| 401 | CHECK 224: ONE OR MORE BIRTHS IN 2004 OR LATER | NO BIRTHS IN 2004 OR LATER | 550 | |
| 402 | CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2004 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). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.) | | | |
| 403 | LINE NUMBER FROM 212 | LAST BIRTH LINE NO. <input type="text"/> <input type="text"/> | NEXT-TO-LAST BIRTH LINE NO. <input type="text"/> <input type="text"/> | SECOND-FROM-LAST BIRTH LINE NO. <input type="text"/> <input type="text"/> |
| 404 | FROM 212 AND 216 | NAME _____ LIVING DEAD | NAME _____ LIVING DEAD | NAME _____ LIVING DEAD |
| 405 | 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? | THEN 1 (SKIP TO 407) LATER 2 NOT AT ALL 3 (SKIP TO 407) | THEN 1 (SKIP TO 426) LATER 2 NOT AT ALL 3 (SKIP TO 426) | THEN 1 (SKIP TO 426) LATER 2 NOT AT ALL 3 (SKIP TO 426) |
| 406 | How much longer would you have liked to wait? | MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998 | MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998 | MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998 |
| 407 | Did you see anyone for prenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED. | HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B HEALTH ASST/ PERSONNEL . C OTHER PERSON TRADITIONAL BIRTH ATTENDANT . D LOCAL HEALER E OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 414) | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ | | | | | | | | | | | | | | | |
|-------------|---|---|---|--------------------------------------|--|-----|----|------------|---|---|----------|---|---|-------------|---|---|-----------|---|---|
| 408 | <p>Where did you receive prenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).</p> | <p>HOME YOUR HOME ... A OTHER HOME ... B</p> <p>PUBLIC SECTOR GOVT. HOSPITAL C GOVT. HEALTH CENTER D</p> <p>OVERSEAS E</p> <p>OTHER _____ X (SPECIFY)</p> |  | | | | | | | | | | | | | | | | |
| 409 | <p>How many months pregnant were you when you first received prenatal care for this pregnancy?</p> | <p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p> | | | | | | | | | | | | | | | | | |
| 410 | <p>How many times did you receive prenatal care during this pregnancy?</p> | <p>NUMBER OF TIMES . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p> | | | | | | | | | | | | | | | | | |
| 411 | <p>As part of your prenatal care during this pregnancy, were any of the following done at least once?</p> <p>Were you weighed?</p> <p>Was your blood pressure measured?</p> <p>Did you give a urine sample?</p> <p>Did you give a blood sample?</p> | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>WEIGHT ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>BP</td> <td>1</td> <td>2</td> </tr> <tr> <td>URINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLOOD ...</td> <td>1</td> <td>2</td> </tr> </tbody> </table> | | | | YES | NO | WEIGHT ... | 1 | 2 | BP | 1 | 2 | URINE | 1 | 2 | BLOOD ... | 1 | 2 |
| | YES | NO | | | | | | | | | | | | | | | | | |
| WEIGHT ... | 1 | 2 | | | | | | | | | | | | | | | | | |
| BP | 1 | 2 | | | | | | | | | | | | | | | | | |
| URINE | 1 | 2 | | | | | | | | | | | | | | | | | |
| BLOOD ... | 1 | 2 | | | | | | | | | | | | | | | | | |
| 412 | <p>During (any of) your prenatal care visit(s), were you told about the signs of pregnancy complications?</p> | <p>YES 1 NO 2 (SKIP TO 414) DON'T KNOW 8</p> | | | | | | | | | | | | | | | | | |

| | | |
|-----|---|--|
| 413 | Were you told where to go if you had any of these complications? | YES 1 NO 2 DON'T KNOW 8 |
| 414 | During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth? | YES 1 NO 2 (SKIP TO 417) DON'T KNOW 8 |
| 415 | During this pregnancy, how many times did you get this tetanus injection? | TIMES <input type="text"/> DON'T KNOW 8 |
| 416 | CHECK 415: | 2 OR MORE OTHER TIMES (SKIP TO 421) |
| 417 | At any time before this pregnancy, did you receive any tetanus injections, either to protect yourself or another baby? | YES 1 NO 2 (SKIP TO 421) DON'T KNOW 8 |
| 418 | Before this pregnancy, how many other times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'. | TIMES <input type="text"/> DON'T KNOW 8 |
| 419 | In what month and year did you receive the last tetanus injection before this pregnancy? | MONTH ... <input type="text"/> <input type="text"/> DK MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 421) DK YEAR 9998 |
| 420 | How many years ago did you receive that tetanus injection? | YEARS AGO <input type="text"/> <input type="text"/> |



| | | | | |
|-----|---|--|--|--|
| 421 | During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP. | YES 1 NO 2 (SKIP TO 423) DON'T KNOW 8 | ← | |
| 422 | During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS. | DAYS . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ... 998 | | |
| 423 | During this pregnancy, did you take any drug for intestinal worms? | YES 1 NO 2 DON'T KNOW 8 | | |
| 424 | During this pregnancy, did you have difficulty with your vision during daylight? | YES 1 NO 2 DON'T KNOW 8 | | |
| 425 | During this pregnancy, did you suffer from night blindness | YES 1 NO 2 DON'T KNOW 8 | | |
| 426 | When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small? | VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8 | | |
| 427 | Was (NAME) weighed at birth? | YES 1 NO 2 (SKIP TO 429) DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 429) DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 429) DON'T KNOW 8 |

| | | | | |
|-----|---|--|--|--|
| 428 | <p>How much did (NAME) weigh?</p> <p>RECORD WEIGHT IN POUNDS & OUNCES FROM HEALTH CARD, IF AVAILABLE.</p> | <p>LBS. FROM CARD</p> <p>1 <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>OZ. FROM CARD</p> <p><input type="text"/> . <input type="text"/></p> <p>LBS. FROM RECALL</p> <p>2 <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>OZ. FROM RECALL</p> <p><input type="text"/> . <input type="text"/></p> <p>DON'T KNOW 999.89.8</p> | <p>LBS. FROM CARD</p> <p>1 <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>OZ. FROM CARD</p> <p><input type="text"/> . <input type="text"/></p> <p>LBS. FROM RECALL</p> <p>2 <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>OZ. FROM RECALL</p> <p><input type="text"/> . <input type="text"/></p> <p>DON'T KNOW 999.89.8</p> | <p>LBS. FROM CARD</p> <p>1 <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>OZ. FROM CARD</p> <p><input type="text"/> . <input type="text"/></p> <p>LBS. FROM RECALL</p> <p>2 <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>OZ. FROM RECALL</p> <p><input type="text"/> . <input type="text"/></p> <p>DON'T KNOW 999.89.8</p> |
| 429 | <p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</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</p> <p>DOCTOR A</p> <p>NURSE/MIDWIFE B</p> <p>HEALTH ASS'T/ PERSONNEL . C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT . D</p> <p>LOCAL HEALER E</p> <p>F</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE Y</p> | <p>HEALTH PERSONNEL</p> <p>DOCTOR A</p> <p>NURSE/MIDWIFE B</p> <p>HEALTH ASS'T/ PERSONNEL . C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT . D</p> <p>LOCAL HEALER E</p> <p>F</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE Y</p> | <p>HEALTH PERSONNEL</p> <p>DOCTOR A</p> <p>NURSE/MIDWIFE B</p> <p>HEALTH ASS'T/ PERSONNEL . C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT . D</p> <p>LOCAL HEALER E</p> <p>F</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE Y</p> |
| 430 | <p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).</p> | <p>HOME</p> <p>YOUR HOME . . . 11 (SKIP TO 437)</p> <p>OTHER HOME . . . 12</p> <p>PUBLIC SOURCE</p> <p>GOVT. HOSPITAL 21</p> <p>GOVT. HEALTH CENTER 22</p> <p>OVERSEAS 31</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 437)</p> | <p>HOME</p> <p>YOUR HOME . . . 11 (SKIP TO 437)</p> <p>OTHER HOME . . . 12</p> <p>PUBLIC SOURCE</p> <p>GOVT. HOSPITAL 21</p> <p>GOVT. HEALTH CENTER 22</p> <p>OVERSEAS 31</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 438)</p> | <p>HOME</p> <p>YOUR HOME . . . 11 (SKIP TO 437)</p> <p>OTHER HOME . . . 12</p> <p>PUBLIC SOURCE</p> <p>GOVT. HOSPITAL 21</p> <p>GOVT. HEALTH CENTER 22</p> <p>OVERSEAS 31</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 438)</p> |
| 431 | <p>How long after (NAME) was delivered did you stay there?</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> |

| | | | | | | | | | | |
|-----|---|--|--|--|--|--|--|--|--|--|
| 432 | Was (NAME) delivered by caesarean section? | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | | | | | | |
| 433 | Before you were discharged after (NAME) was born, did any health care provider check on your health? | YES 1 NO 2 (SKIP TO 436) | YES 1 (SKIP TO 450) NO 2 | YES 1 (SKIP TO 450) NO 2 | | | | | | |
| 434 | How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS. | HOURS 1 <table border="1" data-bbox="774 593 866 638"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="774 645 866 689"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="774 696 866 741"><tr><td></td><td></td></tr></table> DON'T KNOW ... 998 | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 435 | Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON. | HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE... 12 HEALTH ASS'T/ PERSONNEL... 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT... 21 LOCAL HEALER... 22 OTHER _____ 96 (SPECIFY) (SKIP TO 448) | | | | | | | | |
| 436 | After you were discharged, did any health care provider or a traditional birth attendant check on your health? | YES 1 (SKIP TO 439) NO 2 (SKIP TO 448) | YES 1 (SKIP TO 450) NO 2 | YES 1 (SKIP TO 450) NO 2 | | | | | | |

| | | | | | | | | | | |
|-----|---|--|---|---|--|--|--|--|--|--|
| 437 | <p>Why didn't you deliver in a health facility?</p> <p>PROBE: Any other reason? <i>Ebar ke wôr un ko?</i></p> <p>RECORD ALL MENTIONED.</p> | <p>COST TOO MUCH . . . A FACILITY NOT OPEN . B TOO FAR/ NO TRANSPORTATION . C DON'T TRUST FACILITY/POOR QUALITY SERVICE D NO FEMALE PROVIDER AT FACILITY . . E HUSBAND/FAMILY DID NOT ALLOW . . F NOT NECESSARY . . G NOT CUSTOMARY . . H OTHER _____ X (SPECIFY) X</p> | ← | | | | | | | |
| 438 | <p>After (NAME) was born, did any health care provider or a traditional birth attendant check on your health?</p> | <p>YES 1 NO 2 (SKIP TO 442)</p> | <p>YES 1 NO 2</p> | <p>YES 1 NO 2</p> | | | | | | |
| 439 | <p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p> | <p>HOURS 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></p> <p>DAYS 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></p> <p>WEEKS 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></p> <p>DON'T KNOW . . . 998</p> | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 440 | <p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p> | <p>HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE . . 12 HEALTH ASS'T/ PERSONNEL . . 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . 21 LOCAL HEALER . . . 22 OTHER _____ 96 (SPECIFY)</p> | | | | | | | | |
| 441 | <p>Where did this first check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE 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>HOME YOUR HOME . . . 11 OTHER HOME . . . 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 PRIVATE MEDICAL FACILITY 31 OTHER _____ 96 (SPECIFY) (SKIP TO 443)</p> | ← | | | | | | | |

| | | | | | | | | | |
|-----|--|--|---|--|--|--|--|--|--|
| 442 | <p>Why didn't you seek help from Government Health Services after giving birth at home?</p> <p>PROBE: Any other reason? <i>Ebar wōr ke un ko?</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)</p> | | | | | | | |
| 443 | CHECK 436: | <p>YES NOT ASKED</p> <p>(SKIP TO 448)</p> | | | | | | | |
| 444 | <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>YES 1 NO 2 (SKIP TO 448) DON'T KNOW 8</p> | ← | | | | | | |
| 445 | <p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</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>HRS AFTER BIRTH . . 1 <table border="1" data-bbox="794 1032 890 1088"><tr><td></td><td></td></tr></table> DAYS AFTER BIRTH . . 2 <table border="1" data-bbox="794 1088 890 1144"><tr><td></td><td></td></tr></table> WKS AFTER BIRTH . . 3 <table border="1" data-bbox="794 1144 890 1200"><tr><td></td><td></td></tr></table> DON'T KNOW . . . 998</p> | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 446 | <p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p> | <p>HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE . . 12 HEALTH ASS'T/ PERSONNEL . . . 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . 21 LOCAL HEALER . . 22 OTHER _____ 96 (SPECIFY)</p> | ← | | | | | | |

| | | | | | | | | |
|-----|--|---|--|--|--|--|--|--|
| 447 | <p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE 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 OTHER HOME ... 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22</p> <p>OVERSEAS 31</p> <p>OTHER _____ 96 (SPECIFY)</p> | | | | | | |
| 448 | <p>In the first two months after delivery, did you receive a vitamin A dose (like this/any of these)?</p> <p>SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.</p> | <p>YES 1 NO 2 DON'T KNOW 8</p> | | | | | | |
| 449 | <p>Has your menstrual period returned since the birth of (NAME)?</p> | <p>YES 1 (SKIP TO 451) NO 2 (SKIP TO 452)</p> | | | | | | |
| 450 | <p>Did your period return between the birth of (NAME) and your next pregnancy?</p> | | | | | | | |
| 451 | <p>For how many months after the birth of (NAME) did you not have a period?</p> | <p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p> | <p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p> | <p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p> | | | | |
| 452 | <p>CHECK 226: IS RESPONDENT PREGNANT?</p> | <p>NOT PREG- PREGNANT OR UNSURE (SKIP TO 454)</p> | | | | | | |
| 453 | <p>Have you begun to have sexual intercourse again since the birth of (NAME)?</p> | <p>YES 1 NO 2 (SKIP TO 455)</p> | | | | | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH | NEXT-TO-LAST BIRTH | SECOND-FROM-LAST BIRTH |
|-----|--|---|---|---|
| | | NAME _____ | NAME _____ | NAME _____ |
| 454 | For how many months after the birth of (NAME) did you not have sexual intercourse? <i>Jete alloñ elkin an (ET EO) lotak in am jab kar ion armej ak mour in belele?</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 |
| 455 | Did you ever breastfeed (NAME)? <i>Konañin ke kar kaninnini (ET EO)?</i> | YES 1 NO 2 (SKIP TO 462) ← | YES 1 NO 2 (SKIP TO 462) ← | YES 1 NO 2 (SKIP TO 462) ← |
| 456 | How long after birth did you first put (NAME) to the breast? <i>Ewi toan jen ien lotak eo im kwar jino am kaninnin (ET EO) ilo ittum?</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"/> | | |
| 457 | In the first three days after delivery, was (NAME) given anything to drink other than breast milk? <i>Ilo raan ko jilu elkin an lotak, rar ke lelok milk ak dren ko jet ejelokin milk in ittüt ñan (ET EO)?</i> | YES 1 NO 2 (SKIP TO 459) ← | | |
| 458 | What was (NAME) given to drink? <i>Dren rôt eo (ET EO) ear idaak?</i> Anything else? <i>Ebar ke wör?</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) | | |
| 459 | CHECK 404: IS CHILD LIVING? | LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 461) ← | | |
| 460 | Are you still breastfeeding (NAME)? <i>Kwõj kaninnin wõt ke (ET EO) ittüm?</i> | YES 1 (SKIP TO 463) ← NO 2 | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH | | NEXT-TO-LAST BIRTH | | SECOND-FROM-LAST BIRTH | |
|-----|--|--|--|--|--|--|--|
| | | NAME _____ |
| 461 | For how many months did you breastfeed (NAME)? <i>Jete alloñ in am kar kaninnini (ET EO) ittúm?</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 | 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 | MONTHS ... <input type="text"/> <input type="text"/> STILL BF 95 DON'T KNOW ... 98 |
| 462 | CHECK 404: IS CHILD LIVING? | LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 465) | LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 465) | LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 465) | LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 465) | LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 465) | LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) (SKIP TO 465) |
| 463 | How many times did you breastfeed last night between sunset and sunrise? <i>Jete allen am kar kaninin ibbam jota, kōtaan tulokun al im takin al?</i> IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER. | NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/> | | | | | |
| 464 | How many times did you breastfeed yesterday during the daylight hours? <i>Jete allen am kar kaninnini ibbam inne ke ej emeramram wōt?</i> IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER. | NUMBER OF DAYLIGHT FEEDINGS . <input type="text"/> <input type="text"/> | | | | | |
| 465 | Did (NAME) drink anything from a bottle with a nipple yesterday or last night? <i>(ET EO) ear ke idak jabrewōt jen bato eo ewōr boran ilo raan eo inne ak joterin inne?</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 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 466 | | GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501. | GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501. | GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501. | GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501. | GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501. | GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501. |

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 2002 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). | | | | | | | | | | | | |
| 502 | LINE NUMBER FROM 212 | LAST BIRTH LINE NUMBER <input type="text"/> | | | NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/> | | | SECOND-FROM-LAST BIRTH LINE NUMBER <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 542) | | | NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 542) | | | 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 542) | | | | | |
| 504 | Do you have a yellow card where (NAME'S) vaccinations are written down? IF YES: May I see it please? | YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 508) ← NO CARD 3 | | | YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 508) ← NO CARD 3 | | | YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 508) ← NO CARD 3 | | | | | |
| 505 | Did you ever have a vaccination card for (NAME)? | 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 | | | NEXT-TO-LAST BIRTH DAY MONTH YEAR | | | SECOND-FROM-LAST BIRTH DAY MONTH YEAR | | | | | |
| | BCG 1 AT BIRTH | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BCG1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BCG1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | BCG 2 AT 6 MOS. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BCG2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BCG2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | MMR 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | MMR1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | MMR1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | MMR 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | MMR2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | MMR2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | POLIO 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | POLIO 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | POLIO 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | POLIO 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | DPT 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DPT1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DPT1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | DPT 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DPT2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DPT2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | DPT 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DPT3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DPT3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | DPT 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DPT4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DPT4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | DPT 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DPT5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DPT5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | HIB 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HIB1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HIB1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | HIB 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HIB2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HIB2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | HIB 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HIB3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HIB3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | HEP B1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HEP B1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HEP B1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | HEP B2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HEP B2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HEP B2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | HEP B3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HEP B3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HEP B3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 506A | CHECK 506: | BCG TO HEP B3 ALL RECORDED <input type="checkbox"/> (GO TO 508) | | | OTHER <input type="checkbox"/> | | | BCG TO HEP B3 ALL RECORDED <input type="checkbox"/> (GO TO 508) | | | OTHER <input type="checkbox"/> | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH | | NEXT-TO-LAST BIRTH | | SECOND-FROM-LAST BIRTH | |
|------|---|---|---|---|---|---|---|
| | | NAME _____ |
| 507 | Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, HEP 1-3 AND/OR MEASLES VACCINES. (3) | YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) NO 2 (SKIP TO 510) DON'T KNOW 8 | YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) NO 2 (SKIP TO 510) DON'T KNOW 8 | YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) NO 2 (SKIP TO 510) DON'T KNOW 8 | YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) NO 2 (SKIP TO 510) DON'T KNOW 8 | YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) NO 2 (SKIP TO 510) DON'T KNOW 8 | YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) NO 2 (SKIP TO 510) DON'T KNOW 8 |
| 508 | Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization campaign? | YES 1 NO 2 (SKIP TO 512) DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 512) DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 512) DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 512) DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 512) DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 512) DON'T KNOW 8 |
| 509 | Please tell me if (NAME) received any of the following vaccinations: (4) | | | | | | |
| 509A | A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar? (5) | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 509B | Polio vaccine, that is, drops in the mouth? | YES 1 NO 2 (SKIP TO 509E) DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 509E) DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 509E) DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 509E) DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 509E) DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 509E) DON'T KNOW 8 |
| 509C | Was the first polio vaccine received in the first 24 hours after birth or later? | FIRST 2 WEEKS ... 1 LATER 2 |
| 509D | How many times was the polio vaccine received? | NUMBER OF TIMES <input type="text"/> |
| 509E | A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops? (5) | YES 1 NO 2 (SKIP TO 509G) DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 509G) DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 509G) DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 509G) DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 509G) DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 509G) DON'T KNOW 8 |
| 509F | How many times was a DPT vaccination received? | NUMBER OF TIMES <input type="text"/> |
| 509G | A measles injection or an MMR injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 509H | Hepatitis B, an injection in the arm? | YES 1 NO 2 (SKIP TO 510) DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 510) DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 510) DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 510) DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 510) DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 510) DON'T KNOW 8 |
| 509I | Was the first Hepatitis vaccine received within the first 24 hours after birth or later? | FIRST 24 hours ... 1 LATER 2 |
| 509J | How many times was the Hepa vaccine received? | NUMBER OF TIMES <input type="text"/> |
| 510 | Were any of the vaccinations (NAME) received during the last two years given as part of a national immunization day campaign? | 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) | 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) |

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| 511 | At which national immunization day campaigns did (NAME) receive vaccinations? RECORD ALL CAMPAIGNS MENTIONED. | CAMPAIGNS RUBELLA 2009..... A OTHER X SPECIF | CAMPAIGNS RUBELLA 2009..... A OTHER X SPECIF | CAMPAIGNS RUBELLA 2009..... A OTHER X SPECIF |
| 512 | HAS (NAME) ever received a vitamin A dose (like this/ any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS. | YES 1 NO 2 (SKIP TO 514) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 514) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 514) ← DON'T KNOW 8 |
| 513 | Did (NAME) receive a vitamin A dose within the last six months? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 514 | In the last seven days, did (NAME) take iron pills, sprinkles with iron, or iron syrup (like this/any of these)? SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS. | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 515 | Has (NAME) taken any drug for intestinal worms in the last six months? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 516 | Has (NAME) had diarrhea in the last 2 weeks? | YES 1 NO 2 (SKIP TO 529) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 529) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 529) ← DON'T KNOW 8 |
| 517 | Was there any blood in the stools? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |

| | | | | |
|-----|---|---|---|---|
| 518 | <p>Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk).</p> <p>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?</p> | <p>MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8</p> | <p>MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8</p> | <p>MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8</p> |
| 519 | <p>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?</p> | <p>MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8</p> | <p>MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8</p> | <p>MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8</p> |
| 520 | <p>Did you seek advice or treatment for the diarrhea from any source?</p> | <p>YES 1 NO 2 (SKIP TO 525) ←</p> | <p>YES 1 NO 2 (SKIP TO 525) ←</p> | <p>YES 1 NO 2 (SKIP TO 525) ←</p> |
| 521 | <p>Where did you seek advice or treatment? (7)</p> <p>Anywhere else?</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 CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> | <p>PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B FIELDWORKER . C</p> <p>TRADITIONAL PRACTITIONER D</p> <p>OVERSEA E</p> <p>OTHER _____ X (SPECIFY)</p> | <p>PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B FIELDWORKER . C</p> <p>TRADITIONAL PRACTITIONER D</p> <p>OVERSEA E</p> <p>OTHER _____ X (SPECIFY)</p> | <p>PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B FIELDWORKER . C</p> <p>TRADITIONAL PRACTITIONER D</p> <p>OVERSEA E</p> <p>OTHER _____ X (SPECIFY)</p> |
| 522 | <p>CHECK 521:</p> | <p>TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED</p> <p>↓ (SKIP TO 524) ←</p> | <p>TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED</p> <p>↓ (SKIP TO 524) ←</p> | <p>TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED</p> <p>↓ (SKIP TO 524) ←</p> |

| | | | | |
|-----|---|---|---|---|
| 523 | Where did you first seek advice or treatment? USE LETTER CODE FROM 521. | FIRST PLACE ... <input type="checkbox"/> | FIRST PLACE ... <input type="checkbox"/> | FIRST PLACE ... <input type="checkbox"/> |
| 524 | How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'. | DAYS <input type="text"/> <input type="text"/> | DAYS <input type="text"/> <input type="text"/> | DAYS <input type="text"/> <input type="text"/> |
| 525 | Does (NAME) still have diarrhea? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 526 | Was he/she given any of the following to drink at any time since he/she started having the diarrhea: a) A fluid made from a special packet called [LOCAL NAME FOR ORS PACKET]? b) A pre-packaged ORS liquid? (8) c) A government-recommended homemade fluid? (9) | YES NO DK FLUID FROM ORS PKT .. 1 2 8 ORS LQD .. 1 2 8 HOMEMADE FLUID ... 1 2 8 | YES NO DK FLUID FROM ORS PKT .. 1 2 8 ORS LQD .. 1 2 8 HOMEMADE FLUID ... 1 2 8 | YES NO DK FLUID FROM ORS PKT .. 1 2 8 ORS LQD .. 1 2 8 HOMEMADE FLUID ... 1 2 8 |
| 527 | Was anything (else) given to treat the diarrhea? | YES 1 NO 2 (SKIP TO 529) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 529) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 529) ← DON'T KNOW 8 |
| 528 | What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN. | PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY .. B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY) ... C UNKNOWN PILL OR SYRUP ... D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC . F UNKNOWN INJECTION ... G (IV) INTRAVENOUS . H HOME REMEDY/ HERBAL MEDICINE I OTHER _____ X (SPECIFY) _____ | PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY .. B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY) ... C UNKNOWN PILL OR SYRUP ... D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC . F UNKNOWN INJECTION ... G (IV) INTRAVENOUS . H HOME REMEDY/ HERBAL MEDICINE I OTHER _____ X (SPECIFY) _____ | PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY .. B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY) ... C UNKNOWN PILL OR SYRUP ... D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC . F UNKNOWN INJECTION ... G (IV) INTRAVENOUS . H HOME REMEDY/ HERBAL MEDICINE I OTHER _____ X (SPECIFY) _____ |
| 529 | Has (NAME) been ill with a fever at any time in the last 2 weeks? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 530 | Has (NAME) had an illness with a cough at any time in the last 2 weeks? | 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 |
| 531 | When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing? | YES 1 NO 2 (SKIP TO 534) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 534) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 534) ← DON'T KNOW 8 |
| 532 | Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose? | CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) _____ DON'T KNOW 8 (SKIP TO 534) ← | CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) _____ DON'T KNOW 8 (SKIP TO 534) ← | CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) _____ DON'T KNOW 8 (SKIP TO 534) ← |

| | | | | |
|-----|--|---|---|--|
| 533 | CHECK 531: 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 547) | YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547) | YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 547) |
| 534 | 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? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less? | MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 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 |
| 535 | 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? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less? | MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8 | MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8 | MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8 |

| | | | | |
|-----|--|--|--|--|
| 536 | Did you seek advice or treatment for the illness from any source? | YES 1 NO 2 (SKIP TO 541) ← | YES 1 NO 2 (SKIP TO 541) ← | YES 1 NO 2 (SKIP TO 541) ← |
| 537 | Where did you seek advice or treatment? (7) Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S)) | PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B FIELDWORKER . C TRADITIONAL PRACTITIONER D OVERSEA E OTHER _____ X (SPECIFY) | PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B FIELDWORKER . C TRADITIONAL PRACTITIONER D OVERSEA E OTHER _____ X (SPECIFY) | PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B FIELDWORKER . C TRADITIONAL PRACTITIONER D OVERSEA E OTHER _____ X (SPECIFY) |
| 538 | CHECK 537: | TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 540) ← | TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 540) ← | TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 540) ← |
| 539 | Where did you first seek advice or treatment? USE LETTER CODE FROM 537. | FIRST PLACE ... <input type="checkbox"/> | FIRST PLACE ... <input type="checkbox"/> | FIRST PLACE ... <input type="checkbox"/> |
| 540 | How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'. | DAYS <input type="text"/> <input type="text"/> | DAYS <input type="text"/> <input type="text"/> | DAYS <input type="text"/> <input type="text"/> |
| 541 | Is (NAME) still sick with a (fever/cough)? | FEVER ONLY 1 COUGH ONLY ... 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DON'T KNOW ... 8 | FEVER ONLY 1 COUGH ONLY ... 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DON'T KNOW ... 8 | FEVER ONLY 1 COUGH ONLY ... 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DON'T KNOW ... 8 |
| 542 | At any time during the illness, did (NAME) take any drugs for the illness? | YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547) ← DON'T KNOW 8 | YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547) ← DON'T KNOW 8 | YES 1 NO 2 (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 547) ← DON'T KNOW 8 |

| | | | | |
|-----|---|--|--|--|
| 543 | <p>What drugs did (NAME) take? (10)</p> <p>Any other drugs?</p> <p>RECORD ALL MENTIONED.</p> | <p>ANTIBIOTIC DRUGS PILL/SYRUP ... A INJECTION ... B</p> <p>OTHER DRUGS PARACETAMOL/ PANADOL ... C</p> <p>OTHER _____ X (SPECIFY)</p> | <p>ANTIBIOTIC DRUGS PILL/SYRUP ... A INJECTION ... B</p> <p>OTHER DRUGS PARACETAMOL/ PANADOL ... C</p> <p>OTHER _____ X (SPECIFY)</p> | <p>ANTIBIOTIC DRUGS PILL/SYRUP ... A INJECTION ... B</p> <p>OTHER DRUGS PARACETAMOL/ PANADOL ... C</p> <p>OTHER _____ X (SPECIFY)</p> |
| 544 | <p>CHECK 543: CODE A CIRCLED?</p> | <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547)</p> | <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547)</p> | <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 547)</p> |
| 545 | <p>Did you already have the antibiotic pill/syrup at home when the child became ill?</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> |
| 546 | | <p>GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 549.</p> | <p>GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 549.</p> | <p>GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 549.</p> |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|------|
| 547 | CHECK 215 AND 218, ALL ROWS: HAS AT LEAST ONE CHILD BORN IN 2004 OR LATER AND LIVING WITH HER RECORD NAME OF LAST-BIRTH OR ONLY CHILD LIVING SINCE 2004 _____ (NAME) | DOES NOT HAVE ANY CHILDREN BORN IN 2004 OR LATER AND LIVING WITH HER <input type="checkbox"/> | 550 |
| 548 | The last time (NAME OF NEXT-TO-YOUNGEST CHILD) IN Q 547 passed stools, what was done to dispose of the stools? | CHILD USED TOILET OR LATRINE . . . 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE/SEA 04 BURIED 05 LEFT IN THE OPEN 06 OTHER _____ 96 (SPECIFY) | |
| 549 | CHECK 526(a) AND 526(b), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID | ANY CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID | 551 |
| 550 | Have you ever heard of a special product called the ORS or Oral Rehydration Salt or a pre-packaged ORS liquid you can get for the treatment of diarrhea? | YES 1 NO 2 | |
| 551 | CHECK 215 AND 218, ALL ROWS: HAS AT LEAST ONE CHILD BORN IN 2004 OR LATER AND LIVING WITH HER RECORD NAME OF LAST BIRTH (OR ONLY CHILD) SINCE 2004 _____ (NAME) | DOES NOT HAVE ANY CHILDREN BORN IN 2004 OR LATER AND LIVING WITH HER <input type="checkbox"/> | 601 |
| 552 | Now I would like to ask you about liquids or foods (NAME FROM 551) had yesterday during the day or at night. Did (NAME FROM 551) (drink/eat): Plain water? Commercially produced infant formula such as S-26, etc? Any baby cereal like Gerber or Cerelac? Any (other) porridge or gruel? | <input type="checkbox"/> YES NO DK PLAIN WATER 1 2 8 INFANT FORMULA 1 2 8 BABY CEREAL 1 2 8 OTHER PORRIDGE/GRUEL . . 1 2 8 | |

Now I would like to ask you about (other) liquids or foods that (NAME FROM 551)/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.

Did (NAME FROM 546)/you drink (eat):

| | | CHILD | | | MOTHER | | | |
|----|---|-------|----|----|--------|----|----|---|
| | | YES | NO | DK | YES | NO | DK | |
| a) | Milk such as tinned, powdered, or fresh animal milk? | a | 1 | 2 | 8 | 1 | 2 | 8 |
| b) | Tea or coffee? | b | 1 | 2 | 8 | 1 | 2 | 8 |
| c) | Any other liquids such as toddy, etc? | c | 1 | 2 | 8 | 1 | 2 | 8 |
| d) | Bread, rice, noodles, or other foods made from grains? | d | 1 | 2 | 8 | 1 | 2 | 8 |
| e) | Pumpkin, carrots, squash breadfruit or sweet potatoes that are yellow or orange inside? | e | 1 | 2 | 8 | 1 | 2 | 8 |
| f) | White potatoes, white yams, manioc, cassava, (bwabwai), or any other foods made from roots? | f | 1 | 2 | 8 | 1 | 2 | 8 |
| g) | Any dark green, leafy vegetables? | g | 1 | 2 | 8 | 1 | 2 | 8 |
| h) | Ripe mangoes, papayas or pandanus? | h | 1 | 2 | 8 | 1 | 2 | 8 |
| i) | Any other fruits or vegetables? | i | 1 | 2 | 8 | 1 | 2 | 8 |
| j) | Liver, kidney, heart or other organ meats? <i>kanniök</i> | j | 1 | 2 | 8 | 1 | 2 | 8 |
| k) | Any meat, such as beef, pork, lamb, goat, chicken, or duck? | k | 1 | 2 | 8 | 1 | 2 | 8 |
| l) | Eggs? | l | 1 | 2 | 8 | 1 | 2 | 8 |
| m) | Fresh or dried fish or shellfish? | m | 1 | 2 | 8 | 1 | 2 | 8 |
| n) | Any foods made from beans, peas, lentils, or nuts? | n | 1 | 2 | 8 | 1 | 2 | 8 |
| o) | Cheese, yogurt or other milk products? | o | 1 | 2 | 8 | 1 | 2 | 8 |
| p) | Any oil, fats, or butter, or foods made with any of these, such as coconut cream? | p | 1 | 2 | 8 | 1 | 2 | 8 |
| q) | Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits? | q | 1 | 2 | 8 | 1 | 2 | 8 |
| r) | Any other solid or semi-solid food? | r | 1 | 2 | 8 | 1 | 2 | 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? | 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? | YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3 | 609 | | |
| 603 | What is your marital status now: are you widowed, divorced, or separated? | WIDOWED 1 DIVORCED 2 SEPARATED 3 | 606 | | |
| 604 | Is your husband/partner living with you now or is he staying elsewhere? | 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 NO. <input type="text"/> <input type="text"/> | | | |
| 606 | Have you been married or lived with a man only once or more than once? | ONLY ONCE 1 MORE THAN ONCE 2 | | | |
| 607 | <p>CHECK 606:</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center; width: 50%;"> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE</p> <p>In what month and year did you start living with your husband/partner?</p> <p align="center"><input type="text"/></p> </td> <td style="text-align: center; width: 50%;"> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE</p> <p>Now I would like to ask about when you started living with your first husband/partner. In what month and year was that?</p> <p align="center"><input type="text"/></p> </td> </tr> </table> | <p>MARRIED/ LIVED WITH A MAN ONLY ONCE</p> <p>In what month and year did you start living with your husband/partner?</p> <p align="center"><input type="text"/></p> | <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE</p> <p>Now I would like to ask about when you started living with your first husband/partner. In what month and year was that?</p> <p align="center"><input type="text"/></p> | <p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p> | 609 |
| <p>MARRIED/ LIVED WITH A MAN ONLY ONCE</p> <p>In what month and year did you start living with your husband/partner?</p> <p align="center"><input type="text"/></p> | <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE</p> <p>Now I would like to ask about when you started living with your first husband/partner. In what month and year was that?</p> <p align="center"><input type="text"/></p> | | | | |
| 608 | How old were you when you first started living with him? | AGE <input type="text"/> <input type="text"/> | | | |
| 609 | CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. | | | | |
| 610 | <p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some important life issues.</p> <p>How old were you when you had sexual intercourse for the very first time?</p> | <p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95</p> | 613 613 | | |

| | | | |
|-----|--|--|-----|
| 611 | CHECK 105: AGE 15-24 | AGE 25-49 | 633 |
| 612 | Do you intend to wait until you get married to have sexual intercourse for the first time? | YES 1 NO 2 DON'T KNOW/UNSURE 8 | 633 |
| 613 | CHECK 105: AGE 15-24 | AGE 25-49 | 618 |
| 614 | The <u>first</u> time you had sexual intercourse, was a condom used? | YES 1 NO 2 DON'T KNOW/DON'T REMEMBER ... 8 | |
| 615 | How old was the person you first had sexual intercourse with? | AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98 | 618 |
| 616 | Was this person older than you, younger than you, or about the same age as you? | OLDER 1 YOUNGER 2 ABOUT THE SAME AGE 3 DON'T KNOW/DON'T REMEMBER ... 8 | 618 |
| 617 | Would you say this person was ten or more years older than you or less than ten years older than you? | TEN OR MORE YEARS OLDER 1 LESS THAN TEN YEARS OLDER ... 2 OLDER, UNSURE HOW MUCH 3 | |
| 618 | When was the <u>last</u> time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS. | DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> | 632 |

| | | LAST SEXUAL PARTNER | SECOND-TO-LAST SEXUAL PARTNER | THIRD-TO-LAST SEXUAL PARTNER |
|------|--|---|---|---|
| 618A | 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. | | | |
| 619 | When was the last time you had sexual intercourse with this person? | | DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> | DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> |
| 620 | The last time you had sexual intercourse (with this second/third person), was a condom used? | YES 1 NO 2 (SKIP TO 622) | YES 1 NO 2 (SKIP TO 622) | YES 1 NO 2 (SKIP TO 622) |
| 621 | Did you use a condom every time you had sexual intercourse with this person in the last 12 months? | YES 1 NO 2 | YES 1 NO 2 ← | YES 1 NO 2 ← |
| 622 | What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'. | HUSBAND 1 (SKIP TO 628) LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) | HUSBAND 1 (SKIP TO 628) LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) | HUSBAND 1 (SKIP TO 628) LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) |
| 623 | For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS. | DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> | DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> | DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> |
| 624 | CHECK 105: | AGE 15-24 AGE 25-49 (SKIP TO 628) | AGE 15-24 AGE 25-49 (SKIP TO 628) | AGE 15-24 AGE 25-49 (SKIP TO 628) |
| 625 | How old is this person? | AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 628) DON'T KNOW 98 | AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 628) DON'T KNOW 98 | AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 628) DON'T KNOW 98 |

| | | LAST SEXUAL PARTNER | SECOND-TO-LAST SEXUAL PARTNER | THIRD-TO-LAST SEXUAL PARTNER |
|-----|--|---|---|---|
| 626 | Is this person older than you, younger than you, or about the same age? <i>Armej in erütto jen eok ke, eddiklok jen eok ke eitín drettamiro wót juon?</i> | OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 628) ← | OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 628) ← | OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 628) ← |
| 627 | Would you say this person is ten or more years older than you or less than ten years older than you? <i>Armej in emaroñ in ke joñoul yio rüttolok jen eok ke diklok jen 10 yio rüttolok jen eok?</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 |
| 628 | The last time you had sexual intercourse with this person, did you or this person drink alcohol? <i>Ilo ien eo eliktata in amiro armej in ion ak babu ibben dron, ewör ke iamirro ear bök dren in kadrek?</i> | YES 1 NO 2 (SKIP TO 630) ← | YES 1 NO 2 (SKIP TO 630) ← | YES 1 NO 2 (SKIP TO 631) ← |
| 629 | Were you or your partner drunk at that time? <i>Ilo ien eo, ewör ke iamirro ear kadrek?</i> IF YES: Who was drunk? <i>ELAÑE AET: Wön eo ear kadrek?</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 |
| 630 | Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months? <i>Ijelokin [armej in/armej rein ruo], ebar wör ke en kwar bed ak babu ibben iumin alloñ ko 12 rej jemlok?</i> | YES 1 (GO BACK TO 619 ← IN NEXT COLUMN) NO 2 (SKIP TO 632) ← | YES 1 (GO BACK TO 619 ← IN NEXT COLUMN) NO 2 (SKIP TO 632) ← | |
| 631 | In total, with how many different people have you had sexual intercourse in the last 12 months? <i>Jete oran aolep kajojo armej ro im emöj am bed ak babu ibbeir iumin alloñ ko 12 rej jemlok?</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 |
|-----|---|--|-------|
| 632 | <p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p><i>Jete oran aolep ro im emōj am bed ak babu ibbeir ilo mour ne am?</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> | |
| 633 | <p>Do you know of a place where a person can get condoms?</p> <p><i>Kwōjela ke kajen juon jikin eo im juon arnej emaroñ ebbōk condom ak roba ie?</i></p> | <p>YES 1</p> <p>NO 2</p> | → 701 |
| 634 | <p>Where is that?</p> <p><i>Ewi jikin in?</i></p> <p>Any other place?</p> <p><i>Ebar wōr ke jikin?</i></p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HEALTH FACILITY IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> | <p>GOVERNMENT MEDICAL FACILITY</p> <p>MAJURO HOSPITAL A</p> <p>EBEYE HOSPITAL B</p> <p>OUTER ISLAND HEALTH C</p> <p>CENTER/DISPENSARY C</p> <p>MOBILE CLINIC D</p> <p>PRIVATE MEDICAL FACILITY E</p> <p>OTHER SOURCE</p> <p>SHOP F</p> <p>HOTEL/MOTEL G</p> <p>FRIEND/RELATIVE H</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> | |
| 635 | <p>If you wanted to, could you yourself get a condom?</p> <p><i>Elañe kwōn kar baj kōnaan, kōmaroñ ke kar make etal im ebbōk am roba ak condom?</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 <input type="checkbox"/> HE OR SHE <input type="checkbox"/> STERILIZED STERILIZED | | → 713 |
| 702 | CHECK 226: NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/> OR UNSURE 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>Kiiõ ewõr jet kajitõk kin raan kane tok. Kwõj kõnaa ke bwe en (bar) wõr nejim ajiri ke kwõjjab kõnaa (bar) neji?</i> Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children? <i>Kiiõ ewõr jet kajitõk kin raan kane tok. Elkin ajiri ne kwõj nañinmej kake kiiõ, kwõj kõnaa ke bwe en bar wõr juon ajiri, ke kwõjjab bar kõnaa bwe en wõr nejim?</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 <input type="checkbox"/> PREGNANT <input type="checkbox"/> OR UNSURE How long would you like to wait from now before the birth of (a/another) child? <i>Ewi aetokan jen kiiõ maanlok in am kõnaa kõttar ñan an wõr ak bar wõr juon nejim?</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>Elkin an lotak ajiri in kwõj nañinmej kake kiiõ, ewi aetokan am kõnaa kõttar ñan an bar wõr nejim?</i> | MONTHS 1 YEARS 2 SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 (SPECIFY) DON'T KNOW 998 | → 708 → 713 → 708 |
| 704 | CHECK 226: NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/> OR UNSURE | | → 709 |
| 705 | CHECK 310: USING A CONTRACEPTIVE METHOD? NOT <input type="checkbox"/> NOT <input type="checkbox"/> CURRENTLY <input type="checkbox"/> ASKED CURRENTLY USING USING | | → 713 |
| 706 | CHECK 703: NOT <input type="checkbox"/> 24 OR MORE MONTHS <input type="checkbox"/> 00-23 MONTHS <input type="checkbox"/> ASKED OR 02 OR MORE YEARS OR 00-01 YEAR | | → 709 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|----------------|
| 715 | <p>In the last few months have you heard about family planning.</p> <p>On the radio? On the television? In a newspaper or magazine? From peers/friends?</p> <p><i>Ilo alloñ ko rej jemlok, konañin ke roñ kin bamle planning ilo: radio? tv? newspaper ak magazine? jen ro jeram im möttam?</i></p> | <p>YES NO</p> <p>RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE ... 1 2 PEERS/FRIENDS 1 2</p> | → |
| 716 | <p>Have you heard about the family planning message " A child having a child"?</p> | <p>YES 1 NO 2</p> | → |
| 717 | <p>CHECK 601:</p> <p>YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/></p> | | → 801 |
| 718 | <p>CHECK 311/311A:</p> <p>CODE B, F, OR H CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/></p> | | → 720 → 722 |
| 719 | <p>Does your husband/partner know that you are using a method of family planning? <i>Leo belele ak möttam ewör ke an jela ke kwōj kõjberbal juon ian wāwein bamle planning ko?</i></p> | <p>YES 1 NO 2 DON'T KNOW 8</p> | |
| 720 | <p>Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together? <i>Ilo am lemnak, kõjberbal wāwein böbrae böroro ko ej am make pepe ke, an leo belele/möttam pepe ke, komiro jimor ej peke?</i></p> | <p>MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER 6 (SPECIFY)</p> | |
| 721 | <p>CHECK 311/311A:</p> <p>NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/></p> | | → 801 |
| 722 | <p>Does your husband/partner want the same number of children that you want, or does he want more or fewer than you want? <i>Leo belele/möttam ej kõnaan joñan oran ajiri eo kwōj kõnaan ke, eloñlok jen joñan ajiri eo kwōj kõnaan ke, eiietlok jen joñan ajiri eo kwōj kõnaan?</i></p> | <p>SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8</p> | |

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>Jete an leo belele/möttam yio ilo ien kemem eo an eliktata?</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>Leo belele/möttam enañin ke kar bed ilo jikuul?</i></p> | <p>YES 1 NO 2</p> | <p>→ 806</p> |
| 804 | <p>What is the highest level of school he attended: elementary, secondary, or higher? <i>Level ak class ta eo euteijtata ak eliktata ear bed ie: elementary ke, high school ke, loñlok?</i></p> | <p>ELEMENTARY 01 HIGH SCHOOL 02 SOME COLLEGE 03 ASSOCIATE DEGREE 04 BACHELOR'S DEGREE 05 MASTER'S DEGREE 06 PROFESSIONAL DEGREE 07 DOCTORATE DEGREE 08 OTHER 09 DON'T KNOW 98</p> | <p>→ 806</p> |
| 805 | <p>What was the highest (grade/year) he completed at that level? <i>Class ta eo eliktata ak euteijtata ear kadredreiklok ilo level eo ear bed ie?</i></p> | <p>GRADE <input type="text"/> <input type="text"/> 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>Jerbal röt eo an leo belele ak möttam? Jerbal röt eo im ekkä an kōmmame?</i></p> <p>What was your (last) husband's/partner's occupation? That is, what kind of work did he mainly do? <i>Jerbal röt eo an kar leo belele ak kar leo möttam? Jerbal röt eo im ekkä an kōmmame?</i></p> | <p><input type="text"/> <input type="text"/></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>Ijelokin jerbal ko am imweo, ewör ke jerbal en kwar bed ie ak kōmmame ilo raan ko 7 rej jemlok?</i></p> | <p>YES 1 NO 2</p> | <p>→ 811</p> |
| 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>Einwöt am jela, ewör kōrä ro rej bed ilo jerbal ko im rej kōllaik er kin jãän ak mweiuk ak wäwein ko jet. Jet kōrä rej wiakaki mweiuk ko, jet ewör aer business jidik ko, ak jet kōrä rej jerbal ilo jikin kallip ko an bamle eo ak jerbal ilo business ko an bamle eo. Ilo raan ko 7 rej jemlok, ewör ke ian jerbal kein ak jerbal ko jabrewöt kwar kōmmami ak bed ie?</i></p> | <p>YES 1 NO 2</p> | <p>→ 811</p> |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|-------|
| 821 | <p>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?</p> <p><i>Komaroñ ke ba ke jãã eo kwõj kõmmãne elaplok jen jãã eo leo belele/mõttã ej kõmmãne ke, eddiklok jen jãã eo ej kõmmãne ke eitã joñã wõt juon?</i></p> | <p>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</p> | → 823 |
| 822 | <p>Who usually decides how your husband's/partner's earnings will be used: you, your husband/partner, or you and your husband/partner jointly?</p> <p><i>Wõn eo ekkã an peke wãwein an jãã eo leo belele/mõttã ej kõmmãne: kwe ke, leo belele/mõttã ke, komiro leo belele/mõttã jimor?</i></p> | <p>RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 HUSBAND/PARTNER HAS NO EARNINGS 4 OTHER 6 (SPECIFY)</p> | |
| 823 | <p>Who usually makes decisions about health care for yourself: you, your husband/partner, you and your husband/partner jointly, or someone else?</p> <p><i>Wõn eo ekkã an peke jabrewõt kain wãwein ko im ejelet ejmour eo am: kwe ke, leo belele/mõttã ke, komiro leo belele/mõttã jimor ke, bar juon armej?</i></p> | <p>RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 6</p> <p>1 2 3 4 6</p> | |
| 824 | <p>Who usually makes decisions about making major household purchases?</p> <p><i>Wõn eo ekkã an peke wãwein wia mweiuk elap (einwõt ice bõk ak stove ak men ko eirlokwõt) ñã mwiin?</i></p> | <p>1 2 3 4 6</p> | |
| 825 | <p>Who usually makes decisions about making purchases for daily household needs?</p> <p><i>Wõn eo ekkã an peke wia tok aikuuj dikdik ko an mwin?</i></p> | <p>1 2 3 4 6</p> | |
| 826 | <p>Who usually makes decisions about visits to your family or relatives?</p> <p><i>Wõn eo ekkã an peke ien lolok bamle eo am ak ro nukum?</i></p> | <p>1 2 3 4 6</p> | |
| 827 | <p>PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)</p> | <p>PRES./ PRES./ NOT LISTEN. NOT PRES. LISTEN.</p> <p>CHILDREN < 10 1 2 3 HUSBAND 1 2 3 OTHER MALES 1 2 3 OTHER FEMALES ... 1 2 3</p> | |
| 828 | <p>Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:</p> <p>If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?</p> <p><i>Jet ien, leo belele/mõttã ej matõrtõr ak illu kin jet men ko im kõrã eo belen ej kijoñ kõmmãni. Ilo am lemnak, ewanõk ak ejimwe ke bwe leo belele en man ak lelok bein ñã lio belele elañe ej walok wãwein kein: Elañe lio belele emakitkit ak ejjab kõjellaik leo belele? Elañe lio belele ej jãniknik i ajiri ro? Elañe lio belele ej akwããl ak kabouwe ibben? Elañe lio belele ej makoko in babu ak bed ibben? Elañe lio belele ej katulaar i moña ko?</i></p> | <p>YES NO DK</p> <p>GOES OUT 1 2 8 NEGL. CHILDREN ... 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNS FOOD 1 2 8</p> | |

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>YES..... 1 NO 2</p> | 938 | | | | | | | | | | | | | | | | | | | | | |
| 902 | <p>CHECK Q. 110: CODE '2', '3' OR '4' CIRCLED OR NO ANSWER CODE '1' OR '5' CIRCLED</p> | | 904 | | | | | | | | | | | | | | | | | | | | | |
| 903 | <p>The following is a list of sources of information on prevention of getting HIV, the virus that causes AIDS.</p> <p align="center">↓</p> <p>Have you ever</p> <p>a. Read messages about HIV or AIDS in newspapers or magazines?</p> <p>b. Seen leaflets, brochures, or booklets on HIV or AIDS?</p> <p>c. Gotten information on HIV or AIDS from the internet?</p> | <table border="0"> <tr> <td></td> <td align="center"><u>YES</u></td> <td align="center"><u>NO</u></td> </tr> <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> </table> | | <u>YES</u> | <u>NO</u> | NEWSPAPER/MAGAZINE . . . | 1 | 2 | LEAFLETS/BOOKLETS . . . | 1 | 2 | INTERNET | 1 | 2 | | | | | | | | | | |
| | <u>YES</u> | <u>NO</u> | | | | | | | | | | | | | | | | | | | | | | |
| NEWSPAPER/MAGAZINE . . . | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| LEAFLETS/BOOKLETS . . . | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| INTERNET | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| 904 | <p>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. Have you ever</p> <p>a. Seen messages about HIV or AIDS on billboards, signs or posters?</p> <p>b. Seen messages about HIV or AIDS on TV?</p> <p>c. Read messages about HIV or AIDS on radio?</p> <p>d. Seen the "Mr Right Guy" film or CD?</p> <p>e. Attended a community event about HIV or AIDS?</p> <p>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?</p> | <table border="0"> <tr> <td></td> <td align="center"><u>YES</u></td> <td align="center"><u>NO</u></td> </tr> <tr> <td>SIGNS/POSTERS</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>TV</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>RADIO</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>"MR RIGHT GUY"</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>COMMUNITY EVENT</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>OUTREACH WORKER</td> <td align="center">1</td> <td align="center">2</td> </tr> </table> | | <u>YES</u> | <u>NO</u> | SIGNS/POSTERS | 1 | 2 | TV | 1 | 2 | RADIO | 1 | 2 | "MR RIGHT GUY" | 1 | 2 | COMMUNITY EVENT | 1 | 2 | OUTREACH WORKER | 1 | 2 | |
| | <u>YES</u> | <u>NO</u> | | | | | | | | | | | | | | | | | | | | | | |
| SIGNS/POSTERS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| TV | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| RADIO | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| "MR RIGHT GUY" | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| COMMUNITY EVENT | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| OUTREACH WORKER | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|-----|--|---|--|
| | g. Participated in an HIV or AIDS peer education program? | PEER EDUCATION 1 2 | |
| | h. Participated in another type of HIV or AIDS education program such as a workshop or school program? | 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? | 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? | YES 1 NO 2 DON'T KNOW 8 | |
| 906 | Can people get HIV from mosquito bites? | 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? | YES 1 NO 2 DON'T KNOW 8 | |
| 908 | Can people get HIV by sharing food with a person who has HIV or AIDS? | YES 1 NO 2 DON'T KNOW 8 | |
| 909 | Can people reduce their chance of getting HIV by not having sexual intercourse at all? | YES 1 NO 2 DON'T KNOW 8 | |
| 910 | Can people get HIV from the saliva of someone who has HIV or AIDS? | 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? | YES 1 NO 2 DON'T KNOW 8 | |
| 912 | Can only gay men get HIV? | YES 1 NO 2 DON'T KNOW 8 | |
| 913 | Can people get HIV because of witchcraft or other supernatural means? | YES 1 NO 2 DON'T KNOW 8 | |
| 914 | Is it possible for a healthy-looking person to have HIV? | YES 1 NO 2 DON'T KNOW 8 | |

| 915 | <p>Can HIV, the virus that causes AIDS, be transmitted from a mother to her baby:</p> <p>During pregnancy?</p> <p>During delivery?</p> <p>By breastfeeding?</p> | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 20%; 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 | |
|---------------------|--|---|-----|-----|----|----|-------------------|---|---|---|---------------------|---|---|---|-------------------|---|---|---|--|
| | YES | NO | DK | | | | | | | | | | | | | | | | |
| DURING PREG. | 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| DURING DELIVERY ... | 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| BREASTFEEDING ... | 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| 916 | <p>CHECK 915: AT LEAST ONE 'YES'</p> <p style="text-align: center;">OTHER</p> | 918 | | | | | | | | | | | | | | | | | |
| 917 | <p>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?</p> | <p>YES..... 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | | | | | | | | | | | | | | | | | |
| 918 | <p>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?</p> | <p>YES..... 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | | | | | | | | | | | | | | | | | |
| 919 | <p>CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</p> | | | | | | | | | | | | | | | | | | |
| 920 | <p>Do you know of a place where people can go to get tested for HIV?</p> | <p>YES..... 1</p> <p>NO 2</p> | 922 | | | | | | | | | | | | | | | | |
| 921 | <p>Where is that?</p> <p>Any other place?</p> <div style="text-align: center;"> <input type="checkbox"/> </div> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> | <p>PUBLIC SECTOR GOVT. HOSPITAL A</p> <div style="text-align: center;"> <input type="checkbox"/> </div> <p>OVERSEAS B</p> <p>OTHER _____ X (SPECIFY)</p> | | | | | | | | | | | | | | | | | |

| | | | |
|-----|---|---|-----|
| 922 | Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV? | 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? | 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? | 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? | 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? | 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? | YES..... 1 NO 2 DON'T KNOW 8 | |
| 928 | Should all persons with HIV live apart from the general community? | YES..... 1 NO 2 DON'T KNOW 8 | |
| 929 | Should it be a criminal offence to knowingly pass HIV onto someone else? | YES..... 1 NO 2 DON'T KNOW 8 | |
| 930 | Should all newcomers to Kiribati Islands be required to take a test for HIV? | 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? | 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? | YES..... 1 NO 2 | |

| | | | |
|-----|--|--|-----|
| 942 | <p>Sometimes women experience a bad smelling abnormal genital discharge.</p> <p>During the last 12 months, have you had a bad smelling abnormal genital discharge?</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?</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')</p> <p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW</p> | 947 | |
| 945 | <p>The last time you had (PROBLEM FROM 941/942/943), did you seek any kind of advice or treatment?</p> | <p>YES <input type="checkbox"/> 1</p> <p>NO <input type="checkbox"/> 2</p> | 947 |
| 946 | <p>Where did you go? <i>Wea nao iu go?</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, HIV TESTING HEADQUARTER OR CLINIC IS PUBLIC OR PRIVATE, CHURCH OR NGO MEDICAL FACILITY, WRITE THE NAME OF THE PLACE.</p> <p><input type="checkbox"/></p> <p>_____</p> <p>(NAME OF PLACE(S))</p> <p><input type="checkbox"/></p> | <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTRES..... B</p> <p>MOBILE CLINICS..... C</p> <p>OTHER PUBLIC _____ D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE CLINIC G</p> <p>LOCAL HEALER H</p> <p>OTHER _____ I</p> <p>(SPECIFY)</p> <p><input type="checkbox"/></p> <p>OVERSEAS..... J</p> <p><input type="checkbox"/></p> <p>OTHER _____ X</p> <p>(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?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | |

| | | | |
|-----|---|--|--|
| 948 | Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood? | YES 1 NO 2 DON'T KNOW 8 | |
| 949 | Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women? | YES 1 NO 2 DON'T KNOW 8 | |
| 950 | Do you believe that young men should wait until they are married to have sexual intercourse? | YES 1 NO 2 DK/NOT SURE/DEPENDS 8 | |
| 951 | Do you think that most young men you know wait until they are married to have sexual intercourse? | 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? | 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? | YES 1 NO 2 DK/NOT SURE/DEPENDS 8 | |
| 954 | Do you believe that married men should only have sex with their wives? | 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? | 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? | 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? | 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? | 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? | YES 1 NO 2 DK/NOT SURE/DEPENDS 8 | |
| 960 | Do you believe that married women should only have sex with their husbands? | 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? | YES 1 NO 2 DK/NOT SURE/DEPENDS 8 | |

SECTION 10. OTHER HEALTH ISSUES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------|---|--|--------|------------|-----------|--------------------------|---|---|---------------------------|---|---|--------------------|---|---|--------------------------|---|---|---------------------------|---|---|---------------------------|---|---|---------------------------|---|---|--------------------------|---|---|--|
| 1001 | Have you ever heard of an illness called tuberculosis or TB? | YES 1 NO 2 | → 1008 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1002 | CHECK Q. 110: CODE '2', '3', or '4' CIRCLED IN <input type="checkbox"/> Q. 110 OR NO ANSWER ↓ | CODE '1' CIRCLED IN Q. 110 <input type="checkbox"/> OR CODE '5' CIRCLED IN 110 | → 1004 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1003 | The following is a list of sources of information on tuberculosis or TB. Have you ever done any of the following? a. Read messages about TB in newspapers or magazines? b. Seen leaflets, brochures, or booklets on TB? c. Gotten information on TB from the internet? | <table border="0"> <thead> <tr> <th></th> <th align="center"><u>YES</u></th> <th align="center"><u>NO</u></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> | | <u>YES</u> | <u>NO</u> | NEWSPAPER/MAGAZINE . . . | 1 | 2 | LEAFLETS/BOOKLETS | 1 | 2 | INTERNET | 1 | 2 | | | | | | | | | | | | | | | | |
| | <u>YES</u> | <u>NO</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NEWSPAPER/MAGAZINE . . . | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEAFLETS/BOOKLETS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INTERNET | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1004 | READ INTRODUCTORY STATEMENT ONLY IF Q1003 WAS NOT ASKED: The following is a list of sources of information on tuberculosis or TB. Have you ever done any of the following? a. Seen messages about TB on billboards, signs or posters? b. Seen messages about TB on TV? c. Heard messages about TB on the radio? d. Participated in an TB peer education program? e. Participated in another type of TB education program such as a wokshop or school program? f. Attended a community event about TB such as the women community workshop on World TB Day? g. Received information about TB from an outreach work, that is someone who came to your community and talked about TB? h. Discussed TB with other persons such as friends, family members, or work colleagues? | <table border="0"> <thead> <tr> <th></th> <th align="center"><u>YES</u></th> <th align="center"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>SIGNS/POSTERS</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>TV</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>RADIO</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>PEER EDUCATION</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>OTHER EDUCATION</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>COMMUNITY EVENT</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>OUTREACH WORKER</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>FAMILY/FRIENDS</td> <td align="center">1</td> <td align="center">2</td> </tr> </tbody> </table> | | <u>YES</u> | <u>NO</u> | SIGNS/POSTERS | 1 | 2 | TV | 1 | 2 | RADIO | 1 | 2 | PEER EDUCATION | 1 | 2 | OTHER EDUCATION | 1 | 2 | COMMUNITY EVENT | 1 | 2 | OUTREACH WORKER | 1 | 2 | FAMILY/FRIENDS | 1 | 2 | |
| | <u>YES</u> | <u>NO</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNS/POSTERS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TV | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RADIO | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PEER EDUCATION | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER EDUCATION | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMMUNITY EVENT | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OUTREACH WORKER | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FAMILY/FRIENDS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1005 | How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED. | THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS B THROUGH TOUCHING A PERSON WITH TB C THROUGH FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F THROUGH SALIVA G THROUGH SMOKING H OTHER _____ X (SPECIFY) DON'T KNOW Z | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|------|--|---|--|
| 1006 | Can tuberculosis be cured? | YES 1 NO 2 DON'T KNOW 8 | |
| 1007 | If a member of your family got tuberculosis, would you want it to remain a secret or not? | YES, REMAIN A SECRET 1 NO 2 DON'T KNOW/NOT SURE/ DEPENDS 8 | |
| 1008 | 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? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. | NUMBER OF INJECTIONS . <input type="text"/> <input type="text"/> NONE 00 → 1012 | |
| 1009 | Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. | NUMBER OF INJECTIONS . <input type="text"/> <input type="text"/> NONE 00 → 1012 | |
| 1010 | The last time you had an injection given to you by a health worker, where did you go to get the injection? | PUBLIC SECTOR GOVERNMENT HOSPITAL 1 GOVT. HEALTH CENTER 2 OVERSEAS 3 OTHER _____ 6 (SPECIFY) | |
| 1011 | Did the person who gave you that injection take the syringe and needle from a new, unopened package? | YES 1 NO 2 DON'T KNOW 8 | |
| 1012 | Do you currently smoke cigarettes? | YES 1 NO 2 → 1014 | |
| 1013 | In the last 24 hours, how many cigarettes did you smoke? | CIGARETTES <input type="text"/> <input type="text"/> | |
| 1014 | Do you currently smoke or use any other type of tobacco? | YES 1 NO 2 → 1016 | |
| 1015 | What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED. | PIPE A NIMOKO B OTHER _____ X (SPECIFY) | |

| 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, 1 ibu kaokioki, etc.?</p> <p>a. 1 or 2? b. 3 or 4? c. 5 or 6? d. 7, 8 or 9? e. 10 to 19? f. 20 or more? g. No answer / refused h. Don't know</p> | <p><u>NUMBER OF STANDARD DRINKS</u></p> <p>1 OR 2 1 3 OR 4 2 5 OR 6 3 7, 8 OR 9 4 10 TO 19 5 20 OR MORE 6 NO ANSWER/REFUSED 7 DON'T KNOW 8</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, 1 ibu kaokioki, etc.</p> <p>a. Never? b. Less than monthly? c. Monthly? d. Weekly? e. Daily or almost daily? f. No answer / refused g. Don't know</p> | <p>NEVER 0 LESS THAN MONTHLY 1 MONTHLY 2 WEEKLY 3 DAILY OR ALMOST DAILY 4 NO ANSWER/REFUSED 7 DON'T KNOW 8</p> | | | | | | | | | | | | | | | | | |
| 1022 | <p>Next I would like to ask you about use of the following items.</p> <p>Have you <u>ever</u> tried...? IF YES, ASK: Did you use it in the last 30 days?</p> <p>a. Betel nut? b. Kava? c. Marijuana/Cannibis d. Inhalants including gas?</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> <tr> <td>1</td> <td>2</td> <td>3</td> <td>7</td> </tr> <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 | |
| NEVER TRIED | EVER TRIED | USED IN LAST 30 DAYS | NO ANSWER, REFUSED | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 7 | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 7 | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 7 | | | | | | | | | | | | | | | | |
| 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>YES 1 NO 2 NO ANSWER, REFUSED 7</p> | | | | | | | | | | | | | | | | | |
| 1024 | <p>What physical activities do you usually do?</p> <p>Anything else?</p> <p>RECORD ALL MENTIONED.</p> | <p>WALKING/JOGGING A SPORTS B DANCING/AEROBICS/GYM C DRIVING CANOE/VEHICLE D MANUAL LABOR (WORKING IN GARDEN, FISHING, ETC) ... E OTHER _____ X (SPECIFY)</p> | | | | | | | | | | | | | | | | | |
| 1025 | <p>RECORD THE TIME.</p> | <p>HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> | | | | | | | | | | | | | | | | | |
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INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

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

INFORMATION TO BE CODED FOR EACH COLUMN

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 |
| 9 | 05 | MAY | 08 | | 9 |
| | 04 | APR | 09 | | |
| | 03 | MAR | 10 | | |
| | 02 | FEB | 11 | | |
| | 01 | JAN | 12 | | |
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| | 12 | DEC | 13 | | |
| | 11 | NOV | 14 | | |
| | 10 | OCT | 15 | | |
| | 09 | SEP | 16 | | |
| 2 | 08 | AUG | 17 | | 2 |
| 0 | 07 | JUL | 18 | | 0 |
| 0 | 06 | JUN | 19 | | 0 |
| 8 | 05 | MAY | 20 | | 8 |
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| | 02 | FEB | 23 | B | |
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| | 09 | SEP | 28 | B | |
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| 0 | 07 | JUL | 30 | P | 0 |
| 0 | 06 | JUN | 31 | P | 0 |
| 7 | 05 | MAY | 32 | P | 7 |
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| | 12 | DEC | 37 | | |
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| | 09 | SEP | 40 | | |
| 2 | 08 | AUG | 41 | | 2 |
| 0 | 07 | JUL | 42 | | 0 |
| 0 | 06 | JUN | 43 | | 0 |
| 6 | 05 | MAY | 44 | | 6 |
| | 04 | APR | 45 | | |
| | 03 | MAR | 46 | | |
| | 02 | FEB | 47 | | |
| | 01 | JAN | 48 | | |
| <hr/> | | | | | |
| | 12 | DEC | 49 | | |
| | 11 | NOV | 50 | | |
| | 10 | OCT | 51 | | |
| | 09 | SEP | 52 | B | |
| 2 | 08 | AUG | 53 | P | 2 |
| 0 | 07 | JUL | 54 | T | 0 |
| 0 | 06 | JUN | 55 | P | 0 |
| 5 | 05 | MAY | 56 | P | 5 |
| | 04 | APR | 57 | 6 | |
| | 03 | MAR | 58 | | |
| | 02 | FEB | 59 | | |
| | 01 | JAN | 60 | | |
| <hr/> | | | | | |
| | 12 | DEC | 61 | | |
| | 11 | NOV | 62 | | |
| | 10 | OCT | 63 | | |
| | 09 | SEP | 64 | | |
| 2 | 08 | AUG | 65 | | 2 |
| 0 | 07 | JUL | 66 | | 0 |
| 0 | 06 | JUN | 67 | | 0 |
| 4 | 05 | MAY | 68 | | 4 |
| | 04 | APR | 69 | | |
| | 03 | MAR | 70 | | |
| | 02 | FEB | 71 | | |
| | 01 | JAN | 72 | 6 | |