

MYANMAR DEMOGRAPHIC AND HEALTH SURVEY 2015-16
WOMAN'S QUESTIONNAIRE

MINISTRY OF HEALTH AND SPORTS

IDENTIFICATION																			
STATE/REGION _____	<table border="1" style="margin: auto;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																		
DISTRICT																			
TOWNSHIP																			
WARD/VILLAGE TRACT _____																			
CLUSTER NUMBER																			
HOUSEHOLD NUMBER																			
_____	<table border="1" style="margin: auto;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																		
LINE NUMBER OF WOMAN _____																			
WOMAN SELECTED FOR DOMESTIC VIOLENCE MODULE (YES=1; NO=2)																			

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>								
INTERVIEWER'S NAME	_____	_____	_____	MONTH <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>								
RESULT*	_____	_____	_____	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>								
NEXT VISIT: DATE	_____	_____		INT. NO. <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>								
TIME	_____	_____		RESULT <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td><td></td></tr> </table>								
TOTAL NUMBER OF VISITS				<table border="1" style="display: inline-table;"> <tr><td></td></tr> </table>								
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)												

LANGUAGE OF INTERVIEW	MYANMAR 1	ENGLISH 2	OTHER 6 _____	TRANSLATOR USED? YES NO 1 2
NATIVE LANGUAGE OF RESPONDENT	1	2	6 _____	

SUPERVISOR	FIELD EDITOR	KEYED BY										
NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td><td></td><td></td></tr> </table>					NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td><td></td><td></td></tr> </table>					<table border="1" style="display: inline-table;"> <tr><td></td><td></td></tr> </table>		

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Mingalabar. My name is _____. I am working with the Ministry of Health and Sports. We are conducting a survey about health all over Myanmar. 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
101	RECORD THE TIME.	HOUR <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> MINUTES <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
102	In what month and year were you born?	MONTH <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> DON'T KNOW MONTH 98 YEAR <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→ 108
106	What is the highest grade you completed? IF COMPLETED LESS THAN GRADE ONE, RECORD '00'.	GRADE <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
107	CHECK 106: GRADE 5 OR LOWER <input style="width: 20px;" type="checkbox"/> GRADE 6 OR HIGHER <input style="width: 20px;" type="checkbox"/>		→ 110

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	<p>Now I would like you to read this sentence to me.</p> <p>SHOW CARD TO RESPONDENT.</p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?</p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE 2</p> <p>ABLE TO READ WHOLE SENTENCE 3</p> <p>NO CARD WITH REQUIRED LANGUAGE 4</p> <p>(SPECIFY LANGUAGE)</p> <p>BLIND/VISUALLY IMPAIRED 5</p>	
109	<p>CHECK 108:</p> <p>CODE '2', '3' <input type="checkbox"/> OR '4' <input type="checkbox"/> CIRCLED</p> <p>CODE '1' OR '5' <input type="checkbox"/> CIRCLED</p> <p>→ 111</p>		
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
112	Do you watch television at least once a week, less than once a week or not at all?	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
115A	Have you changed your usual place of residence compared with this time last year?	<p>YES 1</p> <p>NO 2</p>	→ 115D
115B	Please tell me where you were living one year ago (state/region)?	<p>STATE/REGION <input type="text"/> <input type="text"/></p> <p>OTHER COUNTRY 00</p>	→ 201
115C	Was it an urban or rural area?	<p>URBAN 1</p> <p>RURAL 2</p>	
115D	How many times have you moved residence in the past 5 years?	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>NOT MOVED IN 5 YEARS 00</p>	→ 201
115E	<p>Can you tell me the other locations (state/region) you have lived in the past 5 years?</p> <p>PLEASE PROVIDE THE 3 MOST RECENT LOCATIONS.</p>	<p>STATE/REGION</p> <p>a. LOCATION <input type="text"/> <input type="text"/></p> <p>b. LOCATION <input type="text"/> <input type="text"/></p> <p>c. LOCATION <input type="text"/> <input type="text"/></p>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <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 AND TRIPLETS 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 twins?	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 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"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS . . 1 MONTHS 2 YEARS . . 3	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <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"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <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"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <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"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <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"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <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"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <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 twins?	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
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 2010 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 2010, 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. 2010 OR LATER <input type="checkbox"/></p> <p>LAST PREGNANCY ENDED BEFORE JAN. 2010 <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 2010, 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 2010.</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 2010?	YES 1 NO 2	→ 238
237	When did the last such pregnancy that terminated before 2010 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	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	<p>YES 1</p> <p>NO 2</p>	
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	<p>YES 1</p> <p>NO 2</p>	
09	Lactational Amenorrhea Method (LAM).	<p>YES 1</p> <p>NO 2</p>	
10	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>	
11	Withdrawal. PROBE: Men can be careful and pull out before climax.	<p>YES 1</p> <p>NO 2</p>	
12	Emergency Contraception. PROBE: As an emergency measure, within three/five days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	<p>YES 1</p> <p>NO 2</p>	
13	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 align="center"> NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/> </p> <p align="center">OR UNSURE</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>CONDOM G</p> <p>FEMALE CONDOM H</p> <p>DIAPHRAGM I</p> <p>FOAM/JELLY J</p> <p>LACTATIONAL AMEN. METHOD K</p> <p>RHYTHM METHOD L</p> <p>WITHDRAWAL M</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"/> → 306</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>MICROGYNON 01</p> <p>ORAL CON F 02</p> <p>OK PILLS 03</p> <p>FINGERS 04</p> <p>SURE 05</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>AHPHAW 01</p> <p>LUSOE 02</p> <p>FEEL (FEMALE CONDOM) 03</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 (RHC) ... 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>MOBILE CLINIC 14</p> <p>OTHER PUBLIC SECTOR 16</p> <p>(SPECIFY) _____</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PRIVATE DOCTOR'S OFFICE 23</p> <p>MOBILE CLINIC 24</p> <p>OTHER PRIVATE MEDICAL SECTOR 26</p> <p>(SPECIFY) _____</p> <p>OTHER 96</p> <p>(SPECIFY) _____</p> <p>DON'T KNOW 98</p>	
307A	<p>CHECK 304:</p> <div style="display: flex; justify-content: space-around;"> <div> <p>CODE 'A' CIRCLED <input type="checkbox"/></p> <p>↓</p> <p>Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?</p> </div> <div> <p>CODE 'A' NOT CIRCLED <input type="checkbox"/></p> <p>↓</p> <p>Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</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"/> NO <input type="checkbox"/></p> <p style="text-align: center;">↓ ↓</p>													
310	<p>CHECK 308/308A:</p> <p>YEAR IS 2010 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 2009 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 2010.</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 2010.</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 style="display: flex; justify-content: space-between;"> NO METHOD USED ANY METHOD USED </div>  		 314
313	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	  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 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMEN. METHOD 11 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	 324  317A  326   315A   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 (RHC) ... 12 GOVT. HEALTH POST (SUB-CENTER) 13 VILLAGE HEALTH WORKER 14 MOBILE CLINIC 15 UHC/MCH CENTER 16 OTHER PUBLIC SECTOR _____ 17 (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)	NON-GOVERNMENT SECTOR MARIE STOPES 21 MYANMAR RED CROSS SOCIETY . 22 PSI/M (SUN) 23 MMA 24 OTHER NGO SECTOR _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 PHARMACY 32 PRIVATE DOCTOR 33 MOBILE CLINIC 34 FIELDWORKER 35 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) OTHER SOURCE SHOP 41 FRIEND/RELATIVE 42 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 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMEN. METHOD 11 RHYTHM METHOD 12	→ 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: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> CODE '1' CIRCLED ↓ <input type="checkbox"/> </div> <div style="text-align: center;"> CODE '1' NOT CIRCLED ↓ <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> At that time, were you told about other methods of family planning that you could use? </div> <div style="width: 45%;"> 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? </div> </div>	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 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMEN. METHOD 11 RHYTHM METHOD 12 WITHDRAWAL 13 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> <hr/> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER (RHC) ... 12</p> <p>GOVT. HEALTH POST (SUB-CENTER) 13</p> <p>VILLAGE HEALTH WORKER 14</p> <p>MOBILE CLINIC 15</p> <p>UHC/MCH CENTER 16</p> <p>OTHER PUBLIC SECTOR 17 (SPECIFY)</p> <p>NON-GOVERNMENT SECTOR</p> <p>MARIE STOPES 21</p> <p>MYANMAR RED CROSS SOCIETY . 22</p> <p>PSI/M (SUN) 23</p> <p>MMA 24</p> <p>OTHER NGO SECTOR 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 31</p> <p>PHARMACY 32</p> <p>PRIVATE DOCTOR 33</p> <p>MOBILE CLINIC 34</p> <p>FIELDWORKER 35</p> <p>OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 41</p> <p>FRIEND/RELATIVE 42</p> <p>OTHER 96 (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>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 (RHC) ... B</p> <p>GOVT. HEALTH POST (SUB-CENTER) C</p> <p>VILLAGE HEALTH WORKER D</p> <p>MOBILE CLINIC E</p> <p>UHC/MCH CENTER F</p> <p>OTHER PUBLIC SECTOR _____ G (SPECIFY)</p> <p>NON-GOVERNMENT SECTOR</p> <p>MARIE STOPES H</p> <p>MYANMAR RED CROSS SOCIETY . I</p> <p>PSI/M (SUN) J</p> <p>MMA K</p> <p>OTHER NGO SECTOR _____ L (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC M</p> <p>PHARMACY N</p> <p>PRIVATE DOCTOR O</p> <p>MOBILE CLINIC P</p> <p>FIELDWORKER Q</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ R (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP S</p> <p>FRIEND/RELATIVE T</p> <p>OTHER _____ X (SPECIFY)</p>	
326	In the last 12 months, were you visited by AMW, CHW, or CSG who talked to you about family planning?	<p>YES 1</p> <p>NO 2</p>	
327	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	<p>YES 1</p> <p>NO 2</p>	→ 401
328	Did any staff member at the health facility speak to you about family planning methods?	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>CHECK 224:</p> <p>ONE OR MORE BIRTHS IN 2010 OR LATER <input style="width: 30px; height: 15px;" type="checkbox"/></p> </div> <div style="width: 45%;"> <p>NO BIRTHS IN 2010 OR LATER <input style="width: 30px; height: 15px;" type="checkbox"/></p> </div> </div> <div style="text-align: right; margin-top: -20px;">→ 556</div>											
402	<p>CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2010 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).</p> <p>Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)</p>											
403	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 25%; text-align: left;">BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY</th> <th style="width: 25%; text-align: left;">LAST BIRTH BIRTH HISTORY NUMBER <input style="width: 30px; height: 15px;" type="text"/></th> <th style="width: 25%; text-align: left;">NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input style="width: 30px; height: 15px;" type="text"/></th> <th style="width: 25%; text-align: left;">SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input style="width: 30px; height: 15px;" type="text"/></th> </tr> </table>	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER <input style="width: 30px; height: 15px;" type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input style="width: 30px; height: 15px;" type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input style="width: 30px; height: 15px;" type="text"/>							
BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER <input style="width: 30px; height: 15px;" type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input style="width: 30px; height: 15px;" type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input style="width: 30px; height: 15px;" type="text"/>									
404	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">FROM 212 AND 216</th> <th style="width: 25%;">NAME <input style="width: 100px;" type="text"/></th> <th style="width: 25%;">NAME <input style="width: 100px;" type="text"/></th> <th style="width: 25%;">NAME <input style="width: 100px;" type="text"/></th> </tr> <tr> <td></td> <td>LIVING <input style="width: 30px; height: 15px;" type="checkbox"/> DEAD <input style="width: 30px; height: 15px;" type="checkbox"/></td> <td>LIVING <input style="width: 30px; height: 15px;" type="checkbox"/> DEAD <input style="width: 30px; height: 15px;" type="checkbox"/></td> <td>LIVING <input style="width: 30px; height: 15px;" type="checkbox"/> DEAD <input style="width: 30px; height: 15px;" type="checkbox"/></td> </tr> </table>	FROM 212 AND 216	NAME <input style="width: 100px;" type="text"/>	NAME <input style="width: 100px;" type="text"/>	NAME <input style="width: 100px;" type="text"/>		LIVING <input style="width: 30px; height: 15px;" type="checkbox"/> DEAD <input style="width: 30px; height: 15px;" type="checkbox"/>	LIVING <input style="width: 30px; height: 15px;" type="checkbox"/> DEAD <input style="width: 30px; height: 15px;" type="checkbox"/>	LIVING <input style="width: 30px; height: 15px;" type="checkbox"/> DEAD <input style="width: 30px; height: 15px;" type="checkbox"/>			
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405	<table style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 30%;">When you got pregnant with (NAME), did you want to get pregnant at that time?</td> <td style="width: 20%;">YES 1</td> <td style="width: 20%;">YES 1</td> <td style="width: 20%;">YES 1</td> </tr> <tr> <td>(SKIP TO 408) ←</td> <td>(SKIP TO 430) ←</td> <td>(SKIP TO 430) ←</td> </tr> <tr> <td></td> <td>NO 2</td> <td>NO 2</td> <td>NO 2</td> </tr> </table>	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1	YES 1	YES 1	(SKIP TO 408) ←	(SKIP TO 430) ←	(SKIP TO 430) ←		NO 2	NO 2	NO 2
When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1		YES 1	YES 1								
	(SKIP TO 408) ←	(SKIP TO 430) ←	(SKIP TO 430) ←									
	NO 2	NO 2	NO 2									
406	<table style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 30%;">Did you want to have a baby later on, or did you not want any (more) children?</td> <td style="width: 20%;">LATER 1</td> <td style="width: 20%;">LATER 1</td> <td style="width: 20%;">LATER 1</td> </tr> <tr> <td>(SKIP TO 408) ←</td> <td>(SKIP TO 430) ←</td> <td>(SKIP TO 430) ←</td> </tr> <tr> <td></td> <td>NO MORE 2</td> <td>NO MORE 2</td> <td>NO MORE 2</td> </tr> </table>	Did you want to have a baby later on, or did you not want any (more) children?	LATER 1	LATER 1	LATER 1	(SKIP TO 408) ←	(SKIP TO 430) ←	(SKIP TO 430) ←		NO MORE 2	NO MORE 2	NO MORE 2
Did you want to have a baby later on, or did you not want any (more) children?	LATER 1		LATER 1	LATER 1								
	(SKIP TO 408) ←	(SKIP TO 430) ←	(SKIP TO 430) ←									
	NO MORE 2	NO MORE 2	NO MORE 2									
407	<table style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 30%;">How much longer did you want to wait?</td> <td style="width: 20%;">MONTHS ..1 <input style="width: 30px; height: 15px;" type="text"/></td> <td style="width: 20%;">MONTHS ..1 <input style="width: 30px; height: 15px;" type="text"/></td> <td style="width: 20%;">MONTHS ..1 <input style="width: 30px; height: 15px;" type="text"/></td> </tr> <tr> <td>YEARS ..2 <input style="width: 30px; height: 15px;" type="text"/></td> <td>YEARS ..2 <input style="width: 30px; height: 15px;" type="text"/></td> <td>YEARS ..2 <input style="width: 30px; height: 15px;" type="text"/></td> </tr> <tr> <td>DON'T KNOW ... 998</td> <td>DON'T KNOW ... 998</td> <td>DON'T KNOW ... 998</td> </tr> </table>	How much longer did you want to wait?	MONTHS ..1 <input style="width: 30px; height: 15px;" type="text"/>	MONTHS ..1 <input style="width: 30px; height: 15px;" type="text"/>	MONTHS ..1 <input style="width: 30px; height: 15px;" type="text"/>	YEARS ..2 <input style="width: 30px; height: 15px;" type="text"/>	YEARS ..2 <input style="width: 30px; height: 15px;" type="text"/>	YEARS ..2 <input style="width: 30px; height: 15px;" type="text"/>	DON'T KNOW ... 998	DON'T KNOW ... 998	DON'T KNOW ... 998	
How much longer did you want to wait?	MONTHS ..1 <input style="width: 30px; height: 15px;" type="text"/>		MONTHS ..1 <input style="width: 30px; height: 15px;" type="text"/>	MONTHS ..1 <input style="width: 30px; height: 15px;" type="text"/>								
	YEARS ..2 <input style="width: 30px; height: 15px;" type="text"/>		YEARS ..2 <input style="width: 30px; height: 15px;" type="text"/>	YEARS ..2 <input style="width: 30px; height: 15px;" type="text"/>								
	DON'T KNOW ... 998	DON'T KNOW ... 998	DON'T KNOW ... 998									
408	<table style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 30%;">Did you see anyone for antenatal care for this pregnancy?</td> <td style="width: 20%;">YES 1</td> <td rowspan="3" style="width: 40%; background-color: #cccccc;"></td> </tr> <tr> <td>NO 2</td> </tr> <tr> <td>(SKIP TO 415) ←</td> <td></td> </tr> </table>	Did you see anyone for antenatal care for this pregnancy?	YES 1		NO 2	(SKIP TO 415) ←						
Did you see anyone for antenatal care for this pregnancy?	YES 1											
	NO 2											
(SKIP TO 415) ←												
409	<table style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="width: 30%;"> Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED. </td> <td style="width: 40%;"> HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE/ LHV B AUXILIARY MIDWIFE C </td> <td rowspan="5" style="width: 30%; background-color: #cccccc;"></td> </tr> <tr> <td>OTHER PERSON</td> </tr> <tr> <td>TRADITIONAL BIRTH ATTENDANT . D</td> </tr> <tr> <td>COMMUNITY/ VILLAGE HEALTH WORKER ... E</td> </tr> <tr> <td>OTHER _____ X (SPECIFY)</td> </tr> </table>	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE/ LHV B AUXILIARY MIDWIFE C		OTHER PERSON	TRADITIONAL BIRTH ATTENDANT . D	COMMUNITY/ VILLAGE HEALTH WORKER ... E	OTHER _____ X (SPECIFY)				
Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE/ LHV B AUXILIARY MIDWIFE C											
	OTHER PERSON											
	TRADITIONAL BIRTH ATTENDANT . D											
	COMMUNITY/ VILLAGE HEALTH WORKER ... E											
	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 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 (RHC) D</p> <p>GOVT. HEALTH POST SUB-CENTER E</p> <p>MOBILE CLINIC . F</p> <p>UHC/MCH CENTER G</p> <p>OTHER PUBLIC SECTOR _____ H</p> <p>(SPECIFY)</p> <p>NGO</p> <p>MARIE STOPES . I</p> <p>MYANMAR RED CROSS J</p> <p>PSI/M (SUN) . . . K</p> <p>MMA . . . L</p> <p>OTHER NGO SECTOR _____ M</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC N</p> <p>OTHER PRIVATE MED. SECTOR _____ O</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</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? BP 1 2</p> <p>Did you give a urine sample? URINE 1 2</p> <p>Did you give a blood sample? 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>			

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 418) ← DON'T KNOW 8		
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 or iron syrup? SHOW TABLETS/SYRUP.	YES 1 NO 2 (SKIP TO 423) ← DON'T KNOW 8		
422	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ... 998		
423	During this pregnancy, did you take any drug for intestinal worms?	YES 1 NO 2 DON'T KNOW 8		
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		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
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/ LHV B AUXILIARY MIDWIFE ... C OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE/ LHV B AUXILIARY MIDWIFE ... C OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE/ LHV B AUXILIARY MIDWIFE ... C OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. D RELATIVE/FRIEND E 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>_____ (NAME OF PLACE)</p>	<p>HOME</p> <p>YOUR HOME ... 11 (SKIP TO 438) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 21</p> <p>GOVT. HEALTH CENTER (RHC) 22</p> <p>GOVT. HEALTH POST SUB-CENTER 23</p> <p>MOBILE CLINIC . 24</p> <p>UHC/MCH CENTER 25</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ (SPECIFY) 26</p> <p>NGO</p> <p>MARIE STOPES . 31</p> <p>MRCS 32</p> <p>PSI/M (SUN) ... 33</p> <p>MMA ... 34</p> <p>OTHER NGO SECTOR</p> <p>_____ (SPECIFY) 36</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC 41</p> <p>PVT. MATERNITY HOME 42</p> <p>MMCWA MATERNITY HOME 43</p> <p>OTHER PRIVATE MED. SECTOR</p> <p>_____ (SPECIFY) 46</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 438) ←</p>	<p>HOME</p> <p>YOUR HOME ... 11 (SKIP TO 448) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 21</p> <p>GOVT. HEALTH CENTER (RHC) 22</p> <p>GOVT. HEALTH POST SUB-CENTER 23</p> <p>MOBILE CLINIC . 24</p> <p>UHC/MCH CENTER 25</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ (SPECIFY) 26</p> <p>NGO</p> <p>MARIE STOPES . 31</p> <p>MRCS 32</p> <p>PSI/M (SUN) ... 33</p> <p>MMA ... 34</p> <p>OTHER NGO SECTOR</p> <p>_____ (SPECIFY) 36</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC 41</p> <p>PVT. MATERNITY HOME 42</p> <p>MMCWA MATERNITY HOME 43</p> <p>OTHER PRIVATE MED. SECTOR</p> <p>_____ (SPECIFY) 46</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 448) ←</p>	<p>HOME</p> <p>YOUR HOME ... 11 (SKIP TO 448) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 21</p> <p>GOVT. HEALTH CENTER (RHC) 22</p> <p>GOVT. HEALTH POST SUB-CENTER 23</p> <p>MOBILE CLINIC . 24</p> <p>UHC/MCH CENTER 25</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ (SPECIFY) 26</p> <p>NGO</p> <p>MARIE STOPES . 31</p> <p>MRCS 32</p> <p>PSI/M (SUN) ... 33</p> <p>MMA ... 34</p> <p>OTHER NGO SECTOR</p> <p>_____ (SPECIFY) 36</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/CLINIC 41</p> <p>PVT. MATERNITY HOME 42</p> <p>MMCWA MATERNITY HOME 43</p> <p>OTHER PRIVATE MED. SECTOR</p> <p>_____ (SPECIFY) 46</p> <p>OTHER _____ 96 (SPECIFY) (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></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></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></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 (SKIP TO 439) ←</p> <p>NO 2</p>														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																		
437	Did anyone check on your health after you left the facility?	YES 1 (SKIP TO 439) ← NO 2 (SKIP TO 442) ←																				
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 LHV 12 AUXILIARY MIDWIFE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY/ VILLAGE HEALTH WORKER ... 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"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1"><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"><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"><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"><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	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE/MIDWIFE</p> <p>LHV 12</p> <p>AUXILIARY</p> <p>MIDWIFE 13</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>COMMUNITY/ VILLAGE HEALTH WORKER . . . 22</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>		
445	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF 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>OTHER HOME . . . 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 21</p> <p>GOVT. HEALTH CENTER (RHC) . 22</p> <p>GOVT. HEALTH POST SUB-CENTER 23</p> <p>MOBILE CLINIC . 24</p> <p>UHC/MCH CENTER 25</p> <p>OTHER PUBLIC _____ 26</p> <p>(SPECIFY)</p> <p>NGO</p> <p>MARIE STOPES . 31</p> <p>MYANMAR</p> <p>RED CROSS . . . 32</p> <p>PSI/M (SUN) . . . 33</p> <p>MMA 34</p> <p>OTHER NGO SECTOR _____ 36</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC 41</p> <p>PVT. MATERNITY HOME 42</p> <p>MMCWA MATERNITY HOME 43</p> <p>OTHER PRIVATE MED. _____ 46</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>		
446	<p>In the first two months after delivery, did you receive a vitamin A dose like (this/any of these)?</p> <p>SHOW COMMON TYPES OF AMPULES/CAPSULES.</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
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 <input type="checkbox"/> PREG- OR <input type="checkbox"/> PREG- NANT UNSURE (SKIP TO 452) ←		
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"/> DEAD <input type="checkbox"/> (SKIP TO 460) (GO BACK TO 405 IN NEXT COLUMN; 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 _____								
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
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 GRIPE 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"/> ↓ DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING <input type="checkbox"/> ↓ DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING <input type="checkbox"/> ↓ DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501)								
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 5A. CHILD IMMUNIZATION, HEALTH AND NUTRITION

501	ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2010 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 				NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER 				SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER 																																																																																																																																																																		
503	FROM 212 AND 216	NAME _____ LIVING DEAD (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)				NAME _____ LIVING DEAD (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)				NAME _____ LIVING DEAD (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	(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.																																																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th colspan="3">LAST BIRTH</th> <th colspan="3">NEXT-TO-LAST BIRTH</th> <th colspan="3">SECOND-FROM-LAST BIRTH</th> </tr> <tr> <th></th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr> <td>BCG</td> <td></td><td></td><td></td> <td>BCG</td> <td></td><td></td> <td>BCG</td> <td></td><td></td> </tr> <tr> <td>HEP B0 (GIVEN AT BIRTH)</td> <td></td><td></td><td></td> <td>H0</td> <td></td><td></td> <td>H0</td> <td></td><td></td> </tr> <tr> <td>POLIO 1</td> <td></td><td></td><td></td> <td>P1</td> <td></td><td></td> <td>P1</td> <td></td><td></td> </tr> <tr> <td>POLIO 2</td> <td></td><td></td><td></td> <td>P2</td> <td></td><td></td> <td>P2</td> <td></td><td></td> </tr> <tr> <td>POLIO 3</td> <td></td><td></td><td></td> <td>P3</td> <td></td><td></td> <td>P3</td> <td></td><td></td> </tr> <tr> <td>DPT 1/ PENTAVALENT 1</td> <td></td><td></td><td></td> <td>D1</td> <td></td><td></td> <td>D1</td> <td></td><td></td> </tr> <tr> <td>DPT 2/ PENTAVALENT 2</td> <td></td><td></td><td></td> <td>D2</td> <td></td><td></td> <td>D2</td> <td></td><td></td> </tr> <tr> <td>DPT 3/ PENTAVALENT 3</td> <td></td><td></td><td></td> <td>D3</td> <td></td><td></td> <td>D3</td> <td></td><td></td> </tr> <tr> <td>HEP B 1</td> <td></td><td></td><td></td> <td>H1</td> <td></td><td></td> <td>H1</td> <td></td><td></td> </tr> <tr> <td>HEP B 2</td> <td></td><td></td><td></td> <td>H2</td> <td></td><td></td> <td>H2</td> <td></td><td></td> </tr> <tr> <td>HEP B 3</td> <td></td><td></td><td></td> <td>H3</td> <td></td><td></td> <td>H3</td> <td></td><td></td> </tr> <tr> <td>MEASLES 1</td> <td></td><td></td><td></td> <td>M 1</td> <td></td><td></td> <td>M 1</td> <td></td><td></td> </tr> <tr> <td>MEASLES 2</td> <td></td><td></td><td></td> <td>M 2</td> <td></td><td></td> <td>M 2</td> <td></td><td></td> </tr> <tr> <td>VITAMIN A (MOST RECENT)</td> <td></td><td></td><td></td> <td>VIT A</td> <td></td><td></td> <td>VIT A</td> <td></td><td></td> </tr> </tbody> </table>														LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH				DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	BCG				BCG			BCG			HEP B0 (GIVEN AT BIRTH)				H0			H0			POLIO 1				P1			P1			POLIO 2				P2			P2			POLIO 3				P3			P3			DPT 1/ PENTAVALENT 1				D1			D1			DPT 2/ PENTAVALENT 2				D2			D2			DPT 3/ PENTAVALENT 3				D3			D3			HEP B 1				H1			H1			HEP B 2				H2			H2			HEP B 3				H3			H3			MEASLES 1				M 1			M 1			MEASLES 2				M 2			M 2			VITAMIN A (MOST RECENT)				VIT A			VIT A		
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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	Within 24 hours after birth, did (NAME) receive a Hepatitis B vaccination, that is an injection in the thigh to prevent Hepatitis B?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
510C	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
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, 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	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
510G	A HEP B vaccination, that is, an injection given in the thigh, to prevent him/her from getting hepatitis?	YES 1 NO 2 (SKIP TO 510I) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510I) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510I) DON'T KNOW 8
510H	How many times was the HEP B vaccination given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
510I	A measles injection or an MMR/MR 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 (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
510J	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>

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/any of these)? SHOW COMMON TYPES OF CAPSULES.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
512	In the last seven days, was (NAME) given sprinkles with iron or any micronutrient powder like (this/any of these)? SHOW COMMON TYPES OF SPRINKLES/SACHETS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
512A	In the last seven days, was (NAME) given multi vitamin syrups?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
513	Was (NAME) given any drug for intestinal worms in the last six months?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
514	Has (NAME) had diarrhea 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 diarrhea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	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 diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8
518	Did you seek advice or treatment for the diarrhea 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 (RHC) B</p> <p>GOVT HEALTH POST (SUB-CENTER) C</p> <p>VILLAGE HEALTH WORKER D</p> <p>MOBILE CLINIC . E</p> <p>UHC/MCH CENTER F</p> <p>TRADITIONAL MED. CLINIC . G</p> <p>OTHER PUBLIC SECTOR _____ H</p> <p>(SPECIFY)</p> <p>NON-GOVERNMENT</p> <p>MARIE STOPES . I</p> <p>MYANMAR</p> <p>RED CROSS . . . J</p> <p>PSI/M (SUN) . . . K</p> <p>MMA L</p> <p>OTHER PUBLIC SECTOR _____ M</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC N</p> <p>PHARMACY . . . O</p> <p>PVT DOCTOR . . . P</p> <p>MOBILE CLINIC . Q</p> <p>TRADITIONAL MED. CLINIC . . . R</p> <p>OTHER PRIVATE MED. SECTOR _____ S</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP T</p> <p>TRADITIONAL PRACTITIONER U</p> <p>MARKET V</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>GOVT HEALTH CENTER (RHC) B</p> <p>GOVT HEALTH POST (SUB-CENTER) C</p> <p>VILLAGE HEALTH WORKER D</p> <p>MOBILE CLINIC . E</p> <p>UHC/MCH CENTER F</p> <p>TRADITIONAL MED. CLINIC . G</p> <p>OTHER PUBLIC SECTOR _____ H</p> <p>(SPECIFY)</p> <p>NON-GOVERNMENT</p> <p>MARIE STOPES . I</p> <p>MYANMAR</p> <p>RED CROSS . . . J</p> <p>PSI/M (SUN) . . . K</p> <p>MMA L</p> <p>OTHER PUBLIC SECTOR _____ M</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC N</p> <p>PHARMACY . . . O</p> <p>PVT DOCTOR . . . P</p> <p>MOBILE CLINIC . Q</p> <p>TRADITIONAL MED. CLINIC . . . R</p> <p>OTHER PRIVATE MED. SECTOR _____ S</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP T</p> <p>TRADITIONAL PRACTITIONER U</p> <p>MARKET V</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>GOVT HEALTH CENTER (RHC) B</p> <p>GOVT HEALTH POST (SUB-CENTER) C</p> <p>VILLAGE HEALTH WORKER D</p> <p>MOBILE CLINIC . E</p> <p>UHC/MCH CENTER F</p> <p>TRADITIONAL MED. CLINIC . G</p> <p>OTHER PUBLIC SECTOR _____ H</p> <p>(SPECIFY)</p> <p>NON-GOVERNMENT</p> <p>MARIE STOPES . I</p> <p>MYANMAR</p> <p>RED CROSS . . . J</p> <p>PSI/M (SUN) . . . K</p> <p>MMA L</p> <p>OTHER PUBLIC SECTOR _____ M</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC N</p> <p>PHARMACY . . . O</p> <p>PVT DOCTOR . . . P</p> <p>MOBILE CLINIC . Q</p> <p>TRADITIONAL MED. CLINIC . . . R</p> <p>OTHER PRIVATE MED. SECTOR _____ S</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP T</p> <p>TRADITIONAL PRACTITIONER U</p> <p>MARKET V</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
520	CHECK 519:	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE <input type="checkbox"/> ONE</p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>↓ (SKIP TO 522) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE <input type="checkbox"/> ONE</p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>↓ (SKIP TO 522) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE <input type="checkbox"/> ONE</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>	<p>FIRST PLACE . . . <input type="checkbox"/></p>	<p>FIRST PLACE . . . <input type="checkbox"/></p>	<p>FIRST PLACE . . . <input type="checkbox"/></p>

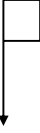

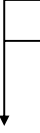

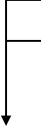
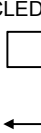

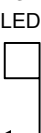



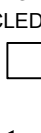
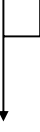

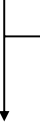

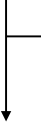
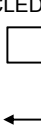
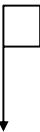

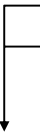

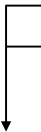
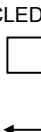
NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
522	<p>Was he/she given any of the following to drink at any time since he/she started having the diarrhea:</p> <p>a) A fluid made from a special packet called ORS (ORASEL, MFP) ?</p> <p>c) A government-recommended homemade fluid?</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p>
523	Was anything (else) given to treat the diarrhea?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 525) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 525) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 525) ←</p> <p>DON'T KNOW 8</p>
524	<p>What (else) was given to treat the diarrhea?</p> <p>Anything else?</p> <p>RECORD ALL TREATMENTS GIVEN.</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>ZINC C</p> <p>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D</p> <p>UNKNOWN PILL OR SYRUP ... E</p> <p>INJECTION</p> <p>ANTIBIOTIC F</p> <p>NON-ANTIBIOTIC G</p> <p>UNKNOWN INJECTION ... H</p> <p>(IV) INTRAVENOUS I</p> <p>HOME REMEDY/ HERBAL MED-ICINE J</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>ZINC C</p> <p>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D</p> <p>UNKNOWN PILL OR SYRUP ... E</p> <p>INJECTION</p> <p>ANTIBIOTIC F</p> <p>NON-ANTIBIOTIC G</p> <p>UNKNOWN INJECTION ... H</p> <p>(IV) INTRAVENOUS I</p> <p>HOME REMEDY/ HERBAL MED-ICINE J</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>ZINC C</p> <p>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D</p> <p>UNKNOWN PILL OR SYRUP ... E</p> <p>INJECTION</p> <p>ANTIBIOTIC F</p> <p>NON-ANTIBIOTIC G</p> <p>UNKNOWN INJECTION ... H</p> <p>(IV) INTRAVENOUS I</p> <p>HOME REMEDY/ HERBAL MED-ICINE J</p> <p>OTHER _____ X (SPECIFY)</p>
525	Has (NAME) been ill with a fever at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 527) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 527) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 527) ←</p> <p>DON'T KNOW 8</p>
526	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
527	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 530) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 530) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 530) ←</p> <p>DON'T KNOW 8</p>
528	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 531) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 531) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 531) ←</p> <p>DON'T KNOW 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
529	Was the fast or difficult breathing due to a problem (tightness) 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) ←
530	CHECK 525: HAD FEVER?	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553) ↓	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553) ↓	YES NO OR DK <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) ↓
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) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
534	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH</p> <p>TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>GOVT HEALTH CENTER (RHC) B</p> <p>GOVT HEALTH POST (SUB-CENTER) C</p> <p>VILLAGE HEALTH WORKER D</p> <p>MOBILE CLINIC . E</p> <p>UHC/MCH CENTER F</p> <p>TRADITIONAL MED. CLINIC . G</p> <p>OTHER PUBLIC SECTOR _____ H (SPECIFY)</p> <p>NON-GOVERNMENT</p> <p>MARIE STOPES . I</p> <p>MYANMAR</p> <p>RED CROSS . . . J</p> <p>PSI/M (SUN) . . . K</p> <p>MMA L</p> <p>OTHER PUBLIC SECTOR _____ M (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT HOSPITAL/CLINIC N</p> <p>PHARMACY . . . O</p> <p>PVT DOCTOR . . . P</p> <p>MOBILE CLINIC . Q</p> <p>TRADITIONAL MED. CLINIC . . . R</p> <p>OTHER PRIVATE MED. SECTOR _____ S (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP T</p> <p>TRADITIONAL PRACTITIONER U</p> <p>MARKET V</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>GOVT HEALTH CENTER (RHC) B</p> <p>GOVT HEALTH POST (SUB-CENTER) C</p> <p>VILLAGE HEALTH WORKER D</p> <p>MOBILE CLINIC . E</p> <p>UHC/MCH CENTER F</p> <p>TRADITIONAL MED. CLINIC . G</p> <p>OTHER PUBLIC SECTOR _____ H (SPECIFY)</p> <p>NON-GOVERNMENT</p> <p>MARIE STOPES . I</p> <p>MYANMAR</p> <p>RED CROSS . . . J</p> <p>PSI/M (SUN) . . . K</p> <p>MMA L</p> <p>OTHER PUBLIC SECTOR _____ M (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT HOSPITAL/CLINIC N</p> <p>PHARMACY . . . O</p> <p>PVT DOCTOR . . . P</p> <p>MOBILE CLINIC . Q</p> <p>TRADITIONAL MED. CLINIC . . . R</p> <p>OTHER PRIVATE MED. SECTOR _____ S (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP T</p> <p>TRADITIONAL PRACTITIONER U</p> <p>MARKET V</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>GOVT HEALTH CENTER (RHC) B</p> <p>GOVT HEALTH POST (SUB-CENTER) C</p> <p>VILLAGE HEALTH WORKER D</p> <p>MOBILE CLINIC . E</p> <p>UHC/MCH CENTER F</p> <p>TRADITIONAL MED. CLINIC . G</p> <p>OTHER PUBLIC SECTOR _____ H (SPECIFY)</p> <p>NON-GOVERNMENT</p> <p>MARIE STOPES . I</p> <p>MYANMAR</p> <p>RED CROSS . . . J</p> <p>PSI/M (SUN) . . . K</p> <p>MMA L</p> <p>OTHER PUBLIC SECTOR _____ M (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT HOSPITAL/CLINIC N</p> <p>PHARMACY . . . O</p> <p>PVT DOCTOR . . . P</p> <p>MOBILE CLINIC . Q</p> <p>TRADITIONAL MED. CLINIC . . . R</p> <p>OTHER PRIVATE MED. SECTOR _____ S (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP T</p> <p>TRADITIONAL PRACTITIONER U</p> <p>MARKET V</p> <p>OTHER _____ X (SPECIFY)</p>
535	CHECK 534:	<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 537) ←</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 537) ←</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 537) ←</p>
536	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 534.</p>	<p>FIRST PLACE . . . <input type="checkbox"/></p>	<p>FIRST PLACE . . . <input type="checkbox"/></p>	<p>FIRST PLACE . . . <input type="checkbox"/></p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
537	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
538	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE ... B AMODIAQUINE ... C QUININE PILLS D INJECTION/IV ... E ARTEMISININ COMBINATION THERAPY ... F ARTESUNATE MONOTHERAPY PILLS G INJECTION ... H OTHER ANTI-MALARIAL _____ ... I (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... J INJECTION ... K OTHER DRUGS BUSPRO L PARA- CETAMOL ... M IBUPROFEN ... N OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE ... B AMODIAQUINE ... C QUININE PILLS D INJECTION/IV ... E ARTEMISININ COMBINATION THERAPY ... F ARTESUNATE MONOTHERAPY PILLS G INJECTION ... H OTHER ANTI-MALARIAL _____ ... I (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... J INJECTION ... K OTHER DRUGS BUSPRO L PARA- CETAMOL ... M IBUPROFEN ... N OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE ... B AMODIAQUINE ... C QUININE PILLS D INJECTION/IV ... E ARTEMISININ COMBINATION THERAPY ... F ARTESUNATE MONOTHERAPY PILLS G INJECTION ... H OTHER ANTI-MALARIAL _____ ... I (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... J INJECTION ... K OTHER DRUGS BUSPRO L PARA- CETAMOL ... M IBUPROFEN ... N OTHER _____ X (SPECIFY) DON'T KNOW Z
539	CHECK 538: ANY CODE A-I 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)
540	CHECK 538: SP/FANSIDAR ('A') GIVEN	CODE 'A' CODE 'A' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 542)	CODE 'A' CODE 'A' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 542)	CODE 'A' CODE 'A' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 542)
541	How long after the fever started did (NAME) first take (SP/Fansidar)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
542	CHECK 538: CHLOROQUINE ('B') GIVEN	CODE 'B' CODE 'B' CIRCLED NOT CIRCLED  	CODE 'B' CODE 'B' CIRCLED NOT CIRCLED  	CODE 'B' CODE 'B' CIRCLED NOT CIRCLED  
543	How long after the fever started did (NAME) first take chloroquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8
544	CHECK 538: AMODIAQUINE ('C') GIVEN	CODE 'C' CODE 'C' CIRCLED NOT CIRCLED  	CODE 'C' CODE 'C' CIRCLED NOT CIRCLED  	CODE 'C' CODE 'C' CIRCLED NOT CIRCLED  
545	How long after the fever started did (NAME) first take amodiaquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8
546	CHECK 538: QUININE ('D' or 'E') GIVEN	CODE 'D' CODE 'D' OR 'E' OR 'E' CIRCLED NOT CIRCLED  	CODE 'D' CODE 'D' OR 'E' OR 'E' CIRCLED NOT CIRCLED  	CODE 'D' CODE 'D' OR 'E' OR 'E' CIRCLED NOT CIRCLED  
547	How long after the fever started did (NAME) first take quinine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8
548	CHECK 538: COMBINATION WITH ARTEMISININ ('F') GIVEN	CODE 'F' CODE 'F' CIRCLED NOT CIRCLED  	CODE 'F' CODE 'F' CIRCLED NOT CIRCLED  	CODE 'F' CODE 'F' CIRCLED NOT CIRCLED  

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
553	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2010 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</p> <p>PUT/RINSED</p> <p>INTO TOILET OR LATRINE 02</p> <p>PUT/RINSED</p> <p>INTO DRAIN OR DITCH 03</p> <p>THROWN INTO GARBAGE 04</p> <p>BURIED 05</p> <p>LEFT IN THE OPEN 06</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
555	<p>CHECK 522(a), ALL COLUMNS:</p> <p>NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/></p> <p>ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/></p>		556A
556	<p>Have you ever heard of a special product called ORS (ORASEL, MFP) you can get for the treatment of diarrhea?</p>	<p>YES 1</p> <p>NO 2</p>	
556A	<p>Sometimes children have severe illness and should be taken immediately to a health facility. What types of symptoms would cause you to take your child to a health facility right away?</p> <p>Any other symptoms?</p>	<p>CHILD NOT ABLE TO DRINK OR BREASTFEED A</p> <p>CHILD BECOMES SICKER B</p> <p>CHILD DEVELOPS A FEVER C</p> <p>CHILD HAS FAST BREATHING D</p> <p>CHILD HAS DIFFICULT BREATHING . E</p> <p>CHILD HAS BLOOD IN STOOL F</p> <p>CHILD IS DRINKING POORLY G</p> <p>CHILD DEVELOPS RASHES H</p> <p>CHILD HAS DIARRHOEA I</p> <p>OTHER _____ x</p> <p>(SPECIFY)</p>	
557	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2013 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>		562

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="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) Plain water?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) Juice or juice drinks?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) Clear broth?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) Milk such as tinned, powdered, or fresh animal milk?</td><td>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 colspan="2">NUMBER OF TIMES DRANK MILK</td><td><input type="text"/></td></tr> <tr> <td>e) Infant formula (Lactogen)?</td><td>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 colspan="2">NUMBER OF TIMES DRANK FORMULA</td><td><input type="text"/></td></tr> <tr> <td>f) Any other liquids?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>g) Yogurt?</td><td>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 colspan="2">NUMBER OF TIMES ATE YOGURT</td><td><input type="text"/></td></tr> <tr> <td>h) Any commercially fortified baby food like Cerelac?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>i) Bread, rice, noodles, porridge, or other foods made from grains?</td><td>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>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>1</td><td>2</td><td>8</td></tr> <tr> <td>l) Any dark green, leafy vegetables?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>m) Ripe mangoes, papayas etc ?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>n) Any other fruits or vegetables?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>o) Liver, kidney, heart or other organ meats?</td><td>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>1</td><td>2</td><td>8</td></tr> <tr> <td>q) Eggs?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>r) Fresh or dried fish or shellfish?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>s) Any foods made from beans, peas, lentils, or nuts?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>t) Cheese or other food made from milk?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>u) Any other solid, semi-solid, or soft food?</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) Plain water?	1	2	8	b) Juice or juice drinks?	1	2	8	c) Clear broth?	1	2	8	d) Milk such as tinned, powdered, or fresh animal milk?	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 (Lactogen)?	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?	1	2	8	g) Yogurt?	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 like Cerelac?	1	2	8	i) Bread, rice, noodles, porridge, or other foods made from grains?	1	2	8	j) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?	1	2	8	k) White potatoes, white yams, manioc, cassava, or any other foods made from roots?	1	2	8	l) Any dark green, leafy vegetables?	1	2	8	m) Ripe mangoes, papayas etc ?	1	2	8	n) Any other fruits or vegetables?	1	2	8	o) Liver, kidney, heart or other organ meats?	1	2	8	p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	1	2	8	q) Eggs?	1	2	8	r) Fresh or dried fish or shellfish?	1	2	8	s) Any foods made from beans, peas, lentils, or nuts?	1	2	8	t) Cheese or other food made from milk?	1	2	8	u) Any other solid, semi-solid, or soft food?	1	2	8		
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559	<p>CHECK 558 (CATEGORIES "g" THROUGH "u"):</p> <p>NOT A SINGLE "YES" <input type="checkbox"/></p> <p>AT LEAST ONE "YES" <input type="checkbox"/></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 → 562</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 5B. EARLY CHILDHOOD DEVELOPMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
562	CHECK 217 AND 218: ANY CHILD 0-4 YEARS OLD LIVING WITH HIS/HER MOTHER? YES <input type="checkbox"/> NO <input type="checkbox"/>		601																
563	CHECK 217 AND 219: SELECT THE OLDEST CHILD AGED 0-4 LIVING WITH HIS/HER MOTHER AND RECORD NAME AND LINE NUMBER NAME OF THE OLDEST CHILD FROM Q. 212 _____ LINE NUMBER OF THE OLDEST CHILD FROM Q. 219 <input type="text"/> <input type="text"/>																		
564	READ TO THE RESPONDENT Now I would like to ask you some questions about (NAME OF THE CHILD FROM 563), your oldest child living with you who is 0-4 years old.																		
565	How many children's books or picture books do you have for (NAME) ?	NONE 00 NUMBER OF BOOKS FOR CHILD..... <input type="text"/> <input type="text"/> TEN BOOKS OR MORE 10																	
566	Does he/she plays with : a) homemade toys (such as dolls, cars, or other toys made at home)? b) toys from a shop or manufactured toys? c) household objects (such as bowls or pots) or objects found outside (such as sticks, rocks, animal shells or leaves)? IF THE RESPONDENT SAYS "YES" TO THE CATEGORIES ABOVE, THEN PROBE TO LEARN SPECIFICALLY WHAT THE CHILD PLAYS WITH TO ASCERTAIN THE RESPONSE	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>HOMEMADE TOYS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>TOYS FROM A SHOP ...</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS .</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	HOMEMADE TOYS	1	2	8	TOYS FROM A SHOP ...	1	2	8	HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS .	1	2	8	
	YES	NO	DK																
HOMEMADE TOYS	1	2	8																
TOYS FROM A SHOP ...	1	2	8																
HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS .	1	2	8																
567	Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons and have to leave young children. On how many days in the past week was (NAME): a) left alone for more than an hour ? b) left in the care of another child, that is, someone less than 10 years old, for more than an hour? IF 'NONE', WRITE '0'. IF 'DON'T KNOW' WRITE '8'	NUMBER OF DAYS LEFT ALONE FOR MORE THAN ANE HOUR ... <input type="text"/> NUMBER OF DAYS LEFT TO ANOTHER CHILD FOR MORE THAN AN HOUR <input type="text"/>																	
568	VERIFY 217 : AGE OF THE CHILD CHILD 3 OR 4 YEARS OLD <input type="checkbox"/> CHILD 0, 1, OR 2 YEARS OLD <input type="checkbox"/>		601																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
569	Does (NAME) attend any organized learning or early childhood education programme, such as a private or government facility, including kindergarten or community child care?	YES 1 NO 2 DON'T KNOW 8	<div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 auto;"></div> →571
570	Within the last seven days, about how many hours did (NAME) attend?	NUMBER OF HOURS <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div>	
571	In the past 3 days, did you or any household member over 15 years of age engage in any of the following activities with (NAME) IF YES, ASK : Who engaged in this activity with (NAME) ? CIRCLE ALL THAT APPLY	<div style="text-align: right; margin-bottom: 10px;"> MOT FATH OTH NO HER ER ER ONE </div> READ BOOKS A B X Y TOLD STORIES A B X Y SANG SONGS A B X Y TOOK OUTSIDE A B X Y PLAYED WITH A B X Y NAMED/COUNTED ... A B X Y	

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married?	YES, CURRENTLY MARRIED 1 NO, NOT IN UNION 2	→ 604
602	Have you ever been married?	YES, FORMERLY MARRIED 1 NO 2	→ 612
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 609
604	Is your husband living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
605	RECORD THE HUSBAND'S LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	LINE NO. <input type="text"/> <input type="text"/>	
606	Does your husband have other wives or does he live with other women as if married?	YES 1 NO 2 DON'T KNOW 8	→ 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 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 <input type="checkbox"/> ONLY ONCE ↓ In what month and year did you start living with your husband? </div> <div style="text-align: center;"> MARRIED <input type="checkbox"/> MORE THAN ONCE ↓ Now I would like to ask about your first husband. 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 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>	<div>DAYS AGO 1</div> <div>WEEKS AGO 2</div> <div>MONTHS AGO 3</div> <div>YEARS AGO 4</div>	<table><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>								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
628	PRESENCE OF OTHERS DURING THIS SECTION	<div>YES NO</div> <div>CHILDREN <10 1 2</div> <div>MALE ADULTS 1 2</div> <div>FEMALE ADULTS 1 2</div>	
629	Do you know of a place where a person can get male condoms?	<div>YES 1</div> <div>NO 2</div>	→ 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>	<div>PUBLIC SECTOR</div> <div>GOVERNMENT HOSPITAL A</div> <div>GOVT. HEALTH CENTER (RHC) ... B</div> <div>GOVT. HEALTH POST</div> <div>(SUB-CENTER) C</div> <div>VILLAGE HEALTH WORKER D</div> <div>MOBILE CLINIC E</div> <div>UHC/MCH CENTER F</div> <div>OTHER PUBLIC</div> <div>SECTOR _____ G</div> <div>(SPECIFY)</div> <div>NON-GOVERNMENT SECTOR</div> <div>MARIE STOPES H</div> <div>MYANMAR</div> <div>RED CROSS SOCIETY..... I</div> <div>PSI/M (SUN) J</div> <div>MMA K</div> <div>OTHER NGO</div> <div>SECTOR _____ L</div> <div>(SPECIFY)</div> <div>PRIVATE MEDICAL SECTOR</div> <div>PRIVATE HOSPITAL/CLINIC M</div> <div>PHARMACY N</div> <div>PRIVATE DOCTOR O</div> <div>MOBILE CLINIC P</div> <div>FIELDWORKER Q</div> <div>OTHER PRIVATE MEDICAL</div> <div>SECTOR _____ R</div> <div>(SPECIFY)</div> <div>OTHER SOURCE</div> <div>SHOP S</div> <div>BETELNUT SHOP T</div> <div>FRIENDS/RELATIVES U</div> <div>OTHER _____ X</div> <div>(SPECIFY)</div>	
631	If you wanted to, could you yourself get a condom?	<div>YES 1</div> <div>NO 2</div> <div>DON'T KNOW/UNSURE 8</div>	
632	Do you know of a place where a person can get female condoms?	<div>YES 1</div> <div>NO 2</div>	→ 701

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>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER (RHC) ... B</p> <p>GOVT. HEALTH POST</p> <p>(SUB-CENTER) C</p> <p>VILLAGE HEALTH WORKER D</p> <p>MOBILE CLINIC E</p> <p>UHC/MCH CENTER F</p> <p>OTHER PUBLIC</p> <p>SECTOR _____ G</p> <p>(SPECIFY)</p> <p>NON-GOVERNMENT SECTOR</p> <p>MARIE STOPES H</p> <p>MYANMAR</p> <p>RED CROSS SOCIETY I</p> <p>PSI/M (SUN) J</p> <p>MMA K</p> <p>OTHER NGO</p> <p>SECTOR _____ L</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC M</p> <p>PHARMACY N</p> <p>PRIVATE DOCTOR O</p> <p>MOBILE CLINIC P</p> <p>FIELDWORKER Q</p> <p>OTHER PRIVATE MEDICAL</p> <p>SECTOR _____ R</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP S</p> <p>BETELNUT SHOP T</p> <p>FRIENDS/RELATIVES U</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
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 → 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	→ 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.</p> <p>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.</p> <p>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</p> <p>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? Seen or read about family planning in internet? Read about family planning in billboard?	<div> <div>YES</div> <div>NO</div> </div> <div> <div>RADIO</div> <div>TELEVISION</div> <div>NEWSPAPER OR MAGAZINE</div> <div>INTERNET</div> <div>BILLBOARD</div> </div> <div> <div>1</div> <div>2</div> <div>1</div> <div>2</div> <div>1</div> <div>2</div> <div>1</div> <div>2</div> </div>	
716	CHECK 601:		
	<div> <div>YES,</div> <div>CURRENTLY</div> <div>MARRIED</div> </div> <div> <div>NO,</div> <div>NOT IN</div> <div>UNION</div> </div> <div> <div></div> <div></div> </div>	→ 801	
717	CHECK 303: USING A CONTRACEPTIVE METHOD?		
	<div> <div>CURRENTLY</div> <div>USING</div> </div> <div> <div>NOT</div> <div>CURRENTLY</div> <div>USING</div> </div> <div> <div>OR NOT ASKED</div> </div> <div> <div></div> <div></div> </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>MAINLY HUSBAND/PARTNER</div> <div>JOINT DECISION</div> <div>OTHER</div> </div> <div> <div>1</div> <div>2</div> <div>3</div> <div>6</div> </div> <div>(SPECIFY)</div>	
719	CHECK 304:		
	<div> <div>NEITHER</div> <div>STERILIZED</div> </div> <div> <div>HE OR SHE</div> <div>STERILIZED</div> </div> <div> <div></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>MORE CHILDREN</div> <div>FEWER CHILDREN</div> <div>DON'T KNOW</div> </div> <div> <div>1</div> <div>2</div> <div>3</div> <div>8</div> </div>	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	<p>CHECK 601 AND 602:</p> <p>CURRENTLY MARRIED <input type="checkbox"/> FORMERLY MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/></p> <p>↓ ↓ ↓</p>		<p>→ 803</p> <p>→ 807</p>
802	How old was your husband on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
803	Did your (last) husband ever attend school?	<p>YES 1</p> <p>NO 2</p>	→ 806
805	<p>What was the highest grade he completed?</p> <p>IF COMPLETED LESS THAN GRADE ONE, RECORD '00'.</p>	<p>GRADE <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
806	<p>CHECK 801:</p> <p>CURRENTLY MARRIED <input type="checkbox"/> FORMERLY MARRIED <input type="checkbox"/></p> <p>↓ ↓</p> <p>What is your husband's occupation? What was your (last) husband's occupation?</p> <p>That is, what kind of work does he mainly do? That is, what kind of work did he mainly do?</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>_____</p> <p>_____</p> <p>_____</p>	
807	Aside from your own housework, have you done any work in the last seven days?	<p>YES 1</p> <p>NO 2</p>	→ 811
808	<p>As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business.</p> <p>In the last seven days, have you done any of these things or any other work?</p>	<p>YES 1</p> <p>NO 2</p>	→ 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?	<p>YES 1</p> <p>NO 2</p>	→ 811
810	Have you done any work in the last 12 months?	<p>YES 1</p> <p>NO 2</p>	→ 815
811	What is your occupation, that is, what kind of work do you mainly do?	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>_____</p> <p>_____</p> <p>_____</p>	
812	Do you do this work for a member of your family, for someone else, or are you self-employed?	<p>FOR FAMILY MEMBER 1</p> <p>FOR SOMEONE ELSE 2</p> <p>SELF-EMPLOYED 3</p>	

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 <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, or you and your husband jointly?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY ... 3 OTHER 6 (SPECIFY)	
818	Would you say that the money that you earn is more than what your husband earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND HAS NO EARNINGS 4 DON'T KNOW 8	→ 820
819	Who usually decides how your husband's earnings will be used: you, your husband, or you and your husband jointly?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY ... 3 HUSBAND HAS NO EARNINGS 4 OTHER 6 (SPECIFY)	
820	Who usually makes decisions about health care for yourself: you, your husband, you and your husband jointly, or someone else?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6	
821	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6	
822	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
822A	Who usually makes decisions regarding the wellbeing of children?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6	
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./ PRES./ NOT LISTEN. NOT PRES. LISTEN. </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 refuses to use contraception? If she is involved in too much social activities?	<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 REFUSES CONTRA. . 1 2 8 SOCIAL ACTS..... 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 an illness called 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 drugs 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: LAST BIRTH SINCE <input type="checkbox"/> JANUARY 2013. ↓ LAST BIRTH BEFORE JANUARY 2013. <input type="checkbox"/>	NO BIRTHS <input type="checkbox"/>	→ 926 → 926																
912	CHECK 408 FOR LAST BIRTH: HAD ANTENATAL CARE <input type="checkbox"/> ↓ NO ANTENATAL CARE <input type="checkbox"/>		→ 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>AIDS 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	AIDS FROM MOTHER	1	2	8	THINGS TO DO	1	2	8	TESTED FOR HIV	1	2	8	
	YES	NO	DK																
AIDS 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	I don't want to know the results, but were you tested for HIV as part of your antenatal care?	YES 1 NO 2	→ 920
917	<p>Where was the test done?</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>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER (RHC) ... 12</p> <p>GOVT. HEALTH POST (SUB-CENTER) 13</p> <p>STAND-ALONE VCT CENTER ... 14</p> <p>FAMILY PLANNING CLINIC 15</p> <p>MOBILE CLINIC 16</p> <p>FIELDWORKER 17</p> <p>SCHOOL BASED CLINIC 18</p> <p>OTHER PUBLIC SECTOR 19</p> <p>(SPECIFY)</p> <p>NGO</p> <p>MARIE STOPES 21</p> <p>MYANMAR</p> <p>RED CROSS SOCIETY 22</p> <p>PSI/M (SUN) 23</p> <p>MMA 24</p> <p>OTHER NGO</p> <p>SECTOR 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 31</p> <p>STAND-ALONE VCT CENTER 32</p> <p>PHARMACY 33</p> <p>MOBILE CLINIC 34</p> <p>DIAGNOSTIC LABORATORY 35</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>..... 36</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>HOME 41</p> <p>CORRECTIONAL FACILITY 42</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
918	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	→ 924
919	All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling?	YES 1 NO 2 DON'T KNOW 8	→ 924
920	<p>CHECK 434 FOR LAST BIRTH:</p> <p>ANY CODE <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>21-36 CIRCLED ↓</p>		→ 926
921	Between the time you went for delivery but before the baby was born, were you offered a test for HIV?	YES 1 NO 2	
922	I don't want to know the results, but were you tested for HIV at that time?	YES 1 NO 2	→ 926

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
923	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
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	→ 932
926	I don't want to know the results, but have you ever been tested to see if you have HIV?	YES 1 NO 2	→ 930
927	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95	
928	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
929	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 (RHC) ... 12 GOVT. HEALTH POST (SUB-CENTER) 13 STAND-ALONE VCT CENTER 14 FAMILY PLANNING CLINIC 15 MOBILE CLINIC 16 FIELDWORKER 17 SCHOOL BASED CLINIC 18 OTHER PUBLIC SECTOR 19 (SPECIFY) NGO MARIE STOPES 21 MYANMAR RED CROSS SOCIETY 22 PSI/M (SUN) 23 MMA 24 OTHER NGO SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 31 STAND-ALONE VCT CENTER 32 PHARMACY 33 MOBILE CLINIC 34 DIAGNOSTIC LABORATORY 35 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER SOURCE HOME 41 CORRECTIONAL FACILITY 42 OTHER 96 (SPECIFY)	→ 932

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
930	Do you know of a place where people can go to get tested for HIV?	YES 1 NO 2	→ 932
931	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE. 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 (RHC) ... B</p> <p>GOVT. HEALTH POST (SUB-CENTER) C</p> <p>STAND-ALONE VCT CENTER D</p> <p>FAMILY PLANNING CLINIC E</p> <p>MOBILE CLINIC F</p> <p>FIELDWORKER G</p> <p>OTHER PUBLIC SECTOR H</p> <p>_____ (SPECIFY)</p> <p>NGO</p> <p>MARIE STOPES I</p> <p>MYANMAR</p> <p>RED CROSS SOCIETY..... J</p> <p>PSI/M (SUN) K</p> <p>MMA L</p> <p>OTHER NGO SECTOR M</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR N</p> <p>STAND-ALONE VCT CENTER O</p> <p>PHARMACY P</p> <p>MOBILE CLINIC Q</p> <p>DIAGNOSTIC LABORATORY R</p> <p>OTHER PRIVATE MEDICAL SECTOR S</p> <p>_____ (SPECIFY)</p> <p>OTHER X</p> <p>_____ (SPECIFY)</p>	
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	
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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
937	<p>CHECK 901:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> </div> <div style="width: 45%;"> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>Have you heard about infections that can be transmitted through sexual contact?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p>	
938	<p>CHECK 613:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> </div> <div style="width: 45%;"> <p>NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> </div> </div>		→ 946
939	<p>CHECK 937: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?</p> <div style="display: flex; justify-content: space-between;"> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> </div>		→ 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?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
941	<p>Sometimes women experience a bad-smelling abnormal genital discharge.</p> <p>During the last 12 months, have you had a bad-smelling abnormal genital discharge?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
942	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
943	<p>CHECK 940, 941, AND 942:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/></p> </div> <div style="width: 45%;"> <p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></p> </div> </div>		→ 946
944	The last time you had (PROBLEM FROM 940/941/942), did you seek any kind of advice or treatment?	<p>YES 1</p> <p>NO 2</p>	→ 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 (RHC) ... B</p> <p>GOVT. HEALTH POST</p> <p>(SUB-CENTER) C</p> <p>STAND-ALONE VCT CENTER ... D</p> <p>FAMILY PLANNING CLINIC E</p> <p>MOBILE CLINIC F</p> <p>FIELDWORKER G</p> <p>OTHER PUBLIC</p> <p>SECTOR _____ H</p> <p>(SPECIFY)</p> <p>NGO</p> <p>MARIE STOPES I</p> <p>MYANMAR</p> <p>RED CROSS SOCIETY J</p> <p>PSI/M (SUN) K</p> <p>MMA L</p> <p>OTHER NGO</p> <p>SECTOR _____ M</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR N</p> <p>STAND-ALONE VCT CENTER ... O</p> <p>PHARMACY P</p> <p>MOBILE CLINIC Q</p> <p>FIELDWORKER R</p> <p>OTHER PRIVATE MEDICAL</p> <p>SECTOR _____ S</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP T</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>NOT IN UNION <input type="checkbox"/></p>		1001
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
1001	<p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 1004
1002	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 1004
1003	The last time you got an injection from a health provider, did he/she take the syringe and needle from a new, unopened package?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1003A	<p>CHECK 210:</p> <p>ONE OR MORE BIRTHS <input type="checkbox"/></p> <p>NONE <input type="checkbox"/></p>		→ 1004
1003B	Have you ever experienced signs of uterine prolapse?	<p>YES 1</p> <p>NO 2</p>	→ 1004
1003C	How did you manage your condition of prolapse?	<p>USED PASSERY RING A</p> <p>HAD AN OPERATION B</p> <p>CONSULTED HEALTH WORKER ... C</p> <p>TRIED TRADITIONAL METHODS..... D</p> <p>INSERTED OBJECTS TO HOLD E</p> <p>KEPT QUIET/DID NOTHING..... F</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	
1004	Do you currently smoke cigarettes?	<p>YES 1</p> <p>NO 2</p>	→ 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?	<p>YES 1</p> <p>NO 2</p>	→ 1007A
1007	<p>What (other) type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED.</p>	<p>PIPE/CIGAR/CHEROOT A</p> <p>CHEWING TOBACCO B</p> <p>SNUFF C</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	
1007A	Do you currently chew betel nuts?	<p>YES 1</p> <p>NO 2</p>	→ 1007C
1007B	In the last 24 hours, how many pieces did you chew?	NUMBER OF PIECES <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
1007C	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 1008															
1007D	How does tuberculosis spread from one person to another? PROBE: Any other ways? [CIRCLE ALL MENTIONED]	THROUGH THE AIR WHEN COUGHING OR SNEEZING A BY SHARING UTENSILS B BY TOUCHING A PERSON WITH TB C THROUGH SHARING FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER X SPECIFY DON'T KNOW Z																
1007E	Can tuberculosis be cured?	YES 1 NO 2 DON'T KNOW 8	→ 1007G															
1007F	What is the duration of treatment of TB now a days? [IF MORE THAN 7 MONTHS, RECORD 7]	MONTHS <input type="text"/> DON'T KNOW 8																
1007G	Have you ever been told by a doctor/nurse or other health workers that you have/ had tuberculosis?	YES 1 NO 2 DON'T KNOW 8																
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																
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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	→ 1101															
1010	What type of health insurance are you covered by? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B SOCIAL SECURITY C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER X (SPECIFY)																

SECTION 11. MATERNAL MORTALITY

NO.	CODING CATEGORIES						SKIP
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"/> <input type="text"/>	
1102	CHECK 1101: TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>						1200
1103	How many births did your mother have before you were born?					NUMBER OF PRECEDING BIRTHS <input type="text"/> <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"/> <input type="text"/> GO TO (2)	<input type="text"/> <input type="text"/> GO TO (3)	<input type="text"/> <input type="text"/> GO TO (4)	<input type="text"/> <input type="text"/> GO TO (5)	<input type="text"/> <input type="text"/> GO TO (6)	<input type="text"/> <input type="text"/> GO TO (7)
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 (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)
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 NEXT SECTION.							

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 NEXT SECTION.							

12. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																			
1200	<p>CHECK HOUSEHOLD QUESTIONNAIRE - Q.162 AND COVER PAGE OF WOMAN QUESTIONNAIRE.</p> <p>WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/> WOMAN NOT SELECTED <input type="checkbox"/></p>		1233																																			
1201	<p>CHECK FOR PRESENCE OF OTHERS:</p> <p>DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.</p> <p>PRIVACY OBTAINED 1</p> <p>PRIVACY NOT POSSIBLE 2</p>		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 Myanmar. 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	<p>CHECK 601 AND 602:</p> <p>CURRENTLY MARRIED <input type="checkbox"/> FORMERLY MARRIED/ (READ IN PAST TENSE AND USE 'LAST' WITH HUSBAND') <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/></p>		1216																																			
1203	<p>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?</p> <p>a) He (is/was) jealous or angry if you (talk/talked) to other men?</p> <p>b) He frequently (accuses/accused) you of being unfaithful?</p> <p>c) He (does/did) not permit you to meet your female friends?</p> <p>d) He (tries/tried) to limit your contact with your family?</p> <p>e) He (insists/insisted) on knowing where you (are/were) at all times?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>JEALOUS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ACCUSES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NOT MEET FRIENDS ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NO FAMILY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WHERE YOU ARE</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	JEALOUS	1	2	8	ACCUSES	1	2	8	NOT MEET FRIENDS ..	1	2	8	NO FAMILY	1	2	8	WHERE YOU ARE	1	2	8												
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1204	<p>Now I need to ask some more questions about your relationship with your (last) husband.</p> <p>A Did your (last) husband ever:</p> <p>a) say or do something to humiliate you in front of others?</p> <p>b) threaten to hurt or harm you or someone you care about?</p> <p>c) insult you or make you feel bad about yourself?</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</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) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>a) NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) YES	1 →	1	2	3	a) NO	2				b) YES	1 →	1	2	3	b) NO	2 ↓				c) YES	1 →	1	2	3	c) NO	2 ↓				
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1205	<p>A Did your (last) husband 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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1206	<p>CHECK 1205A (a-j):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/></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 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 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: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3																					
1211	Does (did) your (last) husband 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: 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. Now I want to ask you about the behavior of any previous husband. a) Did any previous husband ever hit, slap, kick, or do anything else to hurt you physically? b) Did any previous husband 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				
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1216	<p>CHECK 601 AND 602:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>EVER MARRIED <input type="checkbox"/></p> <p>From the time you were 15 years old has anyone other than (your/any) husband hit you, slapped you, kicked you, or done anything else to hurt you physically?</p> </div> <div style="width: 45%;"> <p>NEVER MARRIED <input type="checkbox"/></p> <p>From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	<p>1219</p>
1217	<p>Who has hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; width: 20px; height: 100%;"></div>
1218	<p>In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?</p>	<p>OFTEN 1</p> <p>SOMETIMES 2</p> <p>NOT AT ALL 3</p>	
1219	<p>CHECK 201, 226, AND 230:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>EVER BEEN PREGNANT <input type="checkbox"/></p> <p>(YES ON 201 OR 226 OR 230)</p> </div> <div style="width: 45%;"> <p>NEVER BEEN PREGNANT <input type="checkbox"/></p> </div> </div>		<p>1222</p>
1220	<p>Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1222</p>
1221	<p>Who has done any of these things to physically hurt you while you were pregnant?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; width: 20px; height: 100%;"></div>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1222	CHECK 601 AND 602: EVER MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		→ 1222B
1222A	Now I want to ask you about things that may have been done to you by someone other than (your/any) husband. 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 very first time this happened?	<input type="text"/>	
1224	CHECK 601 AND 602: EVER MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> In the last 12 months, has anyone other than (your/any) husband physically forced you to have sexual intercourse when you did not want to? In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?	YES 1 NO 2	→ 1225
1224A	CHECK 1205A (h-j) and 1215A(b) AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/>		→ 1226

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1225	<p>CHECK 601 AND 602:</p> <p>EVER MARRIED <input type="checkbox"/> NEVER MARRIED <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>	<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"/> NOT A SINGLE 'YES' <input type="checkbox"/></p>		1230																
1227	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	<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</p> <p> 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	Have you ever told any one about this?	<p>YES 1</p> <p>NO 2</p>																	
1230	As far as you know, did your father ever beat your mother?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</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.																			
1231	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?	<table border="1"> <thead> <tr> <th></th><th>YES ONCE</th><th>YES, MORE THAN ONCE</th><th>NO</th></tr> </thead> <tbody> <tr> <td>HUSBAND</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OTHER MALE ADULT</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>FEMALE ADULT</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT	1	2	3	FEMALE ADULT	1	2	3	
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1232	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE																		
<hr/> <hr/> <hr/>																			
1233	RECORD THE TIME.	<p>HOUR <input type="text"/> <input type="text"/></p> <p>MINUTES <input type="text"/> <input type="text"/></p>																	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
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 CONDOM

8 FEMALE CONDOM

9 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
6	05	MAY	08		6
	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
5	05	MAY	20		5
	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
4	05	MAY	32		4
	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
3	05	MAY	44		3
	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
1	06	JUN	55		1
2	05	MAY	56		2
	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
1	06	JUN	67		1
1	05	MAY	68		1
	04	APR	69		
	03	MAR	70		
	02	FEB	71		
	01	JAN	72		
12	DEC	73			
11	NOV	74			
10	OCT	75			
09	SEP	76			
2	08	AUG	77		2
0	07	JUL	78		0
1	06	JUN	79		1
0	05	MAY	80		0
	04	APR	81		
	03	MAR	82		
	02	FEB	83		
	01	JAN	84		