



MINISTRY OF HEALTH AND SOCIAL SERVICES
2013 NAMIBIA DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE

29 May 2013

IDENTIFICATION				
NAME AND CODE OF REGION _____	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto; margin-bottom: 10px;"></div> <div style="border: 1px solid black; width: 60px; height: 60px; margin: 0 auto;"></div>			
PLACE (LOCALITY) NAME _____				
NAME OF HOUSEHOLD HEAD _____				
CLUSTER NUMBER				
HOUSEHOLD NUMBER				
NAME AND LINE NUMBER OF WOMAN _____				
HOUSEHOLD SELECTED FOR MAN'S SURVEY? (YES = 1, NO = 2)				
WOMAN SELECTED FOR SECTION 12? (YES = 1, NO = 2)				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block; vertical-align: middle;"></div> MONTH <div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block; vertical-align: middle;"></div> YEAR <div style="border: 1px solid black; padding: 2px; display: inline-block; vertical-align: middle;">2013</div> INT. NUMBER <div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block; vertical-align: middle;"></div> RESULT <div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block; vertical-align: middle;"></div>
INTERVIEWER'S NAME	_____	_____	_____	
RESULT*	_____	_____	_____	
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block; vertical-align: middle;"></div>
TIME	_____	_____		
*RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____ 2 NOT AT HOME 5 PARTLY COMPLETED (SPECIFY) 3 POSTPONED 6 INCAPACITATED				
LANGUAGE OF QUESTIONNAIRE: <div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> LANGUAGE OF RESPONDENT: _____ <div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block; vertical-align: middle;"></div> LANGUAGE OF INTERVIEW** <div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block; vertical-align: middle;"></div> TRANSLATOR USED (YES=1; NO=2) <div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block; vertical-align: middle;"></div> LANGUAGE** CODES: 1 AFRIKAANS 3 ENGLISH 5 RUKWANGALI 7 OSHIWAMBO 2 DAMARA/NAMA 4 OTJIHERERO 6 SILOZI 8 OTHER				
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR
NAME _____ <div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block; vertical-align: middle;"></div>		NAME _____ <div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block; vertical-align: middle;"></div>		_____ <div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block; vertical-align: middle;"></div>
DATE _____ <div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block; vertical-align: middle;"></div>		DATE _____ <div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block; vertical-align: middle;"></div>		_____ <div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block; vertical-align: middle;"></div>
KEYED BY _____ <div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block; vertical-align: middle;"></div>				

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____. I am working with the Ministry of Health and Social Services. We are conducting a survey about health all over Namibia. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you 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.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions? 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
101A	COLLECT ANY RELEVANT DOCUMENTS THAT MAY HAVE INFORMATION ON THE RESPONDENT AND HER CHILDREN'S AGE AND IMMUNIZATIONS.		
101	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> MINUTES <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
102	In what month and year were you born?	MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> DON'T KNOW MONTH 98 YEAR <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"></table> DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
104	Have you ever attended school?	YES 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
106	What is the highest (grade/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/YEAR <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
107	CHECK 105: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→ 110

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	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	
108A	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	
109	CHECK 108: CODE '2', '3' <input type="checkbox"/> OR '4' <input type="checkbox"/> CIRCLED CODE '1' OR '5' <input type="checkbox"/> CIRCLED		→ 111
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
113	What is your religion?	ROMAN CATHOLIC 1 PROTESTANT/ANGLICAN 2 ELCIN 3 SEVENTH-DAY ADVENTIST 4 NO RELIGION 5 OTHER 6 SPECIFY	
114	What is the main language spoken in your home?	AFRIKAANS 01 DAMARA/NAMA 02 ENGLISH 03 HERERO 04 KWANGALI 05 LOZI 06 OSHIWAMBO 07 SAN 08 OTHER 96 SPECIFY	
115	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES <input type="text"/> <input type="text"/> NONE 00	→ 201A
116	In the last 12 months, have you been away from home for more than one month at a time?	YES 1 NO 2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201A	CHECK COVER PAGE: HOUSEHOLD SELECTED FOR MAN'S SURVEY <input type="checkbox"/> HOUSEHOLD NOT SELECTED FOR MAN'S SURVEY <input type="checkbox"/>		201								
201B	CHECK 103: WOMAN AGE 15-49 <input type="checkbox"/> WOMAN AGE 50-64 <input type="checkbox"/>		601								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		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/TRIPLETS/MULTIPLES ON SEPARATE ROWS.
 (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? RECORD NAME. BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births multiples?	In what month and year was (NAME) born? PROBE: When 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	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (NEXT BIRTH)	DAYS ... 1 MONTHS 2 YEARS .. 3	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS .. 3	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
03	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS .. 3	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
04	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS .. 3	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
05	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS .. 3	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
06	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS .. 3	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
07	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS .. 3	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your next baby? RECORD NAME. BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births multiples?	In what month and year was (NAME) born? PROBE: When 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?
08	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH
09	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH
10	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH
11	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH
12	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH
TICK HERE IF CONTINUATION SHEET USED <input type="checkbox"/>									
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			
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)								
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2008 OR LATER.					NUMBER OF BIRTHS <input type="text"/> NONE 0 → 226			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	<p>C FOR EACH BIRTH SINCE JANUARY 2008, 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.)</p>		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 230
227	<p>How many months pregnant are you?</p> <p>RECORD NUMBER OF COMPLETED MONTHS.</p> <p>C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.</p>	MONTHS <input type="text"/> <input type="text"/>	
228	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 230
229	Did you want to have a baby later on or did you not want any (more) children?	LATER 1 NO MORE 2	
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 238
231	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"/>	
232	<p>CHECK 231:</p> <p>LAST PREGNANCY ENDED IN JAN. 2008 OR LATER <input type="checkbox"/></p> <p>LAST PREGNANCY ENDED BEFORE JAN. 2008 <input type="checkbox"/></p>		→ 238
233	<p>How many months pregnant were you when the last such pregnancy ended?</p> <p>C 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.</p>	MONTHS <input type="text"/> <input type="text"/>	
234	Since January 2008, have you had any other pregnancies that did not result in a live birth?	YES 1 NO 2	→ 236
235	<p>ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2008.</p> <p>C ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.</p>		
236	Did you have any miscarriages, abortions or stillbirths that ended before 2008?	YES 1 NO 2	→ 238
237	When did the last such pregnancy that terminated before 2008 end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
238	<p>When did your last menstrual period start?</p> <p>_____</p> <p>(DATE, IF GIVEN)</p>	<p>DAYS AGO 1</p> <p>WEEKS AGO 2</p> <p>MONTHS AGO 3</p> <p>YEARS AGO 4</p> <p>IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994</p> <p>BEFORE LAST BIRTH 995</p> <p>NEVER MENSTRUATED 996</p>	<div> <div></div> <div></div> <div></div> <div></div> </div>
239	<p>From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<div> <div></div> <div>→ 301</div> </div>
240	<p>Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?</p>	<p>JUST BEFORE HER PERIOD BEGINS 1</p> <p>DURING HER PERIOD 2</p> <p>RIGHT AFTER HER PERIOD HAS ENDED 3</p> <p>HALFWAY BETWEEN TWO PERIODS 4</p> <p>OTHER 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW 8</p>	

SECTION 3. CONTRACEPTION

301	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>Have you ever heard of (METHOD)?</p>		
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	<p>YES 1</p> <p>NO 2</p>	
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	<p>YES 1</p> <p>NO 2</p>	
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	<p>YES 1</p> <p>NO 2</p>	
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	<p>YES 1</p> <p>NO 2</p>	
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	<p>YES 1</p> <p>NO 2</p>	
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	<p>YES 1</p> <p>NO 2</p>	
07	Contraceptive Patch (Evra). PROBE: Women can have a transdermal patch applied to their skin that releases synthetic estrogen and progestin hormones to prevent pregnancy.	<p>YES 1</p> <p>NO 2</p>	
08	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	<p>YES 1</p> <p>NO 2</p>	
09	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	<p>YES 1</p> <p>NO 2</p>	
10	Lactational Amenorrhea Method (LAM).	<p>YES 1</p> <p>NO 2</p>	
11	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	<p>YES 1</p> <p>NO 2</p>	
12	Withdrawal. PROBE: Men can be careful and pull out before climax or ejaculation.	<p>YES 1</p> <p>NO 2</p>	
13	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	<p>YES 1</p> <p>NO 2</p>	
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	<p>YES 1</p> <p>_____</p> <p align="center">(SPECIFY)</p> <p>_____</p> <p align="center">(SPECIFY)</p> <p>NO 2</p>	
302	<p>CHECK 226:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p align="center">↓</p>		→ 311
303	Are you currently doing something or using any method to delay or avoid getting pregnant?	<p>YES 1</p> <p>NO 2</p>	→ 311

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	<p>Which method are you using?</p> <p>CIRCLE ALL MENTIONED.</p> <p>IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.</p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>PILL F</p> <p>CONTRACEPTIVE PATCH G</p> <p>CONDOM H</p> <p>FEMALE CONDOM I</p> <p>DIAPHRAGM J</p> <p>FOAM/JELLY K</p> <p>LACTATIONAL AMEN. METHOD L</p> <p>RHYTHM METHOD M</p> <p>WITHDRAWAL N</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD ... Y</p>	<p><input type="checkbox"/> → 307</p> <p><input type="checkbox"/> → 308A</p> <p><input type="checkbox"/> → 308A</p> <p><input type="checkbox"/> → 306</p> <p><input type="checkbox"/> → 308A</p>
305	<p>What is the brand name of the pills you are using?</p> <p>IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.</p>	<p>OVRAL 01</p> <p>MICRONOVUM 02</p> <p>TRIPHASIL 03</p> <p>NORDETTE 04</p> <p>OTHER 96</p> <p>(SPECIFY) _____</p> <p>DON'T KNOW 98</p>	<p><input type="checkbox"/> → 308A</p>
306	<p>What is the brand name of the condoms you are using?</p> <p>IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.</p>	<p>SMILE 01</p> <p>COOL RIDER 02</p> <p>SENSE 03</p> <p>FEMIDOM 04</p> <p>OTHER 96</p> <p>(SPECIFY) _____</p> <p>DON'T KNOW 98</p>	<p><input type="checkbox"/> → 308A</p>
307	<p>In what facility did the sterilization take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>OTHER PUBLIC SECTOR 16</p> <p>(SPECIFY) _____</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PRIVATE DOCTOR'S OFFICE 23</p> <p>OTHER PRIVATE MEDICAL SECTOR 26</p> <p>(SPECIFY) _____</p> <p>OTHER 96</p> <p>(SPECIFY) _____</p> <p>DON'T KNOW 98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
308	In what month and year was the sterilization performed?														
308A	<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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table></p>													
309	<p>CHECK 308/308A, 215 AND 231:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308/308A</p> <p>GO BACK TO 308/308A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>													
310	<p>CHECK 308/308A:</p> <p>YEAR IS 2008 OR LATER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p>	<p>YEAR IS 2007 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2008.</p> <p>THEN SKIP TO → 322</p>													
311	<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 2008.</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>C IN COLUMN 1, 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? <p>IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO THE LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> * Why did you stop using the (METHOD)? Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason? * IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1. 														

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH <div> <div>NO METHOD USED</div> <div>ANY METHOD USED</div> </div> <div> <input type="checkbox"/> <input type="checkbox"/> </div> <div> </div>		→ 314
313	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	<input type="checkbox"/> → 324
314	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONTRACEPTIVE PATCH 07 CONDOM 08 FEMALE CONDOM 09 DIAPHRAGM 10 FOAM/JELLY 11 LACTATIONAL AMEN. METHOD 12 RHYTHM METHOD 13 WITHDRAWAL 14 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 324 → 317A → 326 <input type="checkbox"/> → 315A <input type="checkbox"/> → 326
315	You first started using (CURRENT METHOD) in (DATE FROM 308/308A). Where did you get it at that time?	PUBLIC SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CENTER 12 GVT. PRIMARY HEALTH CARE CLINIC 13 OUTREACH POINT 14 FIELDWORKER/COMMUNITY HEALTH CARE PROVIDER 15 OTHER PUBLIC SECTOR 16 (SPECIFY)	
315A	Where did you learn how to use the rhythm/lactational amenorrhea method? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 21 PRIVATE CLINIC 22 PHARMACY 23 PRIVATE DOCTOR 24 OTHER PRIVATE MEDICAL SECTOR 26 (SPECIFY) OTHER SOURCE SHOP 31 CHURCH 32 FRIEND/RELATIVE 33 SCHOOL 34 OTHER 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONTRACEPTIVE PATCH 07 CONDOM 08 FEMALE CONDOM 09 DIAPHRAGM 10 FOAM/JELLY 11 LACTATIONAL AMEN. METHOD 12 RHYTHM METHOD 13	 → 323 → 320 → 326 → 326
317	At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 319
317A	When you got sterilized, were you told about side effects or problems you might have with the method?		
318	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	→ 320
319	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
320	CHECK 317: CODE '1' CIRCLED <input type="checkbox"/> At that time, were you told about other methods of family planning that you could use? CODE '1' NOT CIRCLED <input type="checkbox"/> When you obtained (CURRENT METHOD FROM 314) from (SOURCE OF METHOD FROM 307 OR 315), were you told about other methods of family planning that you could use?	 YES 1 NO 2	 → 322
321	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES 1 NO 2	
322	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONTRACEPTIVE PATCH 07 CONDOM 08 FEMALE CONDOM 09 DIAPHRAGM 10 FOAM/JELLY 11 LACTATIONAL AMEN. METHOD 12 RHYTHM METHOD 13 WITHDRAWAL 14 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	 → 326 → 326

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
323	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>GVT. PRIMARY HEALTH CARE CLINIC 13</p> <p>OUTREACH POINT 14</p> <p>MOBILE CLINIC 15</p> <p>FIELDWORKER/COMMUNITY HEALTH CARE PROVIDER 16</p> <p>OTHER PUBLIC SECTOR 17</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PHARMACY 23</p> <p>PRIVATE DOCTOR 24</p> <p>OTHER PRIVATE MEDICAL SECTOR 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>CHURCH 32</p> <p>FRIEND/RELATIVE 33</p> <p>SCHOOL 34</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	<p>→ 326</p>
324	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 326</p>
325	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GVT. PRIMARY HEALTH CARE CLINIC C</p> <p>OUTREACH POINT D</p> <p>MOBILE CLINIC E</p> <p>FIELDWORKER/COMMUNITY HEALTH CARE PROVIDER F</p> <p>OTHER PUBLIC SECTOR G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL H</p> <p>PRIVATE CLINIC I</p> <p>PHARMACY J</p> <p>PRIVATE DOCTOR K</p> <p>OTHER PRIVATE MEDICAL SECTOR L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>CHURCH N</p> <p>FRIEND/RELATIVE O</p> <p>SCHOOL P</p> <p>OTHER X</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
326	In the last 12 months, were you visited by a fieldworker/community health worker/health promoter who talked to you about family planning?	YES 1 NO 2	
327	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES 1 NO 2	→ 401
328	Did any staff member at the health facility speak to you about family planning methods?	YES 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ONE OR MORE BIRTHS IN 2008 OR LATER <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; position: relative;"> ↓ </div> </div> <div style="text-align: center;"> NO BIRTHS IN 2008 OR LATER <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; position: relative;"> → 556 </div> </div> </div>			
402	CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2008 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 some questions about your children born in the last five years. (We will talk about each separately.)			
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER <div style="display: flex; border: 1px solid black; width: 40px; height: 20px; margin-left: 10px;"></div>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <div style="display: flex; border: 1px solid black; width: 40px; height: 20px; margin-left: 10px;"></div>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <div style="display: flex; border: 1px solid black; width: 40px; height: 20px; margin-left: 10px;"></div>
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 (SKIP TO 408) ← NO 2	YES 1 (SKIP TO 430) ← NO 2	YES 1 (SKIP TO 430) ← NO 2
406	Did you want to have a baby later on, or did you not want any (more) children?	LATER 1 NO MORE 2 (SKIP TO 408) ←	LATER 1 NO MORE 2 (SKIP TO 430) ←	LATER 1 NO MORE 2 (SKIP TO 430) ←
407	How much longer did you want to wait?	MONTHS ..1 <div style="display: flex; border: 1px solid black; width: 40px; height: 20px; margin-left: 5px;"></div> YEARS ..2 <div style="display: flex; border: 1px solid black; width: 40px; height: 20px; margin-left: 5px;"></div> DON'T KNOW ... 998	MONTHS ..1 <div style="display: flex; border: 1px solid black; width: 40px; height: 20px; margin-left: 5px;"></div> YEARS ..2 <div style="display: flex; border: 1px solid black; width: 40px; height: 20px; margin-left: 5px;"></div> DON'T KNOW ... 998	MONTHS ..1 <div style="display: flex; border: 1px solid black; width: 40px; height: 20px; margin-left: 5px;"></div> YEARS ..2 <div style="display: flex; border: 1px solid black; width: 40px; height: 20px; margin-left: 5px;"></div> DON'T KNOW ... 998
408	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2 (SKIP TO 415) ←		
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. C COMMUNITY HLTH CARE PROVID... D OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
410	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE</p> <p>SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>HOME</p> <p>YOUR HOME ... A</p> <p>OTHER HOME ... B</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL C</p> <p>GOVT. HEALTH CENTER D</p> <p>GOVT. HEALTH CARE CLINIC .. E</p> <p>OUTREACH POINT F</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL .. H</p> <p>PVT. CLINIC I</p> <p>OTHER PRIVATE MED. SECTOR</p> <p>_____ J</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>		
410A	<p>Did your husband/partner attend (any of) your antenatal care visit(s) for this pregnancy?</p> <p>YES 1</p> <p>NO 2</p>			
411	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p> <p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>			
412	<p>How many times did you receive antenatal care during this pregnancy?</p> <p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>			
413	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once:</p> <p>YES NO</p> <p>Was your blood pressure measured?</p> <p>BP 1 2</p> <p>Did you give a urine sample?</p> <p>URINE 1 2</p> <p>Did you give a blood sample?</p> <p>BLOOD ... 1 2</p>			
414	<p>During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?</p> <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>			
415	<p>During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?</p> <p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 418) ←</p> <p>DON'T KNOW 8</p>			

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
416	During this pregnancy, how many times did you get a tetanus injection?	TIMES <input type="text"/> DON'T KNOW 8		
417	CHECK 416:	2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 421) ↓		
418	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 (SKIP TO 421) ← DON'T KNOW ... 8		
419	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8		
420	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO <input type="text"/> <input type="text"/>		
421	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLETS.	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? 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 take any drugs to keep you from getting malaria?	YES 1 NO 2 (SKIP TO 430) ← DON'T KNOW 8		
425	What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR A OTHER _____ X (SPECIFY) DON'T KNOW Z		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
426	CHECK 425: SP/FANSIDAR TAKEN FOR MALARIA PREVENTION.	CODE 'A' CIRCLED <input type="checkbox"/> A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 430) ←		
427	How many times did you take (SP/Fansidar) during this pregnancy?	TIMES <input type="text"/> <input type="text"/>		
428	CHECK 409: ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE 'A', 'B' OR 'C' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 430) ←		
429	Did you get the (SP/Fansidar) during any antenatal care visit, during another visit to a health facility or from another source?	ANTENATAL VISIT .. 1 ANOTHER FACILITY VISIT 2 OTHER SOURCE 6		
430	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
431	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 433) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 433) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 433) ← DON'T KNOW 8
432	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> DON'T KNOW 99998	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> DON'T KNOW 99998	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> DON'T KNOW 99998
433	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. C RELATIVE/FRIEND D OTHER X (SPECIFY) NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. C RELATIVE/FRIEND D OTHER X (SPECIFY) NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. C RELATIVE/FRIEND D OTHER X (SPECIFY) NO ONE ASSISTED Y

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																		
434	<p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>YOUR HOME ... 11</p> <p>(SKIP TO 437A) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 21</p> <p>GOVT. HEALTH CENTER 22</p> <p>GOVT. HEALTH CARE CLINIC .. 23</p> <p>OUTREACH POINT 24</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL .. 31</p> <p>PVT. CLINIC 32</p> <p>OTHER PRIVATE MED. SECTOR</p> <p>_____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>(SKIP TO 438) ←</p>	<p>HOME</p> <p>YOUR HOME ... 11</p> <p>(SKIP TO 448) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 21</p> <p>GOVT. HEALTH CENTER 22</p> <p>GOVT. HEALTH CARE CLINIC .. 23</p> <p>OUTREACH POINT 24</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL .. 31</p> <p>PVT. CLINIC 32</p> <p>OTHER PRIVATE MED. SECTOR</p> <p>_____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>(SKIP TO 448) ←</p>	<p>HOME</p> <p>YOUR HOME ... 11</p> <p>(SKIP TO 448) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 21</p> <p>GOVT. HEALTH CENTER 22</p> <p>GOVT. HEALTH CARE CLINIC .. 23</p> <p>OUTREACH POINT 24</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL .. 31</p> <p>PVT. CLINIC 32</p> <p>OTHER PRIVATE MED. SECTOR</p> <p>_____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>(SKIP TO 448) ←</p>																		
434A	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS.</p> <p>IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW ... 998</p>																				
435	<p>Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?</p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>																		
436	<p>I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?</p>	<p>YES 1</p> <p>(SKIP TO 439) ←</p> <p>NO 2</p>																				
437	<p>Did anyone check on your health after you left the facility?</p>	<p>YES 1</p> <p>(SKIP TO 439) ←</p> <p>NO 2</p> <p>(SKIP TO 442) ←</p>																				

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																		
437A	Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED.	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)																				
438	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?	YES 1 NO 2 (SKIP TO 442) ←																				
439	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH CARE PROVID . . 22 OTHER _____ 96 (SPECIFY)																				
440	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" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW . . . 998																				
442	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES 1 NO 2 (SKIP TO 446) ← DON'T KNOW 8																				
443	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH . . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS AFTER BIRTH . . 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WKS AFTER BIRTH . . 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW . . . 998																				

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
444	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH CARE PROVIDER 22 OTHER _____ 96 (SPECIFY)		
445	Where did this first check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME YOUR HOME ... 11 OTHER HOME ... 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH CARE CLINIC .. 23 OUTREACH POINT 24 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL . 31 PVT. CLINIC 32 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)		
446	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW CAPSULE.	YES 1 NO 2 DON'T KNOW 8		
447	Has your menstrual period returned since the birth of (NAME)?	YES 1 (SKIP TO 449) ← NO 2 (SKIP TO 450) ←		
448	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 452) ←	YES 1 NO 2 (SKIP TO 452) ←
449	For how many months after the birth of (NAME) did you not have a period?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
450	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> NANT <input type="checkbox"/> PREGNANT <input type="checkbox"/> OR <input type="checkbox"/> UNSURE <input type="checkbox"/> (SKIP TO 452) ←		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
451	Have you had sexual intercourse since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 453) ←		
452	For how many months after the birth of (NAME) did you not have sexual intercourse?	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
453	Did you ever breastfeed (NAME)?	YES 1 (SKIP TO 455) ← NO 2	YES 1 NO 2	YES 1 NO 2
454	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> ↓ (SKIP TO 460) DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 501)		
455	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ... 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>		
456	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 458) ←		
457	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER ... B SUGAR OR GLUCOSE WATER ... C GRYPE WATER ... D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS ... H COFFEE I HONEY J OTHER _____ X (SPECIFY)		
458	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
459	Are you still breastfeeding (NAME)?	YES 1 NO 2		
460	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
461		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.

SECTION 5. CHILD IMMUNIZATION, HEALTH AND NUTRITION

501	ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2008 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	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>				NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>				SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>																																																																																																																																																																																						
503	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)				NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)				NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 553)																																																																																																																																																																																						
504	Do you have a 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 509) ← NO CARD 3				YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 509) ← NO CARD 3				YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 509) ← NO CARD 3																																																																																																																																																																																						
505	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 509) ← NO 2				YES 1 (SKIP TO 509) ← NO 2				YES 1 (SKIP TO 509) ← NO 2																																																																																																																																																																																						
506	<p>(1) COPY DATES FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.</p> <table border="1"> <thead> <tr> <th></th><th colspan="4">LAST BIRTH</th><th></th><th colspan="4">NEXT-TO-LAST BIRTH</th><th></th><th colspan="4">SECOND-FROM-LAST BIRTH</th></tr> <tr> <th></th><th>DAY</th><th>MONTH</th><th colspan="2">YEAR</th><th></th><th>DAY</th><th>MONTH</th><th colspan="2">YEAR</th><th></th><th>DAY</th><th>MONTH</th><th colspan="2">YEAR</th></tr> </thead> <tbody> <tr> <td>BCG</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>BCG</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>BCG</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>POLIO 0 (POLIO GIVEN AT BIRTH)</td><td><input 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type="checkbox"/>	P1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	POLIO 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	POLIO 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PENTAVALENT 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D1	<input type="checkbox"/>	<input 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507	CHECK 506:	BCG TO MEASLES ALL RECORDED <input type="checkbox"/> OTHER <input type="checkbox"/> (GO TO 511)				BCG TO MEASLES ALL RECORDED <input type="checkbox"/> OTHER <input type="checkbox"/> (GO TO 511)				BCG TO MEASLES ALL RECORDED <input type="checkbox"/> OTHER <input type="checkbox"/> (GO TO 511)																																																																																																																																																																																						

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
508	Has (NAME) had any vaccinations that are not recorded on this card, including vaccinations given in a national immunization day campaign? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 506 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES 1 (PROBE FOR) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) NO 2 (SKIP TO 511) DON'T KNOW 8	YES 1 (PROBE FOR) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) NO 2 (SKIP TO 511) DON'T KNOW 8	YES 1 (PROBE FOR) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) NO 2 (SKIP TO 511) DON'T KNOW 8
509	Did (NAME) ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES 1 NO 2 (SKIP TO 511) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 511) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 511) DON'T KNOW 8
510	Please tell me if (NAME) had any of the following vaccinations:			
510A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
510B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 510E) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510E) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510E) DON'T KNOW 8
510C	Was the first polio vaccine given in the first two weeks after birth or later?	FIRST 2 WEEKS ... 1 LATER 2	FIRST 2 WEEKS ... 1 LATER 2	FIRST 2 WEEKS ... 1 LATER 2
510D	How many times was the polio vaccine given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
510E	A DPT/Pentavalent vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 510G) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510G) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510G) DON'T KNOW 8
510F	How many times was the DPT/Pentavalent vaccination given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
510G	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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
511	Within the last six months, was (NAME) given a vitamin A dose like this? SHOW CAPSULE.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
513	Was (NAME) given any medication 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
514	Has (NAME) had diarrhoea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8
515	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
516	Now I would like to know how much (NAME) was given to drink during the diarrhoea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	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
517	When (NAME) had diarrhoea, 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
518	Did you seek advice or treatment for the diarrhoea from any source?	YES 1 NO 2 (SKIP TO 522) ←	YES 1 NO 2 (SKIP TO 522) ←	YES 1 NO 2 (SKIP TO 522) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
519	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>GOVT HEALTH CENTER B</p> <p>GOVT HEALTH CARE CLINIC .. C</p> <p>OUTREACH POINT D</p> <p>OTHER PUBLIC SECTOR _____ E</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL .. F</p> <p>PVT. CLINIC G</p> <p>PHARMACY ... H</p> <p>PVT DOCTOR ... I</p> <p>OTHER PRIVATE MED. SECTOR _____ J</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP K</p> <p>TRADITIONAL PRACTITIONER L</p> <p>MARKET M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>GOVT HEALTH CENTER B</p> <p>GOVT HEALTH CARE CLINIC .. C</p> <p>OUTREACH POINT D</p> <p>OTHER PUBLIC SECTOR _____ E</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL .. F</p> <p>PVT. CLINIC G</p> <p>PHARMACY ... H</p> <p>PVT DOCTOR ... I</p> <p>OTHER PRIVATE MED. SECTOR _____ J</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP K</p> <p>TRADITIONAL PRACTITIONER L</p> <p>MARKET M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>GOVT HEALTH CENTER B</p> <p>GOVT HEALTH CARE CLINIC .. C</p> <p>OUTREACH POINT D</p> <p>OTHER PUBLIC SECTOR _____ E</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL .. F</p> <p>PVT. CLINIC G</p> <p>PHARMACY ... H</p> <p>PVT DOCTOR ... I</p> <p>OTHER PRIVATE MED. SECTOR _____ J</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP K</p> <p>TRADITIONAL PRACTITIONER L</p> <p>MARKET M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
520	CHECK 519:	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>↓ (SKIP TO 522) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>↓ (SKIP TO 522) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>↓ (SKIP TO 522) ←</p>
521	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 519.</p>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
522	<p>Was he/she given any of the following to drink at any time since he/she started having the diarrhoea:</p> <p>a) A fluid made from a special packet called ORS?</p> <p>b) Salt-sugar homemade solution?</p>	<p>YES NO DK</p> <p>FLUID FROM</p> <p>ORS PKT 1 2 8</p> <p>HOMEMADE</p> <p>SOLUTION 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM</p> <p>ORS PKT 1 2 8</p> <p>HOMEMADE</p> <p>SOLUTION 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM</p> <p>ORS PKT 1 2 8</p> <p>HOMEMADE</p> <p>SOLUTION 1 2 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
523	Was anything (else) given to treat the diarrhoea?	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8
524	What (else) was given to treat the diarrhoea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION ... H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION ... H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION ... H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)
525	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 527) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 527) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 527) ← DON'T KNOW 8
526	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing for malaria?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
527	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8
528	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 531) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8
529	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 531) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 531) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 531) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
530	CHECK 525: 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 553)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	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 553)
531	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
532	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
533	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 537) ←	YES 1 NO 2 (SKIP TO 537) ←	YES 1 NO 2 (SKIP TO 537) ←
534	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT HEALTH CARE CLINIC .. C OUTREACH POINT D OTHER PUBLIC SECTOR E _____ (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL .. F PVT. CLINIC G PHARMACY ... H PVT DOCTOR ... I OTHER PRIVATE MED. SECTOR J _____ (SPECIFY) OTHER SOURCE SHOP K TRADITIONAL PRACTITIONER L MARKET M OTHER X _____ (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT HEALTH CARE CLINIC .. C OUTREACH POINT D OTHER PUBLIC SECTOR E _____ (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL .. F PVT. CLINIC G PHARMACY ... H PVT DOCTOR ... I OTHER PRIVATE MED. SECTOR J _____ (SPECIFY) OTHER SOURCE SHOP K TRADITIONAL PRACTITIONER L MARKET M OTHER X _____ (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT HEALTH CARE CLINIC .. C OUTREACH POINT D OTHER PUBLIC SECTOR E _____ (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL .. F PVT. CLINIC G PHARMACY ... H PVT DOCTOR ... I OTHER PRIVATE MED. SECTOR J _____ (SPECIFY) OTHER SOURCE SHOP K TRADITIONAL PRACTITIONER L MARKET M OTHER X _____ (SPECIFY)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
535	CHECK 534:	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED (SKIP TO 537)	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED (SKIP TO 537)	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED (SKIP TO 537)
536	Where did you first seek advice or treatment? USE LETTER CODE FROM 534.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
537	At any time during the illness, did (NAME) take any medications for the illness?	YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8	YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553) 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 553) DON'T KNOW 8
538	What medications did (NAME) take? Any other medications? RECORD ALL MENTIONED.	ANTIMALARIALS QUININE A ARTEMETHER LUMEFANTRINE B OTHER ANTI- MALARIAL C (SPECIFY) ANTIBIOTICS PILL/SYRUP ... D INJECTION ... E OTHER MEDICATIONS ASPIRIN F ACETA- MINOPHEN ... G IBUPROFEN ... I OTHER X (SPECIFY) DON'T KNOW Z	ANTIMALARIALS QUININE A ARTEMETHER LUMEFANTRINE B OTHER ANTI- MALARIAL C (SPECIFY) ANTIBIOTICS PILL/SYRUP ... D INJECTION ... E OTHER MEDICATIONS ASPIRIN F ACETA- MINOPHEN ... G IBUPROFEN ... I OTHER X (SPECIFY) DON'T KNOW Z	ANTIMALARIALS QUININE A ARTEMETHER LUMEFANTRINE B OTHER ANTI- MALARIAL C (SPECIFY) ANTIBIOTICS PILL/SYRUP ... D INJECTION ... E OTHER MEDICATIONS ASPIRIN F ACETA- MINOPHEN ... G IBUPROFEN ... I OTHER X (SPECIFY) DON'T KNOW Z
539	CHECK 538: ANY CODE A-C CIRCLED?	YES NO <input type="checkbox"/> <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES NO <input type="checkbox"/> <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES NO <input type="checkbox"/> <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
546	CHECK 538: QUININE ('A') GIVEN	CODE 'A' CODE 'A' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/> (SKIP TO 548)	CODE 'A' CODE 'A' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/> (SKIP TO 548)	CODE 'A' CODE 'A' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/> (SKIP TO 548)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
553	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2008 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 554</p> <p>_____</p> <p>(NAME)</p>		556
554	<p>The last time (NAME FROM 553) passed stools, what was done to dispose of the stools?</p>	<p>CHILD USED TOILET OR LATRINE ... 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER _____ 96 (SPECIFY)</p>	
555	<p>CHECK 522(a), ALL COLUMNS:</p> <p>NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/></p>		557
556	<p>Have you ever heard of a special product called ORS you can get for the treatment of diarrhea?</p>	<p>YES 1 NO 2</p>	
557	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2011 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 558</p> <p>_____</p> <p>(NAME)</p>		601

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																				
558	<p>Now I would like to ask you about liquids or foods that (NAME FROM 557) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods.</p> <p>Did (NAME FROM 557) (drink/eat):</p> <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) Plain water?</td> <td>a) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) Juice or juice drinks?</td> <td>b) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) Clear broth?</td> <td>c) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) Milk such as tinned, powdered, or fresh animal milk?</td> <td>d) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.</td> <td>NUMBER OF TIMES DRANK MILK</td> <td colspan="2"><input type="text"/></td> </tr> <tr> <td>e) Infant formula?</td> <td>e) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.</td> <td>NUMBER OF TIMES DRANK FORMULA</td> <td colspan="2"><input type="text"/></td> </tr> <tr> <td>f) Any other liquids?</td> <td>f) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g) Yogurt?</td> <td>g) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.</td> <td>NUMBER OF TIMES ATE YOGURT</td> <td colspan="2"><input type="text"/></td> </tr> <tr> <td>h) Any commercially fortified baby food e.g. Cerelac, Nestum, Purity?</td> <td>h) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>i) Bread, rice, noodles, porridge, or other foods made from grains?</td> <td>i) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>j) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?</td> <td>j) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>k) White potatoes, white yams, manioc, cassava, or any other foods made from roots?</td> <td>k) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>l) Any dark green, leafy vegetables?</td> <td>l) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>m) Ripe mangoes, papayas or any other vitamin-A rich fruits?</td> <td>m) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>n) Any other fruits or vegetables?</td> <td>n) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>o) Liver, kidney, heart or other organ meats?</td> <td>o) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?</td> <td>p) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>q) Eggs?</td> <td>q) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>r) Fresh or dried fish or shellfish?</td> <td>r) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>s) Any foods made from beans, peas, lentils, or nuts?</td> <td>s) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>t) Cheese or other food made from milk?</td> <td>t) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>u) Any other solid, semi-solid, or soft food?</td> <td>u) 1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) Plain water?	a) 1	2	8	b) Juice or juice drinks?	b) 1	2	8	c) Clear broth?	c) 1	2	8	d) Milk such as tinned, powdered, or fresh animal milk?	d) 1	2	8	IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK MILK	<input type="text"/>		e) Infant formula?	e) 1	2	8	IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK FORMULA	<input type="text"/>		f) Any other liquids?	f) 1	2	8	g) Yogurt?	g) 1	2	8	IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ATE YOGURT	<input type="text"/>		h) Any commercially fortified baby food e.g. Cerelac, Nestum, Purity?	h) 1	2	8	i) Bread, rice, noodles, porridge, or other foods made from grains?	i) 1	2	8	j) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?	j) 1	2	8	k) White potatoes, white yams, manioc, cassava, or any other foods made from roots?	k) 1	2	8	l) Any dark green, leafy vegetables?	l) 1	2	8	m) Ripe mangoes, papayas or any other vitamin-A rich fruits?	m) 1	2	8	n) Any other fruits or vegetables?	n) 1	2	8	o) Liver, kidney, heart or other organ meats?	o) 1	2	8	p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	p) 1	2	8	q) Eggs?	q) 1	2	8	r) Fresh or dried fish or shellfish?	r) 1	2	8	s) Any foods made from beans, peas, lentils, or nuts?	s) 1	2	8	t) Cheese or other food made from milk?	t) 1	2	8	u) Any other solid, semi-solid, or soft food?	u) 1	2	8		
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t) Cheese or other food made from milk?	t) 1	2	8																																																																																																				
u) Any other solid, semi-solid, or soft food?	u) 1	2	8																																																																																																				
559	<p>CHECK 558 (CATEGORIES "g" THROUGH "u"):</p> <p>NOT A SINGLE "YES" <input type="text"/></p> <p>AT LEAST ONE "YES" <input type="text"/></p>		561																																																																																																				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
560	<p>Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?</p>	<p>YES 1 (GO BACK TO 558 TO RECORD FOOD EATEN YESTERDAY) ←</p> <p>NO 2 → 601</p>	
561	<p>How many times did (NAME FROM 557) eat solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES <input type="text"/></p> <p>DON'T KNOW 8</p>	

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	<input type="checkbox"/> → 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	→ 612
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> → 609
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	Does your (husband/partner) have other wives or does he live with other women as if married?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 609
607	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS..... <input type="text"/> <input type="text"/> DON'T KNOW 98	
608	Are you the first, second, ... wife?	RANK <input type="text"/> <input type="text"/>	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
610	CHECK 609: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN ONLY ONCE ↓ In what month and year did you start living with your (husband/partner)? </div> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN MORE THAN ONCE ↓ Now I would like to ask about your first (husband/partner). In what month and year did you start living with him? </div> </div>	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 612
611	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
612	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
613	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	→ 628

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
614	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.										
615	<p>When was the <u>last</u> time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS.</p> <p>IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1</p> <p>WEEKS AGO 2</p> <p>MONTHS AGO 3</p> <p>YEARS AGO 4</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p>→ 627</p>								

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
616	When was the last time you had sexual intercourse with this person?		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"/>	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"/>
617	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES 1 NO 2 (SKIP TO 619) ←	YES 1 NO 2 (SKIP TO 619) ←	YES 1 NO 2 (SKIP TO 619) ←
618	Was a condom used 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
619	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	HUSBAND 1 LIVE-IN PARTNER ... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE ... 4 CLIENT/PROSTITUTE 5 OTHER 6 (SPECIFY) (SKIP TO 622) ←	HUSBAND 1 LIVE-IN PARTNER ... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE ... 4 CLIENT/PROSTITUTE 5 OTHER 6 (SPECIFY) (SKIP TO 622) ←	HUSBAND 1 LIVE-IN PARTNER ... 2 BOYFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE ... 4 CLIENT/PROSTITUTE 5 OTHER 6 (SPECIFY) (SKIP TO 622) ←
620	CHECK 609:	MARRIED ONLY <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> (SKIP TO 622) ←	MARRIED ONLY <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> (SKIP TO 622) ←	MARRIED ONLY <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> (SKIP TO 622) ←
621	CHECK 613:	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 623) ←	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 623) ←	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 623) ←
622	How long ago did you first have sexual intercourse with this (second/third) person?	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"/>	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"/>	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"/>
623	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
624	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98
625	Apart from (this person/these two people), have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 616 ← IN NEXT COLUMN) NO 2 (SKIP TO 627) ←	YES 1 (GO BACK TO 616 ← IN NEXT COLUMN) NO 2 (SKIP TO 627) ←	
626	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, 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												
627	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.</p>	<p>NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>													
628	<p>PRESENCE OF OTHERS DURING THIS SECTION</p>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>CHILDREN <10</td><td>1</td><td>2</td></tr> <tr> <td>MALE ADULTS</td><td>1</td><td>2</td></tr> <tr> <td>FEMALE ADULTS</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	CHILDREN <10	1	2	MALE ADULTS	1	2	FEMALE ADULTS	1	2	
	YES	NO													
CHILDREN <10	1	2													
MALE ADULTS	1	2													
FEMALE ADULTS	1	2													
629	<p>Do you know of a place where a person can get condoms?</p>	<p>YES 1</p> <p>NO 2</p>	→ 632												
630	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GVT. PRIMARY HEALTH CARE CLINIC C</p> <p>OUTREACH POINT D</p> <p>MOBILE CLINIC E</p> <p>FIELDWORKER/COMMUNITY HEALTH CARE PROVIDER F</p> <p>OTHER PUBLIC SECTOR G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL H</p> <p>PRIVATE CLINIC I</p> <p>PHARMACY J</p> <p>PRIVATE DOCTOR K</p> <p>OTHER PRIVATE MEDICAL SECTOR L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>FRIEND/RELATIVE N</p> <p>SCHOOL O</p> <p>OTHER X</p> <p>(SPECIFY)</p>													
631	<p>If you wanted to, could you yourself get a condom?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>													
632	<p>Do you know of a place where a person can get female condoms?</p>	<p>YES 1</p> <p>NO 2</p>	→ 701A												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
633	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GVT. PRIMARY HEALTH CARE CLINIC C</p> <p>OUTREACH POINT D</p> <p>MOBILE CLINIC E</p> <p>FIELDWORKER/COMMUNITY HEALTH CARE PROVIDER F</p> <p>OTHER PUBLIC SECTOR G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL H</p> <p>PRIVATE CLINIC I</p> <p>PHARMACY J</p> <p>PRIVATE DOCTOR K</p> <p>OTHER PRIVATE MEDICAL SECTOR L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>FRIEND/RELATIVE N</p> <p>SCHOOL O</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
634	If you wanted to, could you yourself get a female condom?	<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				
701A	CHECK COVER PAGE: HOUSEHOLD SELECTED FOR MAN'S SURVEY <input type="checkbox"/> HOUSEHOLD NOT SELECTED FOR MAN'S SURVEY <input type="checkbox"/>		→ 701				
701B	CHECK 103: WOMAN AGE 15-49 <input type="checkbox"/> WOMAN AGE 50-64 <input type="checkbox"/>		→ 801				
701	CHECK 304: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 712				
702	CHECK 226: PREGNANT <input type="checkbox"/> NOT PREGNANT OR UNSURE <input type="checkbox"/>		→ 704				
703	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 705 <input type="checkbox"/> → 711				
704	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?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8	→ 707 → 712 → 710				
705	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 YEARS 2 SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 (SPECIFY) DON'T KNOW 998	<table border="1" style="display: inline-table; vertical-align: top;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> → 710 → 712 → 710				
706	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 711				
707	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→ 712				
708	CHECK 705: NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		→ 711				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	<p>CHECK 704:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>WANTS TO HAVE A/ANOTHER CHILD</p> <p><input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want (a/another) child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> </div> <div style="text-align: center;"> <p>WANTS NO MORE/ NONE</p> <p><input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> </div> </div> <p style="text-align: center;">RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED... J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>SIDE EFFECTS/HEALTH CONCERNS O</p> <p>LACK OF ACCESS/TOO FAR P</p> <p>COSTS TOO MUCH Q</p> <p>PREFERRED METHOD NOT AVAILABLE R</p> <p>NO METHOD AVAILABLE S</p> <p>INCONVENIENT TO USE T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES U</p> <p>OTHER X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
710	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <div style="display: flex; justify-content: space-around;"> <p>NOT ASKED <input type="checkbox"/></p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>YES, CURRENTLY USING <input type="checkbox"/></p> </div>		→ 712
711	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
712	<p>CHECK 216:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> <div style="text-align: center;"> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> </div> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>NUMBER <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p> <p>OTHER 96 (SPECIFY)</p>	<p>→ 714</p> <p>→ 714</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
713	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	<div> <div>BOYS</div> <div>GIRLS</div> <div>EITHER</div> </div> <div> <div>NUMBER</div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div> <div>OTHER</div> <div></div> <div>96</div> </div> <div>(SPECIFY)</div>	
714	In the last few months have you: Heard about family planning on the radio? Seen anything about family planning on the television? Read about family planning in a newspaper or magazine?	<div> <div>YES</div> <div>NO</div> </div> <div> <div>RADIO</div> <div>1</div> <div>2</div> </div> <div> <div>TELEVISION</div> <div>1</div> <div>2</div> </div> <div> <div>NEWSPAPER OR MAGAZINE</div> <div>1</div> <div>2</div> </div>	
716	CHECK 601: <div> <div>YES, CURRENTLY MARRIED</div> <div></div> </div> <div> <div>YES, LIVING WITH A MAN</div> <div></div> </div> <div> <div>NO, NOT IN UNION</div> <div></div> </div>	→ 801	
717	CHECK 303: USING A CONTRACEPTIVE METHOD? <div> <div>CURRENTLY USING</div> <div></div> </div> <div> <div>NOT CURRENTLY USING</div> <div></div> </div> <div>OR NOT ASKED</div>	→ 720	
718	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	<div> <div>MAINLY RESPONDENT</div> <div>1</div> </div> <div> <div>MAINLY HUSBAND/PARTNER</div> <div>2</div> </div> <div> <div>JOINT DECISION</div> <div>3</div> </div> <div> <div>OTHER</div> <div>6</div> </div> <div>(SPECIFY)</div>	
719	CHECK 304: <div> <div>NEITHER STERILIZED</div> <div></div> </div> <div> <div>HE OR SHE STERILIZED</div> <div></div> </div>	→ 801	
720	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	<div> <div>SAME NUMBER</div> <div>1</div> </div> <div> <div>MORE CHILDREN</div> <div>2</div> </div> <div> <div>FEWER CHILDREN</div> <div>3</div> </div> <div> <div>DON'T KNOW</div> <div>8</div> </div>	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 601 AND 602: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div>	<div style="display: flex; justify-content: space-between;"> → 803 → 807 </div>	
802	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/>	
803	Did your (last) (husband/partner) ever attend school?	YES 1 NO 2	→ 806
804	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3 DON'T KNOW 8	→ 806
805	What was the highest (grade/year) he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/YEAR <input style="width: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; border: 1px solid black;" type="text"/> DON'T KNOW 98	
806	CHECK 801: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CURRENTLY MARRIED/ LIVING WITH A MAN</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>FORMERLY MARRIED/ LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div> <p>What is your (husband's/ partner's) occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) (husband's/ partner's) occupation? That is, what kind of work did he mainly do?</p>	<div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 150px;"></div> <div style="border-bottom: 1px solid black; width: 150px;"></div> <div style="border-bottom: 1px solid black; width: 150px;"></div> </div> <div style="text-align: right; margin-top: 10px;"> <input style="width: 20px; border: 1px solid black;" type="text"/><input style="width: 20px; border: 1px solid black;" type="text"/> </div>	
807	Aside from your own housework, have you done any work in the last seven days?	YES 1 NO 2	→ 811
808	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?	YES 1 NO 2	→ 811
809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES 1 NO 2	→ 811
810	Have you done any work in the last 12 months?	YES 1 NO 2	→ 815
811	What is your occupation, that is, what kind of work do you mainly do?	<div style="border-bottom: 1px solid black; width: 150px;"></div> <div style="border-bottom: 1px solid black; width: 150px;"></div> <div style="border-bottom: 1px solid black; width: 150px;"></div> <div style="text-align: right; margin-top: 10px;"> <input style="width: 20px; border: 1px solid black;" type="text"/><input style="width: 20px; border: 1px solid black;" type="text"/> </div>	
812	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
814	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
815	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 823
816	CHECK 814: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 819
817	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 OTHER 6 (SPECIFY)	
818	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?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER HAS NO EARNINGS 4 DON'T KNOW 8	→ 820
819	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 HUSBAND/PARTNER HAS NO EARNINGS 4 OTHER 6 (SPECIFY)	
820	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6	
821	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6	
822	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
823	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	
824	Do you own any land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	
825	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<div> PRES./ LISTEN. PRES./ NOT LISTEN. NOT PRES. </div> CHILDREN < 10 1 2 3 HUSBAND 1 2 3 OTHER MALES 1 2 3 OTHER FEMALES ... 1 2 3	
826	In your opinion, is a husband justified in hitting or beating his wife in the following situations: 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? If she is friendly with other men?	<div> YES NO DK </div> GOES OUT 1 2 8 NEGL. CHILDREN ... 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNS FOOD 1 2 8 FRIENDLY WITH MEN .. 1 2 8	

SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
901	Now I would like to talk about something else. Have you ever heard of HIV/AIDS?	YES 1 NO 2	→ 937																
902	Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8																	
903	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
904	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																	
905	Can people get HIV by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
906	Can people get HIV because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
907	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DON'T KNOW 8																	
908	Can HIV be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>DURING PREG.</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>DURING DELIVERY ...</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>BREASTFEEDING ...</td><td>1</td><td>2</td><td>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																
909	CHECK 908: AT LEAST <input type="checkbox"/> OTHER <input type="checkbox"/> ONE 'YES' ↓		→ 911																
910	Are there any special medications that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
911	CHECK 208 AND 215: NO BIRTHS <input type="checkbox"/> LAST BIRTH SINCE <input type="checkbox"/> LAST BIRTH BEFORE <input type="checkbox"/> JANUARY 2011 JANUARY 2011 ↓		→ 926 → 926																
912	CHECK 408 FOR LAST BIRTH: HAD <input type="checkbox"/> NO ANTENATAL CARE ANTENATAL CARE ↓ RECORD NAME OF LAST BORN CHILD _____ (NAME)		→ 920																
913	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
914	During any of the antenatal visits for your last birth were you given any information about: Babies getting HIV from their mother? Things that you can do to prevent getting HIV? Getting tested for HIV?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>HIV FROM MOTHER</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>THINGS TO DO</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>TESTED FOR HIV</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	HIV FROM MOTHER	1	2	8	THINGS TO DO	1	2	8	TESTED FOR HIV	1	2	8	
	YES	NO	DK																
HIV FROM MOTHER	1	2	8																
THINGS TO DO	1	2	8																
TESTED FOR HIV	1	2	8																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
915	Were you offered a test for HIV as part of your antenatal care?	YES 1 NO 2	
916	Were you tested for HIV as part of your antenatal care?	YES 1 NO 2	→ 919A
917	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER 12 STAND-ALONE VCT CENTER ... 13 GVT. PRIMARY HEALTH CARE CLINIC 14 OUTREACH POINT 15 MOBILE CLINIC 16 SCHOOL BASED CLINIC 17 OTHER PUBLIC SECTOR 18 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21 STAND-ALONE VCT CENTER 22 PHARMACY 23 MOBILE CLINIC 24 FIELDWORKER 25 SCHOOL BASED CLINIC 26 OTHER PRIVATE MEDICAL SECTOR 27 (SPECIFY) OTHER SOURCE HOME 31 CORRECTIONAL FACILITY 32 OTHER 96 (SPECIFY)	
918	Did you get the results of the test?	YES 1 NO 2	→ 919A
918A	Will you be willing to share the results with me?	YES 1 NO 2	→ 918C
918B	What was your HIV test result?	POSITIVE 1 NEGATIVE 2	
918C	All women are supposed to receive counseling before and after being tested. Before and after you were tested, did you receive counseling?	YES 1 NO 2	
918D	Have you disclosed your result to your partner?	YES 1 NO 2 NO PARTNER 3	→ 919C
919A	Was your partner tested for HIV during any of the ANC visits for your last birth?	YES 1 NO 2 DON'T KNOW 8	
919B	CHECK 916 TESTED DURING ANC: YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 920
919C	CHECK 918, 918A, AND 918B FOR HIV TEST RESULTS: NEGATIVE/ NO RESULT <input type="checkbox"/> POSITIVE <input type="checkbox"/>		→ 923D

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
920	CHECK 434 FOR LAST BIRTH: ANY CODE <input type="checkbox"/> OTHER <input type="checkbox"/> 21-36 CIRCLED ↓		→ 923D
921	Between the time you went for delivery but before (NAME) was born, were you offered a test for HIV?	YES 1 NO 2	
922	Were you tested for HIV at that time?	YES 1 NO 2	→ 923D
923	Did you get the results of the test?	YES 1 NO 2	→ 923D
923A	Will you be willing to share the results with me?	YES 1 NO 2	→ 923C
923B	What was your HIV test result?	POSITIVE 1 NEGATIVE 2	
923C	Have you disclosed your result to your partner?	YES 1 NO 2 NO PARTNER 3	
923D	Was (NAME) tested for HIV during the first 8 weeks of his/her life?	YES 1 NO 2	→ 923F
923E	Was (NAME) tested for HIV during the first 18 months of his/her life?	YES 1 NO 2	→ 923M
923F	Was (NAME) tested for HIV more than once during the first 18 months of his/her life?	YES 1 NO 2	
923G	Did you get the results of the (last) HIV test for (NAME)?	YES 1 NO 2	→ 923M
923H	Will you be willing to share the results with me?	YES 1 NO 2	→ 923M
923I	What was (NAME)'S HIV test result?	POSITIVE 1 NEGATIVE 2	→ 923M
923J	CHECK 216 LAST ROW: IS CHILD LIVING? LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		→ 923M
923L	Is (NAME) currently taking ARVs daily?	YES 1 NO 2	
923M	CHECK 916 AND 922: WOMAN TESTED FOR HIV 916 = YES <input type="checkbox"/> OR 922 = YES OTHER <input type="checkbox"/>		→ 926
924	Have you been tested for HIV since that time you were tested during your pregnancy?	YES 1 NO 2	→ 927
925	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95	→ 928E
926	Have you ever been tested to see if you have HIV?	YES 1 NO 2	→ 930

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
927	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95	
927A	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER 12 STAND-ALONE VCT CENTER ... 13 GVT. PRIMARY HEALTH CARE CLINIC 14 OUTREACH POINT 15 MOBILE CLINIC 16 SCHOOL BASED CLINIC 17 OTHER PUBLIC SECTOR 18 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21 STAND-ALONE VCT CENTER 22 PHARMACY 23 MOBILE CLINIC 24 FIELDWORKER 25 SCHOOL BASED CLINIC 26 OTHER PRIVATE MEDICAL SECTOR 27 (SPECIFY) OTHER SOURCE HOME 31 CORRECTIONAL FACILITY 32 OTHER 96 (SPECIFY)	
928	Did you get the results of the test?	YES 1 NO 2	→ 928E
928A	Will you be willing to share the results with me?	YES 1 NO 2	→ 928C
928B	What was your HIV test result?	POSITIVE 1 NEGATIVE 2	
928C	All women are supposed to receive counseling before and after being tested. Before and after you were tested, did you receive counseling?	YES 1 NO 2	
928D	Have you disclosed your result to your partner?	YES 1 NO 2 NO PARTNER 3	
928E	Did you receive HIV counseling and testing individually or as a couple?	INDIVIDUAL 1 COUPLE 2	→ 928H
928F	Would you consider HIV counseling and testing as a couple in the future?	YES 1 NO 2	→ 928H
928G	What is the main reason you would not consider HIV counseling and testing as a couple in the future?	PARTNER REFUSES 1 DISTANCE TO SERVICE DELIVERY .. 2 NO TIME 3 SERVICE DELIVERY HOURS 4 OTHER 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
928H	CHECK 918B, 923B, and 928B: HIV TEST RESULT <div style="display: flex; justify-content: space-around; align-items: center;"> <div> ANY "POSITIVE" TEST RESULT <input type="checkbox"/> </div> <div> ALL ARE "NEGATIVE" OR BLANK <input type="checkbox"/> </div> </div>		932
928I	Are you currently taking ARVs daily?	YES 1 NO 2	932
928J	What is the main reason for not taking ARVs daily?	TRANSPORTATION COST 1 RELIGIOUS REASONS 2 FOOD/NUTRITIONAL ISSUES 3 SIDE EFFECTS 4 FEAR OF BEING SEEN AT ARV CLINIC 5 OTHER 6 (SPECIFY)	932
930	Do you know of a place where people can go to get tested for HIV?	YES 1 NO 2	932
931	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B STAND-ALONE VCT CENTER C GVT. PRIMARY HEALTH CARE CLINIC D OUTREACH POINT E MOBILE CLINIC F SCHOOL BASED CLINIC G OTHER PUBLIC SECTOR H (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR I STAND-ALONE VCT CENTER J PHARMACY K MOBILE CLINIC L FIELDWORKER M SCHOOL BASED CLINIC N OTHER PRIVATE MEDICAL SECTOR O (SPECIFY) OTHER SOURCE HOME P CORRECTIONAL FACILITY Q OTHER X (SPECIFY)	
932	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	
933	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	
934	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	
935	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
936	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
937	CHECK 901: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> HEARD ABOUT AIDS <input type="checkbox"/> ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? </div> <div style="text-align: center;"> NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ Have you heard about infections that can be transmitted through sexual contact? </div> </div>	YES 1 NO 2	
938	CHECK 613: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 946
939	CHECK 937: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 941
940	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
941	Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?	YES 1 NO 2 DON'T KNOW 8	
942	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DON'T KNOW 8	
943	CHECK 940, 941, AND 942: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 946
944	The last time you had (PROBLEM FROM 940/941/942), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 946

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
945	<p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>STAND-ALONE VCT CENTER ... C</p> <p>GVT. PRIMARY</p> <p>HEALTH CARE CLINIC D</p> <p>OUTREACH POINT E</p> <p>MOBILE CLINIC F</p> <p>SCHOOL BASED CLINIC G</p> <p>OTHER PUBLIC</p> <p>SECTOR _____ H</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR I</p> <p>STAND-ALONE VCT CENTER J</p> <p>PHARMACY K</p> <p>MOBILE CLINIC L</p> <p>FIELDWORKER M</p> <p>SCHOOL BASED CLINIC N</p> <p>OTHER PRIVATE</p> <p>MEDICAL SECTOR</p> <p>_____ O</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP P</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
946	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
947	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
948	<p>CHECK 601:</p> <p>CURRENTLY MARRIED/ <input type="checkbox"/></p> <p>LIVING WITH A MAN <input type="checkbox"/></p> <p>NOT IN UNION <input type="checkbox"/> → 1000A</p>		
949	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?	<p>YES 1</p> <p>NO 2</p> <p>DEPENDS/NOT SURE 8</p>	
950	Could you ask your (husband/partner) to use a condom if you wanted him to?	<p>YES 1</p> <p>NO 2</p> <p>DEPENDS/NOT SURE 8</p>	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1000A	Have you ever heard of an illness called tuberculosis or TB?	YES..... 1 NO 2	→ 1001
1000B	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 CONTAC..... E THROUGH MOSQUITO BITES..... F OTHER X (SPECIFY) DON'T KNOW..... Z	
1000C	What symptoms will a person with tuberculosis or TB have? Anything else? RECORD ALL MENTIONED.	PERSISTENT COUGH (GREATER THAN TWO WEEKS)..... A WEIGHT LOSS..... B POOR APPETITE..... C NIGHT SWEATING..... D CHEST PAIN..... E FEVER..... F OTHER X (SPECIFY) DON'T KNOW Z	
1000D	Can tuberculosis be cured?	YES..... 1 NO 2 DON'T KNOW 8	
1000E	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	
1001	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 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTION... <input type="text"/> <input type="text"/> NONE 00	→ 1004
1002	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 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTION... <input type="text"/> <input type="text"/> NONE 00	→ 1004
1003	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES..... 1 NO 2 DON'T KNOW..... 8	
1004	Do you currently smoke cigarettes?	YES..... 1 NO 2	→ 1006
1005	In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES..... <input type="text"/> <input type="text"/>	
1006	Do you currently smoke or use any (other) type of tobacco?	YES..... 1 NO 2	→ 1007C

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
1007	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE A CHEWING TOBACCO B BETEL C SNUFF D HUBBLY BUBBLY E MARIJUANA F OTHER X (SPECIFY)																
1007A	Do you use or smoke tobacco products daily?	YES 1 NO 2	→ 1007C															
1007B	How old were you when first started using any tobacco products daily?	AGE IN YEARS <input type="text"/> <input type="text"/>																
1007C	Have you ever consumed an alcoholic drink, such as beer, wine, spirits, or other home-brewed liquor?	YES 1 NO 2	→ 1008															
1007F	Have you consumed an alcoholic drink during the past two weeks?	YES 1 NO 2	→ 1008															
1007G	During the past two weeks, on how many days did you have at least one alcoholic drink?	NUMBER OF DAY <input type="text"/> <input type="text"/> DON'T KNOW/NOT SURE 98	→ 1008															
1007H	During the past two weeks, when you consumed alcohol, on average, how many bottles/glasses/tots of alcohol did you have per day?	NUMBER OF DRINK <input type="text"/> <input type="text"/> DON'T KNOW/NOT SURE 98																
1008	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?	<table border="0"> <thead> <tr> <th></th><th>BIG PROB-LEM</th><th>NOT A BIG PROB-LEM</th></tr> </thead> <tbody> <tr> <td>Getting permission to go to the doctor?</td><td>PERMISSION TO GO... 1</td><td>2</td></tr> <tr> <td>Getting money needed for advice or treatment?</td><td>GETTING MONEY..... 1</td><td>2</td></tr> <tr> <td>The distance to the health facility?</td><td>DISTANCE 1</td><td>2</td></tr> <tr> <td>Not wanting to go alone?</td><td>GO ALONE 1</td><td>2</td></tr> </tbody> </table>		BIG PROB-LEM	NOT A BIG PROB-LEM	Getting permission to go to the doctor?	PERMISSION TO GO... 1	2	Getting money needed for advice or treatment?	GETTING MONEY..... 1	2	The distance to the health facility?	DISTANCE 1	2	Not wanting to go alone?	GO ALONE 1	2	
	BIG PROB-LEM	NOT A BIG PROB-LEM																
Getting permission to go to the doctor?	PERMISSION TO GO... 1	2																
Getting money needed for advice or treatment?	GETTING MONEY..... 1	2																
The distance to the health facility?	DISTANCE 1	2																
Not wanting to go alone?	GO ALONE 1	2																
1009	Are you covered by any health insurance?	YES 1 NO 2	→ 1010A															
1010	What type of health insurance are you covered by? RECORD ALL MENTIONED.	HEALTH INSURANCE THROUGH EMPLOYEE A SOCIAL SECURIT B OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURAN C OTHER X (SPECIFY)																
1010A	Now I am going to ask you some questions about physical activity. Are you involved in exercise that causes an increase in your heart rate for at least 10 minutes continuously? IF YES, ASK: At work? During other physical activities?	NO 1 YES AT WORK 2 YES OTHER PHYSICAL ACTIVITY . 3	→ 1010E															

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1010B	In the last 7 days, on how many days did you do exercise that lasted for at least 10 minutes each time? IF 'NONE' RECORD '0'	NUMBER OF DAYS <input type="text"/> DON'T KNOW/NOT SURE 8	
1010E	Now I would like to ask you about liquids and foods that you consume. How many glasses of water do you drink in one day on average? IF 'NONE' RECORD '00'	NUMBER OF GLASSES <input type="text"/> <input type="text"/> 	
1010F	In a typical week, on how many days do you eat fruits, such as apples, pears, oranges, bananas, mangoes, etc.? IF 'NONE' RECORD '0'	NUMBER OF DAYS <input type="text"/> DON'T KNOW/NOT SURE 98	→ 1010H
1010G	On a day when you eat fruits, how many times do you eat on average? IF 'NONE' RECORD '00'	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW/NOT SURE 98	
1010H	In a typical week, on how many days do you eat vegetables, such as tomatoes, carrots, cabbage, dark green leafy vegetables (e.g. spinach) pumpkin, squash, etc.? IF 'NONE' RECORD '0'	NUMBER OF DAYS <input type="text"/> DON'T KNOW/NOT SURE 8	→ 1010M
1010I	On a day when you eat vegetables, how many times do you eat on average? IF 'NONE' RECORD '00'	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW/NOT SURE 8	
1010M	In the past 30 days, when you were seated in a vehicle either as a driver or passenger, have you used a seatbelt always, sometimes or never?	ALWAYS 1 SOMETIME 2 NEVER 3 HAVE NOT BEEN IN VEHICLE IN PAST 30 DAYS 4 NO SEATBELT IN CAR 5 DON'T KNOW/NOT SURE 8	
1010N	Now I would like to ask you about women's health. Have you ever heard of cervical cancer?	YES 1 NO 2	→ 1010Q
1010O	Have you ever had a test or exam to see if you have cervical cancer?	YES 1 NO 2 DON'T KNOW 8	→ 1010Q
1010P	What type of exam did you have to see if you have cervical cancer?	PAP SMEAR A VISUAL INSPECTION WITH ACETIC ACID B DON'T KNOW/NOT SURE X	
1010Q	Have you ever examined your breasts to detect or check for breast cancer?	YES 1 NO 2	
1010R	Has a doctor or other health professional examined your breasts to detect or check for breast cancer?	YES 1 NO 2 DON'T KNOW 8	
1010S	Now I would like to ask some questions about mental health. Are there times when you see or hear things that are actually not there?	YES 1 NO 2	
1010T	In the past 12 months, have you ever felt seriously worthless, hopeless, or wished you were dead?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1010U	<p>In the past two weeks, have you felt that you had little interest or pleasure in doing things?</p> <p>IF YES, ASK: How many days did you feel this way?</p>	<p>NUMBER OF DAYS 1 <input type="text"/> <input type="text"/></p> <p>NO 2</p> <p>DON'T KNOW/NOT SURE 8</p>	
1010V	<p>In the past two weeks, have you felt very low in energy, been in a bad mood, or been sad all the time?</p> <p>IF YES, ASK: How many days did you feel this way?</p>	<p>NUMBER OF DAYS 1 <input type="text"/> <input type="text"/></p> <p>NO 2</p> <p>DON'T KNOW/NOT SURE 8</p>	
1010W	<p>CHECK 1010S, 1010T, 1010U, AND 1010V:</p> <p>YES TO ANY <input type="checkbox"/> NO/DK/NOT SURE TO ALL <input type="checkbox"/></p> <p style="text-align: center;">↓</p>		→ 1101A
1010X	Did you seek any medical care?	<p>YES 1</p> <p>NO 2</p>	

SECTION 11. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101A	CHECK COVER PAGE: HOUSEHOLD SELECTED FOR MAN'S SURVEY <input type="checkbox"/> HOUSEHOLD NOT SELECTED FOR MAN'S SURVEY <input type="checkbox"/>		1101
1101B	CHECK 103: WOMAN AGE 15-49 <input type="checkbox"/> WOMAN AGE 50-64 <input type="checkbox"/>		1233
1101	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/>	
1102	CHECK 1101: TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>		1201A
1103	How many births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/>	
1104	What was the name given to your oldest (next oldest) brother or sister?	(1) (2) (3) (4) (5) (6)	
1105	Is (NAME) male or female?	MALE 1 FEMALE 2 MALE 1 FEMALE 2 MALE 1 FEMALE 2 MALE 1 FEMALE 2 MALE 1 FEMALE 2 MALE 1 FEMALE 2	
1106	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (2) YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (3) YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (4) YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (5) YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (6) YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (7)	
1107	How old is (NAME)?	<input type="text"/> GO TO (2) <input type="text"/> GO TO (3) <input type="text"/> GO TO (4) <input type="text"/> GO TO (5) <input type="text"/> GO TO (6) <input type="text"/> GO TO (7)	
1108	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
1109	How old was (NAME) when he/she died?	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2) IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3) IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4) IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5) IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6) IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)	
1110	Was (NAME) pregnant when she died?	YES ... 1 GO TO 1113 NO ... 2 YES ... 1 GO TO 1113 NO ... 2 YES ... 1 GO TO 1113 NO ... 2 YES ... 1 GO TO 1113 NO ... 2 YES ... 1 GO TO 1113 NO ... 2 YES ... 1 GO TO 1113 NO ... 2	
1111	Did (NAME) die during childbirth?	YES ... 1 GO TO 1113 NO ... 2 YES ... 1 GO TO 1113 NO ... 2 YES ... 1 GO TO 1113 NO ... 2 YES ... 1 GO TO 1113 NO ... 2 YES ... 1 GO TO 1113 NO ... 2 YES ... 1 GO TO 1113 NO ... 2	
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2 YES ... 1 NO ... 2 YES ... 1 NO ... 2 YES ... 1 NO ... 2 YES ... 1 NO ... 2 YES ... 1 NO ... 2	
1113	How many live born children did (NAME) give birth to during her lifetime?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
IF NO MORE BROTHERS OR SISTERS, GO TO 1201A.			

1104	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1106	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (8)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (9)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (10)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (11)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (12)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (13)
1107	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (8)	<input type="text"/> <input type="text"/> GO TO (9)	<input type="text"/> <input type="text"/> GO TO (10)	<input type="text"/> <input type="text"/> GO TO (11)	<input type="text"/> <input type="text"/> GO TO (12)	<input type="text"/> <input type="text"/> GO TO (13)
1108	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1109	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
1110	Was (NAME) pregnant when she died?	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2
1111	Did (NAME) die during childbirth?	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2
1113	How many live born children did (NAME) give birth to during her lifetime?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
IF NO MORE BROTHERS OR SISTERS, GO TO 1201A							

SECTION 12. DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
1201A	CHECK COVER PAGE WOMAN 15-49 SELECTED FOR THIS SECTION <input type="checkbox"/> WOMAN NOT SELECTED <input type="checkbox"/>		→ 1233																												
1201B	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED 1 <input type="checkbox"/> PRIVACY NOT POSSIBLE 2 <input type="checkbox"/>		→ 1232																												
	<p>READ TO THE RESPONDENT</p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Namibia. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions.</p>																														
1202	CHECK 601 AND 602: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH HUSBAND/PARTNER') <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/>		→ 1216																												
1203	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) (husband/partner)?	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) He (is/was) jealous or angry if you (talk/talked) to other men?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) He frequently (accuses/accused) you of being unfaithful?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) He (does/did) not permit you to meet your female friends?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) He (tries/tried) to limit your contact with your family?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) He (insists/insisted) on knowing where you (are/were) at all times?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>f) He (doesn't/didn't) trust you with money/finances?</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) He (is/was) jealous or angry if you (talk/talked) to other men?	1	2	8	b) He frequently (accuses/accused) you of being unfaithful?	1	2	8	c) He (does/did) not permit you to meet your female friends?	1	2	8	d) He (tries/tried) to limit your contact with your family?	1	2	8	e) He (insists/insisted) on knowing where you (are/were) at all times?	1	2	8	f) He (doesn't/didn't) trust you with money/finances?	1	2	8	
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1204	Now I need to ask some more questions about your relationship with your (last) (husband/partner).																														
	<p>A Did your (last) (husband/partner) ever:</p> <table border="1"> <thead> <tr> <th></th><th>EVER</th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT IN LAST 12 MONTHS</th></tr> </thead> <tbody> <tr> <td>a) say or do something to humiliate you in front of others?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>b) threaten to hurt or harm you or someone you care about?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>c) insult you or make you feel bad about yourself?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) say or do something to humiliate you in front of others?	YES 1 → NO 2 ↓	1	2	3	b) threaten to hurt or harm you or someone you care about?	YES 1 → NO 2 ↓	1	2	3	c) insult you or make you feel bad about yourself?	YES 1 → NO 2 ↓	1	2	3	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>									
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																							
1205	<p>A Did your (last) (husband/partner) ever do any of the following things to you:</p> <table border="1"> <thead> <tr> <th></th><th>EVER</th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT IN LAST 12 MONTHS</th></tr> </thead> <tbody> <tr> <td>a) push you, shake you, or throw something at you?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>b) slap you?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>c) twist your arm or pull your hair?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>d) punch you with his fist or with something that could hurt you?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>e) kick you, drag you, or beat you up?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>f) try to choke you or burn you on purpose?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>g) threaten or attack you with a knife, gun, or other weapon?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>h) physically force you to have sexual intercourse with him when you did not want to?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>i) physically force you to perform any other sexual acts you did not want to?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>j) force you with threats or in any other way to perform sexual acts you did not want to?</td><td>YES 1 → NO 2 ↓</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) push you, shake you, or throw something at you?	YES 1 → NO 2 ↓	1	2	3	b) slap you?	YES 1 → NO 2 ↓	1	2	3	c) twist your arm or pull your hair?	YES 1 → NO 2 ↓	1	2	3	d) punch you with his fist or with something that could hurt you?	YES 1 → NO 2 ↓	1	2	3	e) kick you, drag you, or beat you up?	YES 1 → NO 2 ↓	1	2	3	f) try to choke you or burn you on purpose?	YES 1 → NO 2 ↓	1	2	3	g) threaten or attack you with a knife, gun, or other weapon?	YES 1 → NO 2 ↓	1	2	3	h) physically force you to have sexual intercourse with him when you did not want to?	YES 1 → NO 2 ↓	1	2	3	i) physically force you to perform any other sexual acts you did not want to?	YES 1 → NO 2 ↓	1	2	3	j) force you with threats or in any other way to perform sexual acts you did not want to?	YES 1 → NO 2 ↓	1	2	3	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>	
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j) force you with threats or in any other way to perform sexual acts you did not want to?	YES 1 → NO 2 ↓	1	2	3																																																						
1206	<p>CHECK 1205A (a-j):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/></p> <p>↓</p>	<p>→ 1209</p>																																																								
1207	<p>How long after you first (got married/started living together) with your (last) (husband/partner) did (this/any of these things) first happen?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>NUMBER OF YEARS <input type="text"/> <input type="text"/></p> <p>BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95</p>																																																								
1208	<p>Did the following ever happen as a result of what your (last) (husband/partner) did to you:</p> <p>a) You had cuts, bruises, or aches?</p> <p>b) You had eye injuries, sprains, dislocations, or burns?</p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</p>	<p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p>																																																								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
1209	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/partner) at times when he was not already beating or physically hurting you?	YES 1 NO 2	→ 1211																				
1210	In the last 12 months, how often have you done this to your (last) (husband/partner): often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3																					
1211	Does (did) your (last) (husband/partner) drink alcohol?	YES 1 NO 2	→ 1213																				
1212	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3																					
1213	Are (Were) you afraid of your (last) (husband/partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3																					
1214	CHECK 609: MARRIED MORE THAN ONCE <input type="checkbox"/> MARRIED ONLY ONCE <input type="checkbox"/>		→ 1216																				
1215	A So far we have been talking about the behavior of your (current/last) (husband/partner). Now I want to ask you about the behavior of any previous (husband/partner). a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically? b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?	B How long ago did this last happen? <table border="1"> <thead> <tr> <th>EVER</th><th>0 - 11 MONTHS AGO</th><th>12+ MONTHS AGO</th><th>DON'T REMEMBER</th></tr> </thead> <tbody> <tr> <td>YES 1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES 1 →</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> </tbody> </table>	EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				
EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER																				
YES 1 →	1	2	3																				
NO 2 ↓																							
YES 1 →	1	2	3																				
NO 2 ↓																							
1216	CHECK 601 AND 602: EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/> From the time you were 15 years old has anyone other than (your/any) (husband/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically? NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1219																				
1217	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER A FATHER/STEP-FATHER B SISTER/BROTHER C DAUGHTER/SON D OTHER RELATIVE E CURRENT BOYFRIEND F FORMER BOYFRIEND G MOTHER-IN-LAW H FATHER-IN-LAW I OTHER IN-LAW J TEACHER K EMPLOYER/SOMEONE AT WORK L POLICE/SOLDIER M OTHER _____ X (SPECIFY)																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1218	In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
1219	CHECK 201, 226, AND 230: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> EVER BEEN PREGNANT (YES ON 201 OR 226 OR 230) <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> </div> <div style="text-align: center;"> NEVER BEEN PREGNANT <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> </div> </div>		→ 1222
1220	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	→ 1222
1221	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER A MOTHER/STEP-MOTHER B FATHER/STEP-FATHER C SISTER/BROTHER D DAUGHTER/SON E OTHER RELATIVE F FORMER HUSBAND/PARTNER G CURRENT BOYFRIEND H FORMER BOYFRIEND I MOTHER-IN-LAW J FATHER-IN-LAW K OTHER IN-LAW L TEACHER M EMPLOYER/SOMEONE AT WORK N POLICE/SOLDIER O OTHER _____ X (SPECIFY)	
1222	CHECK 601 AND 602: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> EVER MARRIED/EVER LIVED WITH A MAN <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> </div> <div style="text-align: center;"> NEVER MARRIED/NEVER LIVED WITH A MAN <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> </div> </div>		→ 1222B
1222A	Now I want to ask you about things that may have been done to you by someone other than (your/any) (husband/partner). At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1223 → 1224A
1222B	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1226
1223	Who was the person who was forcing you the first time this happened?	CURRENT HUSBAND/PARTNER 01 FORMER HUSBAND/PARTNER 02 CURRENT/FORMER BOYFRIEND 03 FATHER/STEP-FATHER 04 BROTHER/STEP-BROTHER 05 OTHER RELATIVE 06 IN-LAW 07 OWN FRIEND/ACQUAINTANCE 08 FAMILY FRIEND 09 TEACHER 10 EMPLOYER/SOMEONE AT WORK 11 POLICE/SOLDIER 12 PRIEST/RELIGIOUS LEADER 13 STRANGER 14 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1224	<p>CHECK 601 AND 602:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>In the last 12 months, has anyone other than (your/any) (husband/partner) physically forced you to have sexual intercourse when you did not want to?</p> </div> <div style="width: 45%;"> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p>	→ 1225
1224A	<p>CHECK 1205A (h-j) and 1215A(b)</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>		→ 1226
1225	<p>CHECK 601 AND 602:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) husband/partner?</p> </div> <div style="width: 45%;"> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?</p> </div> </div>	<p>AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
1226	<p>CHECK 1205A (a-j), 1215A (a,b), 1216, 1220, 1222A, AND 1222B:</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>		→ 1230
1227	<p>Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1229
1228	<p>From whom have you sought help?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>OWN FAMILY A</p> <p>HUSBAND'S/PARTNER'S FAMILY B</p> <p>CURRENT/FORMER HUSBAND/PARTNER C</p> <p>CURRENT/FORMER BOYFRIEND D</p> <p>FRIEND E</p> <p>NEIGHBOR F</p> <p>RELIGIOUS LEADER G</p> <p>DOCTOR/MEDICAL PERSONNEL H</p> <p>POLICE I</p> <p>LAWYER J</p> <p>SOCIAL SERVICE ORGANIZATION K</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	→ 1230
1229	<p>Have you ever told any one about this?</p>	<p>YES 1</p> <p>NO 2</p>	
1230	<p>As far as you know, did your father ever beat your mother?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
<p>THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.</p> <p>PROVIDE LIST OF REFERRAL PLACES TO RESPONDENT.</p>					
1231	<p>DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?</p>	<p>YES ONCE</p> <p>HUSBAND 1</p> <p>OTHER MALE ADULT ... 1</p> <p>FEMALE ADULT 1</p>	<p>YES, MORE THAN ONCE</p> <p>2</p> <p>2</p> <p>2</p>	<p>NO</p> <p>3</p> <p>3</p> <p>3</p>	
1232	<p>INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE</p> <p>_____</p> <p>_____</p> <p>_____</p>				
1233	<p>RECORD THE TIME.</p>	<p>HOURS <input type="text"/> <input type="text"/></p> <p>MINUTES..... <input type="text"/> <input type="text"/></p>			

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INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
P PREGNANCIES
T TERMINATIONS
- 0 NO METHOD
1 FEMALE STERILIZATION
2 MALE STERILIZATION
3 IUD
4 INJECTABLES
5 IMPLANTS
6 PILL
7 CONTRACEPTIVE PATCH
8 CONDOM
9 FEMALE CONDOM
10 DIAPHRAGM
J FOAM OR JELLY
K LACTATIONAL AMENORRHEA METHOD
L RHYTHM METHOD
M WITHDRAWAL
X OTHER MODERN METHOD
Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
1 BECAME PREGNANT WHILE USING
2 WANTED TO BECOME PREGNANT
3 HUSBAND/PARTNER DISAPPROVED
4 WANTED MORE EFFECTIVE METHOD
5 SIDE EFFECTS/HEALTH CONCERNS
6 LACK OF ACCESS/TOO FAR
7 COSTS TOO MUCH
8 INCONVENIENT TO USE
F UP TO GOD/FATALISTIC
A DIFFICULT TO GET PREGNANT/MENOPAUSAL
D MARITAL DISSOLUTION/SEPARATION
X OTHER _____
(SPECIFY)
Z DON'T KNOW

			1	2	
12	DEC	01			
11	NOV	02			
10	OCT	03			
09	SEP	04			
2	08	AUG	05		2
0	07	JUL	06		0
1	06	JUN	07		1
3	05	MAY	08		3
	04	APR	09		
	03	MAR	10		
	02	FEB	11		
	01	JAN	12		
12	DEC	13			
11	NOV	14			
10	OCT	15			
09	SEP	16			
2	08	AUG	17		2
0	07	JUL	18		0
1	06	JUN	19		1
2	05	MAY	20		2
	04	APR	21		
	03	MAR	22		
	02	FEB	23		
	01	JAN	24		
12	DEC	25			
11	NOV	26			
10	OCT	27			
09	SEP	28			
2	08	AUG	29		2
0	07	JUL	30		0
1	06	JUN	31		1
1	05	MAY	32		1
	04	APR	33		
	03	MAR	34		
	02	FEB	35		
	01	JAN	36		
12	DEC	37			
11	NOV	38			
10	OCT	39			
09	SEP	40			
2	08	AUG	41		2
0	07	JUL	42		0
1	06	JUN	43		1
0	05	MAY	44		0
	04	APR	45		
	03	MAR	46		
	02	FEB	47		
	01	JAN	48		
12	DEC	49			
11	NOV	50			
10	OCT	51			
09	SEP	52			
2	08	AUG	53		2
0	07	JUL	54		0
0	06	JUN	55		0
9	05	MAY	56		9
	04	APR	57		
	03	MAR	58		
	02	FEB	59		
	01	JAN	60		
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
8	05	MAY	68		8
	04	APR	69		
	03	MAR	70		
	02	FEB	71		
	01	JAN	72		

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: _____