

TIMOR-LESTE DEMOGRAPHIC AND HEALTH SURVEY (TLDHS)
WOMAN'S QUESTIONNAIRE

IDENTIFICATION					
PLACE NAME _____					
NAME OF HOUSEHOLD HEAD _____					
CLUSTER NUMBER				<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>	
HOUSEHOLD NUMBER				<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>	
NAME AND LINE NUMBER OF WOMAN _____					
CHECK COVER PAGE OF HOUSEHOLD QUESTIONNAIRE: SELECTED FOR HIV , NON-COMMUNICABLE DISEASES)? (1=YES, 2=NO) 					
CHECK COVER PAGE OF HOUSEHOLD QUESTIONNAIRE: SELECTED FOR DV, YOUTH, CHILD DEVELOPMENT? (1=YES, 2=NO) 					
CHECK HOUSEHOLD QUESTIONNAIRE 100A: WOMAN SELECTED FOR DV MODULE? (1=YES, 2=NO) 					
INTERVIEWER VISITS					
	1	2	3	FINAL VISIT	
DATE	_____	_____	_____	DAY <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> 	
INTERVIEWER'S NAME	_____	_____	_____	MONTH <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> 	
RESULT*	_____	_____	_____	YEAR <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> 	
NEXT VISIT: DATE	_____	_____		INT. NO. <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> 	
TIME	_____	_____		RESULT* <div style="border: 1px solid black; width: 30px; height: 30px;"></div> 	
TOTAL NUMBER OF VISITS				<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____					
LANGUAGE OF QUESTIONNAIRE** 0 1 LANGUAGE OF INTERVIEW** NATIVE LANGUAGE OF RESPONDENT** TRANSLATOR USED (YES = 1, NO = 2) 					
LANGUAGE OF QUESTIONNAIRE** ENGLISH **LANGUAGE CODES: 01 ENGLISH 03 BAHASA 05 OTHER 02 TETUM 04 PORTUGUESE					
SUPERVISOR <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 60px;"></div> <div style="border: 1px solid black; width: 60px; height: 20px; display: flex;"> <div style="width: 15px;"></div> <div style="width: 15px;"></div> <div style="width: 15px;"></div> <div style="width: 15px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div>NAME</div> <div>NUMBER</div> </div>		FIELD EDITOR <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 60px;"></div> <div style="border: 1px solid black; width: 60px; height: 20px; display: flex;"> <div style="width: 15px;"></div> <div style="width: 15px;"></div> <div style="width: 15px;"></div> <div style="width: 15px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div>NAME</div> <div>NUMBER</div> </div>		OFFICE EDITOR <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 60px;"></div> <div style="border: 1px solid black; width: 60px; height: 20px; display: flex;"> <div style="width: 15px;"></div> <div style="width: 15px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div>NUMBER</div> </div>	KEYED BY <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 60px;"></div> <div style="border: 1px solid black; width: 60px; height: 20px; display: flex;"> <div style="width: 15px;"></div> <div style="width: 15px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div>NUMBER</div> </div>

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the General Directorate of Statistics. We are conducting a survey about health and other topics all over Timor-Leste. 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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> MINUTES <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> ALWAYS 95 VISITOR 96	→ 105
103	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY 1 TOWN 2 RURAL AREA 3	
104	Before you moved here, which municipality did you live in?	AILEU 01 AINARO 02 BAUCAU 03 BOBONARO 04 COVALIMA 05 DILI 06 ERMERA 07 LAUTEM 08 LIQUICA 09 MANATUTO 10 MANUFAHI 11 OECUSSI 12 VIQUEQUE 13 OUTSIDE OF TIMOR-LEST 96	
105	In what month and year were you born?	MONTH <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> DON'T KNOW MONTH 98 YEAR <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	
107	Have you ever attended school?	YES 1 NO 2	→ 111

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	What is the highest level of school you attended: primary, pre-secondary, secondary, or higher?	PRIMARY/ENSINO BASICO PRIMERO AND SEGUNDO CICLU 1 PRE-SECONDARY/ENSINO BASICO TERCERO CICLU 2 SECONDARY/ENSINO BASICO GENERAL OR TECHNICAL, VOCATIONAL 3 HIGHER 4	
109	What is the highest grade you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE <input type="text"/> <input type="text"/>	
110	CHECK 108: PRIMARY <input type="checkbox"/> PRE-SECONDARY <input type="checkbox"/> OR SECONDARY <input type="checkbox"/>	HIGHER <input type="checkbox"/> → 113	
111	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) _____ BLIND/VISUALLY IMPAIRED 5	
112	CHECK 111: CODE '2', '3', OR '4' <input type="checkbox"/> CIRCLED ↓	CODE '1' OR '5' CIRCLED <input type="checkbox"/> → 114	
113	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
114	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
115	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
116	Do you own a mobile telephone?	YES 1 NO 2	→ 118
116A	Is it a smartphone?	YES 1 NO 2	
117	Do you use your mobile phone for any financial transactions?	YES 1 NO 2	
118	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	
119	Have you ever used the internet?	YES 1 NO 2	→ 121A
120	In the last 12 months, have you used the internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 121A
121	During the last one month, how often did you use the internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
121A	How would you like to receive information on health, education, and job opportunities?	NEWSPAPER 1 RADIO 2 TELEVISION 3 INTERNET 4 OTHER 6 (SPECIFY) _____	
122	What is your religion?	ROMAN CATHOLIC 1 MUSLIM 2 PROTESTANT 3 HINDU 4 OTHER 6 (SPECIFY) _____	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) 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> b) 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	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) 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> b) 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, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2	→ 208								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) 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> b) 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? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> YES <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO <input type="checkbox"/> ↓ PROBE AND CORRECT 201-208 AS NECESSARY. </div> </div>										
210	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ONE OR MORE BIRTHS <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO BIRTHS <input type="checkbox"/> </div> </div>		→ 226								

SECTION 2. REPRODUCTION

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 10 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?	Is (NAME) a boy or a girl?	Were any of these births twins?	On what day, month, and year was (NAME) born?	Is (NAME) still alive?	How old was (NAME) at (NAME)'s last birthday?	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 '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? 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?
RECORD NAME.					RECORD AGE IN COMPLETED YEARS.				
BIRTH HISTORY NUMBER.									
01	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	YES 1 NO 2 ↓ (SKIP TO 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 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	
02	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	YES 1 NO 2 ↓ (SKIP TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↓ NO 2 (NEXT BIRTH) ↓
03	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	YES 1 NO 2 ↓ (SKIP TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↓ NO 2 (NEXT BIRTH) ↓
04	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	YES 1 NO 2 ↓ (SKIP TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↓ NO 2 (NEXT BIRTH) ↓
05	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	YES 1 NO 2 ↓ (SKIP TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↓ NO 2 (NEXT BIRTH) ↓

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby?	Is (NAME) a boy or a girl?	Were any of these births twins?	On what day, month, and year was (NAME) born?	Is (NAME) still alive?	How old was (NAME) at (NAME)'s last birthday?	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 '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? 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?
RECORD NAME. BIRTH HISTORY NUMBER.					RECORD AGE IN COMPLETED YEARS.				
06	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	YES 1 NO 2 ↓ (SKIP TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
07	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	YES 1 NO 2 ↓ (SKIP TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
08	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	YES 1 NO 2 ↓ (SKIP TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
09	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	YES 1 NO 2 ↓ (SKIP TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2
10	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	YES 1 NO 2 ↓ (SKIP TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES (ADD BIRTH) 1 NO (NEXT BIRTH) 2

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES 1 (RECORD BIRTH(S) IN TABLE) ← NO 2	
223	COMPARE 208 WITH NUMBER OF BIRTHS IN BIRTH HISTORY <div style="display: flex; justify-content: space-around;"> <div> NUMBERS ARE SAME <input type="checkbox"/> ↓ </div> <div> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) ← </div> </div>		
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2011-2016	NUMBER OF BIRTHS <input type="text"/> NONE 0	→ 226
225	C FOR EACH BIRTH IN 2011-2016, 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 COMPLETED MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 230
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
228	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 230
229	CHECK 208: TOTAL NUMBER OF BIRTHS <div style="display: flex; justify-content: space-around;"> <div> ONE OR MORE <input type="checkbox"/> a) Did you want to have a baby later on or did you not want any more children? </div> <div> NONE <input type="checkbox"/> b) Did you want to have a baby later on or did you not want any children? </div> </div>	LATER 1 NO MORE/NONE 2	
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 239
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"/>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
232	<p>CHECK 231:</p> <p>LAST PREGNANCY ENDED IN 2011-2016 <input type="checkbox"/></p> <p>LAST PREGNANCY ENDED IN 2010 OR EARLIER <input type="checkbox"/></p>			<p>→ 234</p> <p>→ 239</p>
LINE NO.	233 In what month and year did the preceding such pregnancy end?	234 How many months pregnant were you when that pregnancy ended?	235 Since January 2011, have you had any other pregnancies that did not result in a live birth?	
01		<div> <div></div> <div></div> </div> <p>NUMBER OF MONTHS</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ NEXT LINE</p> <p>→ 236</p>
02	<div> <div></div> <div></div> </div> <p>MONTH</p> <div> <div></div> <div></div> <div></div> <div></div> </div> <p>YEAR</p>	<div> <div></div> <div></div> </div> <p>NUMBER OF MONTHS</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ NEXT LINE</p> <p>→ 236</p>
03	<div> <div></div> <div></div> </div> <p>MONTH</p> <div> <div></div> <div></div> <div></div> <div></div> </div> <p>YEAR</p>	<div> <div></div> <div></div> </div> <p>NUMBER OF MONTHS</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ NEXT LINE</p> <p>→ 236</p>
04	<div> <div></div> <div></div> </div> <p>MONTH</p> <div> <div></div> <div></div> <div></div> <div></div> </div> <p>YEAR</p>	<div> <div></div> <div></div> </div> <p>NUMBER OF MONTHS</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 236</p>
236	<p>C FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2011-2016 OR LATER, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.</p> <p>IF THERE ARE MORE THAN FOUR PREGNANCIES THAT DID NOT END IN A LIVE BIRTH, USE AN ADDITIONAL QUESTIONNAIRE STARTING ON THE SECOND LINE.</p>			
237	Did you have any miscarriages, abortions or stillbirths that ended before 2011?	<p>YES 1</p> <p>NO 2</p>	<p>→ 239</p>	
238	When did the last such pregnancy that terminated before 2011 end?	<p>MONTH <div><div></div><div></div></div></p> <p>YEAR <div><div></div><div></div><div></div><div></div></div></p>		

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
239	<p>When did your last menstrual period start?</p> <p>_____</p> <p align="center">(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>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
240	<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>	<p>→ 242</p>								
241	<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 align="center">(SPECIFY)</p> <p>DON'T KNOW 8</p>									
242	<p>After the birth of a child, can a woman become pregnant before her menstrual period has returned?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>									

SECTION 3. CONTRACEPTION

301	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. Have you ever heard of (METHOD)?		
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2	
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2	
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2	
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.	YES 1 NO 2	
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2	
09	Emergency Contraception. PROBE: As an emergency measure, within five days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2	
10	Standard Days Method. PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES 1 NO 2	
10A	Billings method. PROBE: A woman relies on observations of cervical mucus to identify days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES 1 NO 2	
11	Lactational Amenorrhea Method (LAM). PROBE: Up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES 1 NO 2	
12	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES 1 NO 2	
13	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2	
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO Y	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 226: <div style="display: flex; justify-content: space-around;"> NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓ PREGNANT <input type="checkbox"/> → 312 </div>		
303	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 312
304	Which method are you using? RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F CONDOM G FEMALE CONDOM H EMERGENCY CONTRACEPTION I STANDARD DAYS METHOD J BILLINGS METHOD K LACTATIONAL AMENORRHEA METHOD L RHYTHM METHOD M WITHDRAWAL N OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ 309

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
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 align="center">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL HOSPITAL 11</p> <p>REFERRAL HOSPITAL 12</p> <p>COMMUNITY HEALTH CENTER 13</p> <p>HEALTH POST 14</p> <p>SISCa POST 15</p> <p>PRIVATE MEDICAL SECTOR</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>							
308	<p>In what month and year was the sterilization performed?</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><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></table></p>							<p>→ 310</p>
309	<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></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table></p>							
310	<p>CHECK 308 AND 309, 215 AND 231: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308 OR 309</p> <p>NO <input type="checkbox"/></p> <p align="center">GO BACK TO 308 OR 309, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p> <p>YES <input type="checkbox"/></p>								

SECTION 3. CONTRACEPTION (CAPI OPTION)

311	CHECK 308 AND 309:	<p>YEAR IS 2011-2016 </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>THEN CONTINUE </p>	<p>YEAR IS 2010 OR EARLIER </p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2011 .</p> <p>THEN </p> <p>(SKIP TO 324) ←</p>	
312	<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>C USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2011. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p>			
		COLUMN 1	COLUMN 2	COLUMN 3
312A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	<p>MONTH <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p><input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>YEAR</p>	<p>MONTH <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p><input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>YEAR</p>	<p>MONTH <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p><input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>YEAR</p>
312B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your partner use any method of contraception?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 312I) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 312I) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 312I) ←</p>
312C	Which method was that?	METHOD CODE .. <input style="width: 30px;" type="text"/>	METHOD CODE .. <input style="width: 30px;" type="text"/>	METHOD CODE .. <input style="width: 30px;" type="text"/>
312D	How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.	<p>IMMEDIATELY 00</p> <p>MONTHS .. <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>(SKIP TO 312F) ←</p> <p>DATE GIVEN 95</p>	<p>IMMEDIATELY 00</p> <p>MONTHS .. <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>(SKIP TO 312F) ←</p> <p>DATE GIVEN 95</p>	<p>IMMEDIATELY 00</p> <p>MONTHS .. <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>(SKIP TO 312F) ←</p> <p>DATE GIVEN 95</p>
312E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	<p>MONTH <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p><input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>YEAR</p>	<p>MONTH <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p><input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>YEAR</p>	<p>MONTH <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p><input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>YEAR</p>
312F	For how many months did you use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.	<p>MONTHS .. <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>(SKIP TO 312H) ←</p> <p>DATE GIVEN 95</p>	<p>MONTHS .. <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>(SKIP TO 312H) ←</p> <p>DATE GIVEN 95</p>	<p>MONTHS .. <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>(SKIP TO 312H) ←</p> <p>DATE GIVEN 95</p>
312G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	<p>MONTH <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p><input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>YEAR</p>	<p>MONTH <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p><input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>YEAR</p>	<p>MONTH <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p><input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>YEAR</p>
312H	Why did you stop using (METHOD)?	REASON STOPPED <input style="width: 30px;" type="text"/>	REASON STOPPED <input style="width: 30px;" type="text"/>	REASON STOPPED <input style="width: 30px;" type="text"/>
312I		GO BACK TO 312A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 313.	GO BACK TO 312A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 313.	GO BACK TO 312A IN NEW QUESTIONNAIRE; OR, IF NO MORE GAPS, GO TO 313.

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/>		→ 315
314	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 326
315	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 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 BILLINGS METHOD 11 LACTATIONAL AMENORRHEA METHOD 12 RHYTHM METHOD 13 WITHDRAWAL 14 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 326 → 319 → 327 → 323
316	You first started using (CURRENT METHOD) in (DATE FROM 309). Where did you get it at that time? 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 NATIONAL HOSPITAL 11 REFERRAL HOSPITAL 12 COMMUNITY HEALTH CENTE 13 HEALTH POST 14 SISCa POST 15 MOBILE CLINIC 16 DOMICILIARY VISIT 17 CONDOM BOX 18 OTHER PUBLIC SECTOR _____ 19 (SPECIFY) NON-GOVT (NGO) SECTOR MARIES STOPES 21 OTHER NGO _____ 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/MARKET 41 FRIEND/RELATIVE 42 OTHER _____ 96 (SPECIFY)	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
317	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 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 BILLINGS METHOD 11 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 323 → 322 → 323
318	At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 321 → 320
319	When you got sterilized, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 321
320	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	→ 322
321	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
322	CHECK 318 AND 319: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> ANY <input type="checkbox"/> 'YES' ↓ </div> <div style="text-align: center;"> OTHER <input type="checkbox"/> ↓ </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> a) At that time, were you told about other methods of family planning that you could use? </div> <div style="width: 45%;"> b) When you obtained (CURRENT METHOD FROM 315) from (SOURCE OF METHOD FROM 307 OR 316), were you told about other methods of family planning that you could use? </div> </div>	YES 1 NO 2	→ 324
323	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	
324	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 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 BILLINGS METHOD 11 LACTATIONAL AMENORRHEA METHOD 12 RHYTHM METHOD 13 WITHDRAWAL 14 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 327 → 327 → 327

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL HOSPITAL 11</p> <p>REFERRAL HOSPITAL 12</p> <p>COMMUNITY HEALTH CENTRE 13</p> <p>HEALTH POST 14</p> <p>SISCa POST 15</p> <p>MOBILE CLINIC 16</p> <p>DOMICILIARY VISIT 17</p> <p>CONDOM BOX 18</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 19</p> <p align="center">(SPECIFY)</p> <p>NON-GOVT (NGO) SECTOR</p> <p>MARIES STOPES 21</p> <p>OTHER NGO</p> <p>_____ 26</p> <p align="center">(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</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP/MARKET 41</p> <p>FRIEND/RELATIVE 42</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	<p>→ 327</p>
326	Do you know of a place where you can obtain a method of family planning?	<p>YES 1</p> <p>NO 2</p>	
327	In the last 12 months, did you have a domiciliary visit?	<p>YES 1</p> <p>NO 2</p>	→ 329
328	Did the fieldworker talk to you about family planning?	<p>YES 1</p> <p>NO 2</p>	
329	<p>CHECK 202: LIVING CHILDREN</p> <p align="center">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>a) In the last 12 months, have you visited a health facility for care for yourself or your children? b) In the last 12 months, have you visited a health facility for care for yourself?</p>	<p>YES 1</p> <p>NO 2</p>	→ 401
330	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	CHECK 224:	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> ONE OR MORE BIRTHS IN 2011-2016 <input type="checkbox"/> </div> <div style="text-align: center;"> NO BIRTHS IN <input type="checkbox"/> 2011-2016 <div style="border-top: 1px solid black; width: 200px; margin-top: 5px;"></div> </div> <div style="text-align: right;">→ 648</div> </div>			
402	<p>CHECK 215. RECORD THE BIRTH HISTORY NUMBER IN 403 AND THE NAME AND SURVIVAL STATUS IN 404 FOR EACH BIRTH IN 2011-2016. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S).</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	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	LAST BIRTH		NEXT-TO-LAST BIRTH	
		BIRTH HISTORY NUMBER	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	BIRTH HISTORY NUMBER	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
404	FROM 212 AND 216:	NAME		NAME	
		LIVING <input type="checkbox"/>	DEAD <input type="checkbox"/>	LIVING <input type="checkbox"/>	DEAD <input type="checkbox"/>
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 (SKIP TO 408) ← <input type="checkbox"/> NO 2		YES 1 (SKIP TO 426) ← <input type="checkbox"/> NO 2	
406	CHECK 208: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">ONLY ONE BIRTH <input type="checkbox"/></p> <p>a) Did you want to have a baby later on, or did you not want any children?</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p style="text-align: center;">MORE THAN ONE BIRTH <input type="checkbox"/></p> <p>b) Did you want to have a baby later on, or did you not want any more children?</p> </div> </div>	LATER 1 NO MORE/NONE 2 (SKIP TO 408) ← <input type="checkbox"/>		LATER 1 NO MORE/NONE 2 (SKIP TO 426) ← <input type="checkbox"/>	
407	How much longer did you want to wait?	MONTHS 1 <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> YEARS 2 <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> DON'T KNOW998		MONTHS 1 <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> YEARS 2 <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> DON'T KNOW998	
408	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2 (SKIP TO 413C) ← <input type="checkbox"/>			
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B ASSISTANT NURSE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D OTHER X (SPECIFY)			

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____															
410	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</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 align="center">(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME A</p> <p>OTHER HOME B</p> <p>PUBLIC SECTOR</p> <p>NATIONAL HOSPITAL C</p> <p>REFERRAL HOSPITAL D</p> <p>COMMUNITY HEALTH CEN... E</p> <p>HEALTH POST F</p> <p>SISCa POST G</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC H</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ I</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ X</p> <p align="center">(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>a) Was your blood pressure measured?</p> <p>b) Did you give a urine sample?</p> <p>c) Did you give a blood sample?</p> <p>d) Were you counseled on breastfeeding?</p>	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>a) BP</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b) URINE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c) BLOOD</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>d) BREASTFEEDING</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		YES	NO	a) BP	1	2	b) URINE	1	2	c) BLOOD	1	2	d) BREASTFEEDING	1	2	
	YES	NO																
a) BP	1	2																
b) URINE	1	2																
c) BLOOD	1	2																
d) BREASTFEEDING	1	2																
413A	<p>During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 413C) ←</p> <p>DON'T KNOW 8</p>																
413B	<p>Were you told where to go if you had any of these complications?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																
413C	<p>What are the symptoms during pregnancy indicating the need to seek immediate care?</p> <p>PROBE: Any other?</p> <p>RECORD ALL MENTIONED</p>	<p>VAGINAL BLEEDING A</p> <p>SEVERE LOWER ABDOMINAL PAIN B</p> <p>SEVERE HEADACHE C</p> <p>CONVULSION D</p> <p>BLURRED VISION & SWELLING OF HANDS & FACE E</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW Z</p>																
414	<p>During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 417) ←</p> <p>DON'T KNOW 8</p>																

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
415	During this pregnancy, how many times did you get a tetanus injection?	TIMES <input type="text"/> DON'T KNOW 8	
416	CHECK 415:	2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 420) ←	
417	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 (SKIP TO 420) ← DON'T KNOW 8	
418	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	
419	CHECK 418: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> ONLY ONE <input type="checkbox"/> a) How many years ago did you receive that tetanus injection? </div> <div style="width: 45%;"> MORE THAN ONE <input type="checkbox"/> b) How many years ago did you receive the last tetanus injection prior to this pregnancy? </div> </div>	YEARS AGO <input type="text"/> <input type="text"/>	
420	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 422) ← DON'T KNOW 8	
421	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 KNOW998	
422	During this pregnancy, did you take any drug for intestinal worms?	YES 1 NO 2 DON'T KNOW 8	
422A	During the pregnancy did you eat less than usual?	YES 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
426	When (NAME) was born, was (NAME) very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
427	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 429) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 429) ← DON'T KNOW 8
428	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
429	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B ASSISTANT NURSE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER X (SPECIFY) _____ NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B ASSISTANT NURSE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER X (SPECIFY) _____ NO ONE ASSISTED Y
430	Where did you give birth to (NAME)? 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)	HOME HER HOME 11 (SKIP TO 433A) ← OTHER HOME 12 PUBLIC SECTOR NATIONAL HOSPITAL 21 REFERRAL HOSPITAL 22 COMMUNITY HEALTH CEN... 23 HEALTH POST 24 SISCa POST 25 OTHER PUBLIC SECTOR 26 (SPECIFY) _____ PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) _____ OTHER 96 (SPECIFY) _____ (SKIP TO 433A) ←	HOME HER HOME 11 (SKIP TO 434) ← OTHER HOME 12 PUBLIC SECTOR NATIONAL HOSPITAL 21 REFERRAL HOSPITAL 22 COMMUNITY HEALTH CEN... 23 HEALTH POST 24 SISCa POST 25 OTHER PUBLIC SECTOR 26 (SPECIFY) _____ PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) _____ OTHER 96 (SPECIFY) _____ (SKIP TO 434) ←

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____																		
431	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW998																			
432	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES 1 NO 2 (SKIP TO 434) ←	YES 1 NO 2 (SKIP TO 434) ←																		
433	When was the decision made to have the caesarean section? Was it before or after your labor pains started?	BEFORE 1 (SKIP TO 434) ← AFTER 2	BEFORE 1 (SKIP TO 434) ← AFTER 2																		
433A	Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED.	COST TOO MUCH A FACILITY NOT OPEN B TOO FAR C NO TRANSPORT D DON'T TRUST FACILITY/POOR QUALITY SERVICE F NO FEMALE PROVID- ER AT FACILITY G HUSBAND/FAMILY DID NOT ALLOW H NOT NECESSARY I NOT CUSTOMARY J PLANNED BUT CHILD BORN BEFORE REACHING FACILITY K OTHER X _____ (SPECIFY) (SKIP TO 434)																			
434	Immediately after the birth, was (NAME) put on your chest?	YES 1 NO 2 (SKIP TO 434B) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 459) ← DON'T KNOW 8																		
434A	Was (NAME)'s bare skin touching your bare skin?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8																		
434B	When (NAME) was born, what instrument was used to cut the umbilical cord?	NEW/BOILED BLADE 1 USED BLADE 2 KNIFE 3 SCISSORS 4 BAMBOO 5 OTHER 6 _____ (SPECIFY) DON'T KNOW 8																			
434C	Was anything placed on the stump after the umbilical cord was cut?	YES 1 NO 2 (SKIP TO 434E) ← DON'T KNOW 8																			

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH																		
		NAME _____	NAME _____																		
434D	What was placed on the stump? PROBE: Any other things? RECORD ALL MENTIONED	OIL A ASH B OINTMENT/POWDER C TRADITIONAL MED .. D BETADINE E OTHER _____ X (SPECIFY) DON'T KNOW .. Z																			
434E	Was (NAME) dried before the placenta was delivered?	YES 1 NO 2 DON'T KNOW 8																			
434F	How long after delivery was (NAME) bathed for the first time? 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																			
434G	After delivery did you sleep close to the fire with (NAME)?	YES 1 NO 2 (SKIP TO 434I) ←																			
434H	How many days did you sleep close to the fire with (NAME)?	TIMES <table border="1"><tr><td></td><td></td></tr></table> DON'T REMEMBER 98																			
434I	CHECK 430: PLACE OF DELIVERY	CODE 11, 12, OR 96 <table border="1"><tr><td></td></tr></table> CIRCLED OTHER <table border="1"><tr><td></td></tr></table> (SKIP TO 449) ← ↓																			
435	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?	YES 1 NO 2 (SKIP TO 438) ←																			
436	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																			
437	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 ASSISTANT NURSE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY/VILLAGE HEALTH WORKER 22 OTHER _____ 96 (SPECIFY)																			
438	Now I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. Did anyone check on (NAME)'s health while you were still in the facility?	YES 1 NO 2 (SKIP TO 441) ← DON'T KNOW 8																			

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____												
439	<p>How long after delivery was (NAME)'s health first checked?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" data-bbox="901 241 1023 293"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS 2 <table border="1" data-bbox="901 293 1023 344"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS 3 <table border="1" data-bbox="901 344 1023 396"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW998</p>													
440	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 ASSISTANT NURSE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY/ VILLAGE HEALTH WORKER 22 OTHER 96 (SPECIFY)</p>													
441	<p>Now I want to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?</p>	<p>YES 1 NO 2 (SKIP TO 445) ←</p>													
442	<p>How long after delivery did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" data-bbox="901 925 1023 976"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS 2 <table border="1" data-bbox="901 976 1023 1028"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS 3 <table border="1" data-bbox="901 1028 1023 1079"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW998</p>													
443	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 ASSISTANT NURSE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY/ VILLAGE HEALTH WORKER 22 OTHER 96 (SPECIFY)</p>													
444	<p>Where did the check 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>_____ (NAME OF PLACE)</p>	<p>HOME HER HOME 11 OTHER HOME 12 PUBLIC SECTOR NATIONAL HOSPITAL 21 REFERRAL HOSPITAL 22 COMMUNITY HEALTH CENTE 23 HEALTH POST 24 SISCa POST 25 OTHER PUBLIC SECTOR 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC 41 OTHER PRIVATE MEDICAL SECTOR 46 (SPECIFY)</p> <p>OTHER 96 (SPECIFY)</p>													

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____												
445	I would like to talk to you about checks on (NAME)'s health after you left (FACILITY IN 430). Did any health care provider or a traditional birth attendant check on (NAME)'s health in the two months after you left (FACILITY IN 430)?	YES 1 NO 2 (SKIP TO 457) ← DON'T KNOW 8													
446	How many hours, days or weeks after the birth of (NAME) did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="901 414 1024 470"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="901 470 1024 526"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="901 526 1024 582"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW998													
447	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 ASSISTANT NURSE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY/ VILLAGE HEALTH WORKER 22 OTHER 96 (SPECIFY) _____													
448	Where did this check of (NAME) take place? 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)	HOME HER HOME 11 OTHER HOME 12 PUBLIC SECTOR NATIONAL HOSPITAL 21 REFERRAL HOSPITAL 22 COMMUNITY HEALTH CENTE 23 HEALTH POST 24 SISCa POST 25 OTHER PUBLIC SECTOR 26 (SPECIFY) _____ PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC 41 OTHER PRIVATE MEDICAL SECTOR 46 (SPECIFY) _____ OTHER 96 (SPECIFY) _____ (SKIP TO 457) ←													

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____						
449	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 453) ←							
450	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="901 414 1024 470"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="901 470 1024 526"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="901 526 1024 582"><tr><td></td><td></td></tr></table> DON'T KNOW 998							
451	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 ASSISTANT NURSE 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY/ VILLAGE HEALTH WORKER 22 OTHER 96 (SPECIFY) _____							
452	Where did this first check take place? 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)	HOME HER HOME 11 OTHER HOME 12 PUBLIC SECTOR NATIONAL HOSPITAL 21 REFERRAL HOSPITAL 22 COMMUNITY HEALTH CENTRE 23 HEALTH POST 24 SISCa POST 25 OTHER PUBLIC SECTOR 26 (SPECIFY) _____ PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC 41 OTHER PRIVATE MEDICAL SECTOR 46 (SPECIFY) _____ OTHER 96 (SPECIFY) _____							
453	I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME)'s health?	YES 1 NO 2 (SKIP TO 457) ← DON'T KNOW 8							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____						
454	<p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS AFTER BIRTH 1 <table border="1" data-bbox="901 241 1023 286"><tr><td></td><td></td></tr></table></p> <p>DAYS AFTER BIRTH 2 <table border="1" data-bbox="901 293 1023 338"><tr><td></td><td></td></tr></table></p> <p>WEEKS AFTER BIRTH 3 <table border="1" data-bbox="901 344 1023 389"><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW998</p>							
455	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 ASSISTANT NURSE 13</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY/ VILLAGE HEALTH WORKER 22</p> <p>OTHER96 (SPECIFY)</p>							
456	<p>Where did this first check of (NAME) 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>_____ (NAME OF PLACE)</p>	<p>HOME HER HOME 11 OTHER HOME 12</p> <p>PUBLIC SECTOR NATIONAL HOSPITAL 21 REFERRAL HOSPITAL 22 COMMUNITY HEALTH CENTE 23 HEALTH POST 24 SISCa POST 25 OTHER PUBLIC SECTOR</p> <p>_____26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC 41 OTHER PRIVATE MEDICAL SECTOR</p> <p>_____46 (SPECIFY)</p> <p>OTHER96 SPECIFY</p>							

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH																								
		NAME _____	NAME _____																								
457	<p>During the first two days after (NAME)'s birth, did any health care provider do the following:</p> <p>a) Examine the cord?</p> <p>b) Measure (NAME)'s temperature?</p> <p>c) Counsel you on danger signs for newborns?</p> <p>d) Counsel you on breastfeeding and complementary feeding?</p> <p>e) Observe (NAME) breastfeeding?</p>	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr> <td>a) CORD</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) TEMP.</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) SIGNS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) COUNSEL BREAST-FEED</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) OBSERVE BREAST-FEED</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	a) CORD	1	2	8	b) TEMP.	1	2	8	c) SIGNS	1	2	8	d) COUNSEL BREAST-FEED	1	2	8	e) OBSERVE BREAST-FEED	1	2	8	
	YES	NO	DK																								
a) CORD	1	2	8																								
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c) SIGNS	1	2	8																								
d) COUNSEL BREAST-FEED	1	2	8																								
e) OBSERVE BREAST-FEED	1	2	8																								
457A	<p>What are the symptoms of the infant within one month after delivery indicating the need to seek immediate health care?</p> <p>PROBE: Any other?</p> <p>RECORD ALL MENTIONED.</p>	<p>POOR SUCKLING A</p> <p>FAST BREATHING B</p> <p>SEVERE CHEST INDRAWING C</p> <p>HYPOTHERMIA D</p> <p>FEVER E</p> <p>DIFFICULT TO WAKE/ LETHARGIC F</p> <p>PUSTULES ON SKIN 1 LARGE OR >10 SMALL ONES G</p> <p>SEVERE UMBILICAL CORD INFECTION WITH SMELLY DISCHARGE H</p> <p>OTHER _____ X</p> <p style="text-align: center;">SPECIFY</p> <p>DON'T KNOW Z</p>																									
457B	<p>What are the signs for which a woman should seek immediate medical care during six weeks following childbirth ?</p> <p>PROBE: Any other?</p> <p>RECORD ALL MENTIONED.</p>	<p>FRESH BLEEDNG (BRIGHT RED) AFTER 5th DAY OF CHILDBIRTH A</p> <p>FOUL SMELLING VAGINAL DISCHARGE B</p> <p>SHORTNESS OF BREATH/ SHARP CHEST PAIN C</p> <p>FITS D</p> <p>SEVERE HEADACHE WITH BLURRED VISION E</p> <p>HIGH FEVER F</p> <p>CALF PAIN WITH REDNESS AND SWELLING G</p> <p>SEVERE LOWER ABDOMINAL PAIN H</p> <p>SEVERE DEPRESSION OR SUICIDAL BEHAVIOUR I</p> <p>OTHER _____ X</p> <p style="text-align: center;">SPECIFY</p> <p>DON'T KNOW Z</p>																									
458	<p>Has your menstrual period returned since the birth of (NAME)?</p>	<p>YES 1</p> <p style="text-align: right;">(SKIP TO 460) ←</p> <p>NO 2</p> <p style="text-align: right;">(SKIP TO 461) ←</p>																									
459	<p>Did your period return between the birth of (NAME) and your next pregnancy?</p>		<p>YES 1</p> <p>NO 2</p> <p style="text-align: right;">(SKIP TO 463) ←</p>																								
460	<p>For how many months after the birth of (NAME) did you not have a period?</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>																								
461	<p>CHECK 226: IS RESPONDENT PREGNANT?</p>	<p>NOT PREGNANT <input type="checkbox"/></p> <p>PREGNANT OR UNSURE <input type="checkbox"/></p> <p style="text-align: right;">(SKIP TO 463) ←</p>																									

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
462	Have you had sexual intercourse since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 464) ←	
463	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
464	Did you ever breastfeed (NAME)?	YES 1 (SKIP TO 466) ← NO 2	YES 1 NO 2
465	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 470) ← (SKIP TO 471) ←	
466	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.	IMMEDIATELY000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	
466A	Did you give the yellow milk to (NAME)?	YES 1 NO 2	
467	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2	
468	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 471) ←	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 471) ←
469	Are you still breastfeeding (NAME)?	YES 1 NO 2	
470	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
471		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501A.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501A.

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501A	CHECK 215 IN THE BIRTH HISTORY: ANY BIRTHS IN 2013-2016? ONE OR MORE BIRTHS IN 2013-2016 <input type="checkbox"/> NO BIRTHS IN 2013-2016 <input type="checkbox"/>		→ 601
502A	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE LAST CHILD BORN IN 2013-2016. NAME OF LAST BIRTH _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>		
503A	CHECK 216 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		→ 501B
504A	Do you have a card or LISIO where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD 1 YES, HAS ONLY A LISIO 2 YES, HAS CARD AND LISIO 3 NO, NO CARD AND NO LISIO 4	→ 507A
505A	Did you ever have a vaccination card or LISIO for (NAME)?	YES 1 NO 2	→ 511A
507A	May I see the card or LISIO where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN 1 YES, ONLY LISIO SEEN 2 YES, CARD AND LISIO SEEN 3 NO, NO CARD OR LISIO SEEN 4	→ 511A

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																											
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																																												
508A	<p>COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 10%;">DAY</th> <th style="width: 10%;">MONTH</th> <th style="width: 40%;">YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 1</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 2</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 3</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 1</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 2</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 3</td><td></td><td></td><td></td></tr> <tr><td>SARAMPO</td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MONTH	YEAR	BCG				DPT-HEP.B-HIB (PENTAVALENT) 1				DPT-HEP.B-HIB (PENTAVALENT) 2				DPT-HEP.B-HIB (PENTAVALENT) 3				ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)				ORAL POLIO VACCINE (OPV) 1				ORAL POLIO VACCINE (OPV) 2				ORAL POLIO VACCINE (OPV) 3				SARAMPO				VITAMIN A (MOST RECENT)				
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509A	<p>CHECK 508A: 'BCG' TO 'SARAMPO' ALL RECORDED?</p> <p style="text-align: center;">NO <input type="checkbox"/> YES <input type="checkbox"/></p>		525A																																											
510A	<p>In addition to what is recorded on (this card/LISIO), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508A THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508A THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT (THEN SKIP TO 525A)</p> <p>NO 2 DON'T KNOW 8 (WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 525A)</p>																																												

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
511A	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 525A
512A	Has (NAME) ever received 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	
514A	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 517A
515A	Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS 1 LATER 2	
516A	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES <input type="text"/>	
517A	Has (NAME) ever received a pentavalent vaccination, that is, an injection to protect against DPT-HepB-HIB, given in the left thigh sometimes at the same time as polio drops?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 523A
518A	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES <input type="text"/>	
523A	Has (NAME) ever received a sarampo vaccination, that is, an injection in the arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	
525A	In the last 7 days was (NAME) given Mikronutriente Rahun?	YES 1 NO 2 DON'T KNOW 8	
525AA	CHECK 215: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS <input type="checkbox"/> 6 MONTHS AND OLDER 0-5 MONTHS <input type="text"/> → 501B		
525AB	In the last 7 days was (NAME) given Plumpy'Nut	YES 1 NO 2 DON'T KNOW 8	
525AC	In the last 7 days was (NAME) given Plumpy'Sup	YES 1 NO 2 DON'T KNOW 8	
526A	CONTINUE WITH 501B.		

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501B	CHECK 215 IN THE BIRTH HISTORY: ANY MORE BIRTHS IN 2013-2016? MORE BIRTHS IN 2013-2016 <input type="checkbox"/> NO MORE BIRTHS IN 2013-2016 <input type="checkbox"/>		→ 601
502B	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE NEXT-TO-LAST CHILD BORN IN 2013-2016. NAME OF NEXT-TO-LAST BIRTH _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>		
503B	CHECK 216 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		→ 526B
504B	Do you have a card or LISIO where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD 1 YES, HAS ONLY A LISIO 2 YES, HAS CARD AND LISIO 3 NO, NO CARD AND NO LISIO .. 4	→ 507B
505B	Did you ever have a vaccination card or LISIO for (NAME)?	YES 1 NO 2	→ 511A
507B	May I see the card or LISIO where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN 1 YES, ONLY LISIO SEEN 2 YES, CARD AND LISIO SEEN .. 3 NO, NO CARD OR LISIO SEEN .. 4	→ 511B

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																								
	NAME OF NEXT-TO-LAST BIRTH _____ <div style="float: right;">BIRTH HISTORY NUMBER </div>																																										
508B	<p>COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:45%;"></th> <th style="width:10%;">DAY</th> <th style="width:10%;">MONTH</th> <th style="width:35%;">YEAR</th> </tr> </thead> <tbody> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 1</td><td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td><td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td><td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 2</td><td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td><td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td><td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 3</td><td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td><td><div style="border: 1px solid black; 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509B	<p>CHECK 508B: 'BCG' TO 'SARAMPO' ALL RECORDED?</p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div>NO <input type="checkbox"/></div> <div>YES <input type="checkbox"/></div> </div>		→ 525B																																								
510B	<p>In addition to what is recorded on (this card/LISIO), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508B THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508B THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT (THEN SKIP TO 525B)</p> <p>NO 2 DON'T KNOW 8 (WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 525B)</p>																																									

511B	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 525B
512B	Has (NAME) ever received 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	
514B	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 517B
515B	Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS 1 LATER 2	
516B	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES <input type="text"/>	
517B	Has (NAME) ever received a pentavalent vaccination, that is, an injection to protect against DPT-HepB-HIB, given in the left thigh sometimes at the same time as polio drops?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 523B
518B	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES <input type="text"/>	
523B	Has (NAME) ever received a sarampo vaccination, that is, an injection in the arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	
525B	In the last 7 days was (NAME) given Mikronutriente Rahun?	YES 1 NO 2 DON'T KNOW 8	
525BA	CHECK 215: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS <div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input type="checkbox"/> 6 MONTHS AND OLDER <input type="checkbox"/> 0-5 MONTHS </div> <div>→ 526B</div> </div>		
525BB	In the last 7 days was (NAME) given Plumpy'Nut	YES 1 NO 2 DON'T KNOW 8	
525BC	In the last 7 days was (NAME) given Plumpy'Sup	YES 1 NO 2 DON'T KNOW 8	
526B	CHECK 215 IN BIRTH HISTORY: ANY MORE BIRTHS IN 2013-2016? <div style="display: flex; justify-content: space-between; align-items: center;"> <div> MORE BIRTHS IN 2013-2016 <input type="checkbox"/> (GO TO 502B IN AN ADDITIONAL QUESTIONNAIRE) </div> <div> NO MORE BIRTHS IN 2013-2016 <input type="checkbox"/> → 601 </div> </div>		

SECTION 6. CHILD HEALTH AND NUTRITION

601	CHECK 224: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ONE OR MORE BIRTHS IN 2011-2016 <input type="checkbox"/> </div> <div style="text-align: center;"> NO BIRTHS IN 2011-2016 <input type="checkbox"/> </div> </div> <div style="text-align: right; margin-top: -10px;">→ 648</div>		
602	CHECK 215: RECORD THE BIRTH HISTORY NUMBER IN 603 AND THE NAME AND SURVIVAL STATUS IN 604 FOR EACH BIRTH IN 2011-2016. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)		
603	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>
604	FROM 212 AND 216:	NAME _____ <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> LIVING <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> DEAD <input type="checkbox"/> (SKIP TO 646) ← </div> </div>	NAME _____ <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> LIVING <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> DEAD <input type="checkbox"/> (SKIP TO 646) ← </div> </div>
605	In the last six months, was (NAME) given a vitamin A dose like any of these? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
606	In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like any of these? SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
607	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
608	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 <div style="text-align: right;">(SKIP TO 618) ←</div> DON'T KNOW 8	YES 1 NO 2 <div style="text-align: right;">(SKIP TO 618) ←</div> DON'T KNOW 8

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
609	<p>CHECK 469: CURRENTLY BREASTFEEDING?</p> <p>YES <input type="checkbox"/> NO/ NOT <input type="checkbox"/> ↓ ASKED ↓</p> <p>a) Now I would like to know how much (NAME) was given to drink during the diarrhea including breastmilk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p> <p>b) Now I would like to know how much (NAME) was given to drink during the diarrhea. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>
610	<p>When (NAME) had diarrhea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>
611	<p>Did you seek advice or treatment for the diarrhea from any source?</p>	<p>YES 1</p> <p>NO 2</p> <p align="right">(SKIP TO 615) ←</p>	<p>YES 1</p> <p>NO 2</p> <p align="right">(SKIP TO 615) ←</p>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
612	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</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(S).</p> <p>_____</p> <p align="center">(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL HOSPITAL . . . A</p> <p>REFERRAL HOSPITAL . . . B</p> <p>COMMUNITY HEALTH CENT . C</p> <p>HEALTH POST D</p> <p>SISCa POST E</p> <p>MOBILE CLINIC F</p> <p>OTHER PUBLIC SECTOR</p> <p align="right">_____ G</p> <p align="center">(SPECIFY)</p> <p>NON-GOV (NGO) SECTOR</p> <p align="right">_____ H</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC I</p> <p>PHARMACY J</p> <p>PRIVATE DOCTOR K</p> <p>MOBILE CLINIC L</p> <p>FIELDWORKER M</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p align="right">_____ N</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP O</p> <p>TRADITIONAL PRACTITIONER P</p> <p>MARKET Q</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL HOSPITAL . . . A</p> <p>REFERRAL HOSPITAL . . . B</p> <p>COMMUNITY HEALTH CENT . C</p> <p>HEALTH POST D</p> <p>SISCa POST E</p> <p>MOBILE CLINIC F</p> <p>OTHER PUBLIC SECTOR</p> <p align="right">_____ G</p> <p align="center">(SPECIFY)</p> <p>NON-GOV (NGO) SECTOR</p> <p align="right">_____ H</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC I</p> <p>PHARMACY J</p> <p>PRIVATE DOCTOR K</p> <p>MOBILE CLINIC L</p> <p>FIELDWORKER M</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p align="right">_____ N</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP O</p> <p>TRADITIONAL PRACTITIONER P</p> <p>MARKET Q</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>
613	CHECK 612:	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p align="center">(SKIP TO 615) ←</p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p>	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p align="center">(SKIP TO 615) ←</p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p>
614	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 612.</p>	<p>FIRST PLACE <input type="checkbox"/></p>	<p>FIRST PLACE <input type="checkbox"/></p>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
615	<p>Was (NAME) given any of the following at any time since (NAME) started having the diarrhea:</p> <p>a) A fluid made from a special packet called Oralit?</p> <p>b) A government-recommended homemade fluid (Bée, Masin, Masin Midar)?</p> <p>c) Zinc tablets or syrup?</p>	<p align="center">YES NO DK</p> <p>a) FLUID FROM ORALIT .. 1 2 8</p> <p>b) HOMEMADE FLUID 1 2 8</p> <p>c) ZINC .. 1 2 8</p>	<p align="center">YES NO DK</p> <p>a) FLUID FROM ORALIT .. 1 2 8</p> <p>b) HOMEMADE FLUID 1 2 8</p> <p>c) ZINC .. 1 2 8</p>
616	<p>CHECK 615:</p> <p>ANY 'YES' <input type="checkbox"/> ↓ ALL 'NO' OR 'DK' <input type="checkbox"/> ↓</p> <p>a) Was anything else given to treat the diarrhea?</p> <p>b) Was anything given to treat the diarrhea?</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 618) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 618) ←</p> <p>DON'T KNOW 8</p>
617	<p>CHECK 615:</p> <p>ANY 'YES' <input type="checkbox"/> ↓ ALL 'NO' OR 'DK' <input type="checkbox"/> ↓</p> <p>a) What else was given to treat the diarrhea?</p> <p>b) What was given to treat the diarrhea?</p> <p>Anything else? Anything else?</p> <p>RECORD ALL TREATMENTS GIVEN.</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C</p> <p>UNKNOWN PILL OR SYRUP D</p> <p>INJECTION</p> <p>ANTIBIOTIC E</p> <p>NON-ANTIBIOTIC F</p> <p>UNKNOWN INJECTION G</p> <p>(IV) INTRAVENOUS H</p> <p>HOME REMEDY/ HERBAL MEDICINE I</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C</p> <p>UNKNOWN PILL OR SYRUP D</p> <p>INJECTION</p> <p>ANTIBIOTIC E</p> <p>NON-ANTIBIOTIC F</p> <p>UNKNOWN INJECTION G</p> <p>(IV) INTRAVENOUS H</p> <p>HOME REMEDY/ HERBAL MEDICINE I</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>
618	<p>Has (NAME) been ill with a fever at any time in the last 2 weeks?</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 620) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 620) ←</p> <p>DON'T KNOW 8</p>
619	<p>At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?</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>
620	<p>Has (NAME) had an illness with a cough at any time in the last 2 weeks?</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>
621	<p>Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 623) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 623) ←</p> <p>DON'T KNOW 8</p>







SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
622	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 624) ←	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 624) ←
623	CHECK 618: HAD FEVER?	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 646) ←	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 646) ←
624	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 629) ←	YES 1 NO 2 (SKIP TO 629) ←
625	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S). _____ (NAME OF PLACE(S))	PUBLIC SECTOR NATIONAL HOSPITAL A REFERRAL HOSPITAL B COMMUNITY HEALTH CENT C HEALTH POST D SISCa POST E SUCO OFFICE F MOBILE CLINIC G DOMICILIARY VISIT H OTHER PUBLIC SECTOR _____ I (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC J PHARMACY K PRIVATE DOCTOR L MOBILE CLINIC M FIELDWORKER N OTHER PRIVATE MEDICAL SECTOR _____ O (SPECIFY) OTHER SOURCE SHOP P TRADITIONAL PRACTITIONER Q MARKET R ITINERANT DRUG SELLER S OTHER X (SPECIFY)	PUBLIC SECTOR NATIONAL HOSPITAL A REFERRAL HOSPITAL B COMMUNITY HEALTH CENT C HEALTH POST D SISCa POST E SUCO OFFICE F MOBILE CLINIC G DOMICILIARY VISIT H OTHER PUBLIC SECTOR _____ I (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC J PHARMACY K PRIVATE DOCTOR L MOBILE CLINIC M FIELDWORKER N OTHER PRIVATE MEDICAL SECTOR _____ O (SPECIFY) OTHER SOURCE SHOP P TRADITIONAL PRACTITIONER Q MARKET R ITINERANT DRUG SELLER S OTHER X (SPECIFY)
626	CHECK 625:	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 628) ←	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 628) ←

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
627	Where did you first seek advice or treatment? USE LETTER CODE FROM 625.	FIRST PLACE <input type="text"/>	FIRST PLACE <input type="text"/>
628	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
629	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (SKIP TO 646) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 646) ← DON'T KNOW 8
630	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS COARTEM/ACT A SP/FANSIDAR B CHLOROQUINE C AMODIAQUINE D QUININE PILLS E INJECTION/IV F OTHER ANTIMALARIAL _____ G (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP H INJECTION/IV I OTHER DRUGS ASPIRIN J PARACETAMOL K ACETAMINOPHEN L IBUPROFEN M OTHER X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS COARTEM/ACT A SP/FANSIDAR B CHLOROQUINE C AMODIAQUINE D QUININE PILLS E INJECTION/IV F OTHER ANTIMALARIAL _____ G (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP H INJECTION/IV I OTHER DRUGS ASPIRIN J PARACETAMOL K ACETAMINOPHEN L IBUPROFEN M OTHER X (SPECIFY) DON'T KNOW Z
631	CHECK 630: ANY CODE A-G CIRCLED?	YES NO <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 646) ←	YES NO <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 646) ←
632	CHECK 630: COARTEM/ACT ('A') GIVEN	CODE 'A' CODE 'A' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 634) ←	CODE 'A' CODE 'A' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 634) ←

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
633	How long after the fever started did (NAME) first take Coartem?	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
634	CHECK 630: SP/FANSIDAR ('B') GIVEN	CODE 'B' CODE 'B' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/>  (SKIP TO 636) ←	CODE 'B' CODE 'B' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/>  (SKIP TO 636) ←
635	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
636	CHECK 630: CHLOROQUINE ('C') GIVEN	CODE 'C' CODE 'C' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/>  (SKIP TO 638) ←	CODE 'C' CODE 'C' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/>  (SKIP TO 638) ←
637	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
638	CHECK 630: AMODIAQUINE ('D') GIVEN	CODE 'D' CODE 'D' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/>  (SKIP TO 640) ←	CODE 'D' CODE 'D' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/>  (SKIP TO 640) ←

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
639	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
640	CHECK 630: QUININE ('E' OR 'F') GIVEN	CODE 'E' OR 'F' CIRCLED <input type="checkbox"/> ↓ CODE 'E' OR 'F' NOT CIRCLED <input type="checkbox"/> (SKIP TO 644) ←	CODE 'E' OR 'F' CIRCLED <input type="checkbox"/> ↓ CODE 'E' OR 'F' NOT CIRCLED <input type="checkbox"/> (SKIP TO 644) ←
641	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
644	CHECK 630: OTHER ANTIMALARIAL ('G') GIVEN	CODE 'I' CIRCLED <input type="checkbox"/> ↓ CODE 'I' NOT CIRCLED <input type="checkbox"/> (SKIP TO 646) ←	CODE 'I' CIRCLED <input type="checkbox"/> ↓ CODE 'I' NOT CIRCLED <input type="checkbox"/> (SKIP TO 646) ←
645	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	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
646		GO BACK TO 604 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 647.	GO TO 604 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 647.

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
647	<p>CHECK 615(a) AND 615(b), ALL COLUMNS:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>NO CHILD RECEIVED FLUID FROM ORS PACKET OR ORALIT</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>ANY CHILD RECEIVED FLUID FROM ORS PACKET OR ORALIT</p> <input type="checkbox"/> </div> </div>		→ 649
648	<p>Have you ever heard of a special product called Oralit you can get for the treatment of diarrhea?</p>	<p>YES 1</p> <p>NO 2</p>	
648A	<p>CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2011-2016 LIVING WITH THE RESPONDENT</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ONE OR MORE</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NONE</p> <input type="checkbox"/> </div> </div>		→ 701
649	<p>CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2014-2016 LIVING WITH THE RESPONDENT</p> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;"> <p>ONE OR MORE</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>OTHER</p> <input type="checkbox"/> </div> </div>		→ 654

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
650	Now I would like to ask you about liquids or foods that (NAME FROM 649)/you had yesterday during the day or at night. I am interested in whether your child and you had the item I mention even if it was combined with other foods.	CHILD			MOTHER			
		YES	NO	DK	YES	NO	DK	
	a) Plain water?	a)	1	2	8	1	2	8
	b) Juice or juice drinks?	b)	1	2	8	1	2	8
	c) Clear broth?	c)	1	2	8	1	2	8
	d) Milk such as tinned, powdered, or fresh animal milk? IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	d)	1	2	8	1	2	8
		NUMBER OF TIMES DRANK	<input type="text"/>				<input type="text"/>	
	e) Infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	e)	1	2	8			
		NUMBER OF TIMES DRANK	<input type="text"/>					
	f) Any other liquids?	f)	1	2	8	1	2	8
	g) Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	g)	1	2	8	1	2	8
		NUMBER OF TIMES ATE	<input type="text"/>			<input type="text"/>		
	h) Any fortified baby food such as Sun, Milna, Promina?	h)	1	2	8			
	i) Bread, rice, maize, noodles, or other foods made from grains, such as Pautimor, Supermie, Popmie?	i)	1	2	8	1	2	8
	j) Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	j)	1	2	8	1	2	8
	k) White potatoes, cassava, or any other foods made from roots?	k)	1	2	8	1	2	8
	Any dark green, leafy vegetables, such as mostarda, kanku, aifarina, tahan, lakeru, dikin, marungi?	l)	1	2	8	1	2	8
	m) Ripe mangoes or papayas?	m)	1	2	8	1	2	8
	n) Any other fruits or vegetables?	n)	1	2	8	1	2	8
	o) Liver, kidney, heart, or other organ meats?	o)	1	2	8	1	2	8
	p) Any meat, such as beef, pork, lamb, goat, dog, chicken, or duck?	p)	1	2	8	1	2	8
	q) Eggs?	q)	1	2	8	1	2	8
	r) Fresh or dried fish or shellfish?	r)	1	2	8	1	2	8
	s) Any foods made from beans, peas, lentils, or nuts, such as Tempe Tahu?	s)	1	2	8	1	2	8
	t) Cheese or other food made from milk?	t)	1	2	8	1	2	8
	u) Any other solid, semi-solid, or soft food?	u)	1	2	8	1	2	8
651	CHECK 650 (CATEGORIES 'g' THROUGH 'u'): NOT A SINGLE 'YES' FOR THE CHILD <input type="checkbox"/>	AT LEAST ONE 'YES' FOR THE CHILD <input type="checkbox"/>						→ 653

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
652	<p>Did (NAME FROM 649) 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</p> <p>(GO BACK TO 650 TO RECORD FOOD EATEN YESTERDAY)</p> <p>(THEN CONTINUE TO 653)</p> <p>NO 2 → 654</p>	
653	<p>How many times did (NAME FROM 649) 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>	
654	<p>The last time (NAME FROM 649) 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 align="center">(SPECIFY)</p>	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	→ 704
702	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 712
703	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 709
704	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
705	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME LINE NO.	
706	Does your (husband/partner) have other wives or does he live with other women as if married?	YES 1 NO 2 DON'T KNOW 8	→ 709
707	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS DON'T KNOW 98	
708	Are you the first, second, ... wife?	RANK	
709	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
710	CHECK 709: MARRIED/ LIVED WITH A MAN ONLY ONCE a) In what month and year did you start living with your (husband/partner)? MARRIED/ LIVED WITH A MAN MORE THAN ONCE b) Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?	MONTH DON'T KNOW MONTH 98 YEAR DON'T KNOW YEAR 9998	→ 712
711	How old were you when you first started living with him?	AGE	
712	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
713	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If 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. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS	→ 731
714	I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	→ 716 → 727

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER																								
715	When was the last time you had sexual intercourse with this person?		DAYS AGO .. 1 <table border="1"><tr><td></td><td></td></tr></table> WEEKS AGO .. 2 <table border="1"><tr><td></td><td></td></tr></table> MONTHS AGO .. 3 <table border="1"><tr><td></td><td></td></tr></table>							DAYS AGO .. 1 <table border="1"><tr><td></td><td></td></tr></table> WEEKS AGO .. 2 <table border="1"><tr><td></td><td></td></tr></table> MONTHS AGO .. 3 <table border="1"><tr><td></td><td></td></tr></table>																		
716	The last time you had sexual intercourse with this person, was a condom used?	YES 1 NO 2 (SKIP TO 718) ←	YES 1 NO 2 (SKIP TO 718) ←	YES 1 NO 2 (SKIP TO 718) ←																								
717	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2																								
718	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	HUSBAND 1 LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY)	HUSBAND 1 LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY)	HUSBAND 1 LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY)																								
719	How long ago did you first have sexual intercourse with this person?	DAYS AGO .. 1 <table border="1"><tr><td></td><td></td></tr></table> WEEKS AGO .. 2 <table border="1"><tr><td></td><td></td></tr></table> MONTHS AGO .. 3 <table border="1"><tr><td></td><td></td></tr></table> YEARS AGO .. 4 <table border="1"><tr><td></td><td></td></tr></table>									DAYS AGO .. 1 <table border="1"><tr><td></td><td></td></tr></table> WEEKS AGO .. 2 <table border="1"><tr><td></td><td></td></tr></table> MONTHS AGO .. 3 <table border="1"><tr><td></td><td></td></tr></table> YEARS AGO .. 4 <table border="1"><tr><td></td><td></td></tr></table>									DAYS AGO .. 1 <table border="1"><tr><td></td><td></td></tr></table> WEEKS AGO .. 2 <table border="1"><tr><td></td><td></td></tr></table> MONTHS AGO .. 3 <table border="1"><tr><td></td><td></td></tr></table> YEARS AGO .. 4 <table border="1"><tr><td></td><td></td></tr></table>								
720	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, RECORD '95'.	NUMBER OF TIMES <table border="1"><tr><td></td><td></td></tr></table>			NUMBER OF TIMES <table border="1"><tr><td></td><td></td></tr></table>			NUMBER OF TIMES <table border="1"><tr><td></td><td></td></tr></table>																				
721	How old is this person?	AGE OF PARTNER <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW 98			AGE OF PARTNER <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW 98			AGE OF PARTNER <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW 98																				
722	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 715 IN NEXT COLUMN) ← NO 2 (SKIP TO 724) ←	YES 1 (GO BACK TO 715 IN NEXT COLUMN) ← NO 2 (SKIP TO 724) ←																									
723	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.			NUMBER OF PARTNERS LAST 12 MONTHS .. <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW 98																								

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	CHECK 106: <div style="display: flex; justify-content: space-around;"> <div>AGE 15-24 <input type="checkbox"/></div> <div>AGE 25-49 <input type="checkbox"/></div> </div>		→ 727
725	CHECK 701: <div style="display: flex; justify-content: space-around;"> <div>NOT <input type="checkbox"/> IN A UNION</div> <div>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></div> </div>		→ 727
726	In the past 12 months have you had sex or been sexually involved with anyone because this person gave you or told you he would give you gifts, cash, or anything else?	YES 1 NO 2	
727	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98	
728	CHECK 716, MOST RECENT PARTNER (FIRST COLUMN): <div style="display: flex; justify-content: space-around;"> <div>YES, <input type="checkbox"/> CONDOM USED</div> <div>NO, <input type="checkbox"/> CONDOM NOT USED</div> <div>NOT <input type="checkbox"/> ASKED</div> </div>		→ 731 → 731

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
730	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL HOSPITAL 11</p> <p>REFERRAL HOSPITAL 12</p> <p>COMMUNITY HEALTH CENTE..... 13</p> <p>HEALTH POST 14</p> <p>SISCa POST 15</p> <p>MOBILE CLINIC 17</p> <p>CONDOM BOX 18</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16</p> <p align="center">(SPECIFY)</p> <p>NON-GOVT (NGO) SECTOR</p> <p>MARIES STOPES 21</p> <p>OTHER NGO</p> <p>_____ 26</p> <p align="center">(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</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 41</p> <p>HUSBAND/PARTNER 42</p> <p>FRIEND/RELATIVE 43</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>													
731	<p>PRESENCE OF OTHERS DURING THIS SECTION.</p>	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>CHILDREN <10</td><td>1</td><td>2</td></tr> <tr> <td>MALE ADULTS</td><td>1</td><td>2</td></tr> <tr> <td>FEMALE ADULTS</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	CHILDREN <10	1	2	MALE ADULTS	1	2	FEMALE ADULTS	1	2	
	YES	NO													
CHILDREN <10	1	2													
MALE ADULTS	1	2													
FEMALE ADULTS	1	2													

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 304: NEITHER <input type="checkbox"/> STERILIZED ↓	HE OR SHE <input type="checkbox"/> STERILIZED →	813
802	CHECK 226: PREGNANT <input type="checkbox"/> ↓	NOT PREGNANT <input type="checkbox"/> OR UNSURE →	804
803	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	→ 805 → 812
804	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	→ 807 → 813 → 811
805	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓ a) How long would you like to wait from now before the birth of (a/another) child? PREGNANT <input type="checkbox"/> ↓ b) 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	→ 811 → 813 → 811
806	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/> →	812
807	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT <input type="checkbox"/> CURRENTLY USING ↓	CURRENTLY <input type="checkbox"/> USING →	813
808	CHECK 805: '24' OR MORE MONTHS <input type="checkbox"/> OR '02' OR MORE YEARS ↓ NOT <input type="checkbox"/> ASKED ↓	'00-23' MONTHS <input type="checkbox"/> OR '00-01' YEAR →	812
809	CHECK 714: DAYS, WEEKS OR <input type="checkbox"/> MONTHS AGO ↓	YEARS <input type="checkbox"/> AGO → NOT <input type="checkbox"/> ASKED →	811 811

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	<p>CHECK 804:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>WANTS TO HAVE <input type="checkbox"/> A/ANOTHER CHILD</p> <p>a) You have said that you do not want (a/another) child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> </div> <div style="width: 45%;"> <p>WANTS NO MORE/ <input type="checkbox"/> NONE</p> <p>b) You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> </div> </div> <p 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 O</p> <p>HEALTH CONCERNS P</p> <p>LACK OF ACCESS/TOO FAR Q</p> <p>COSTS TOO MUCH R</p> <p>PREFERRED METHOD NOT AVAILABLE S</p> <p>NO METHOD AVAILABLE T</p> <p>INCONVENIENT TO USE U</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES V</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW Z</p>	
811	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div>NOT <input type="checkbox"/> ASKED</div> <div>NO, NOT <input type="checkbox"/> CURRENTLY USING</div> <div>YES, <input type="checkbox"/> CURRENTLY USING</div> </div>		→ 813
812	<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>	
813	<p>CHECK 216:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HAS LIVING <input type="checkbox"/> CHILDREN</p> <p>a) 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="width: 45%;"> <p>NO LIVING <input type="checkbox"/> CHILDREN</p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> </div> <p align="center">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</p> <p align="center">(SPECIFY)</p>	<p>→ 815</p> <p>→ 815</p>
814	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?</p>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div>BOYS</div> <div>GIRLS</div> <div>EITHER</div> </div> <p>NUMBER .. <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
815	In the last few months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Seen about family planning in poster/billboard? e) Seen street drama? f) Watched film? g) Seen anything about family planning on the internet? h) Received a voice or text message about family planning on a mobile phone?	<div style="text-align: right;">YES NO</div> a) RADIO 1 2 b) TELEVISION 1 2 c) NEWSPAPER OR MAGAZINE 1 2 d) POSTER/BILLBOARD 1 2 e) STREET DRAMA 1 2 f) WATCHED FILM 1 2 g) INTERNET 1 2 d) MOBILE PHONE 1 2	
817	CHECK 701: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>YES, <input type="checkbox"/> CURRENTLY MARRIED</div> <div>YES, <input type="checkbox"/> LIVING WITH A MAN</div> <div>NO, <input type="checkbox"/> NOT IN A UNION</div> </div>		→ 901
818	CHECK 303: USING A CONTRACEPTIVE METHOD? <div style="display: flex; justify-content: space-around; align-items: center;"> <div>CURRENTLY <input type="checkbox"/> USING</div> <div>NOT <input type="checkbox"/> CURRENTLY USING</div> <div>NOT <input type="checkbox"/> ASKED</div> </div>		→ 820 → 822
819	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER 6 <div style="text-align: center;">(SPECIFY)</div>	→ 821
820	Would you say that not using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER 6 <div style="text-align: center;">(SPECIFY)</div>	
821	CHECK 304: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>NEITHER ARE <input type="checkbox"/> STERILIZED</div> <div>HE OR SHE ARE <input type="checkbox"/> STERILIZED</div> </div>		→ 901
822	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	NOT IN <input type="checkbox"/> UNION	→ 909
902	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
903	Did your (husband/partner) ever attend school?	YES 1 NO 2	→ 906
904	What was the highest level of school he attended: primary, pre-secondary, secondary, or higher?	PRIMARY 1 PRE-SECONDARY 2 SECONDARY 3 HIGHER 4 DON'T KNOW 8	→ 906
905	What was the highest grade he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE <input type="text"/> <input type="text"/> DON'T KNOW 98	
906	Has your (husband/partner) done any work in the last 7 days?	YES 1 NO 2 DON'T KNOW 8	→ 908
907	Has your (husband/partner) done any work in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	→ 909
908	What is your (husband's/partner's) occupation? That is, what kind of work does he mainly do?	_____ _____ _____ <input type="text"/> <input type="text"/>	
909	Aside from your own housework, have you done any work in the last seven days?	YES 1 NO 2	→ 913
910	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES 1 NO 2	→ 913
911	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES 1 NO 2	→ 913
912	Have you done any work in the last 12 months?	YES 1 NO 2	→ 917
913	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ _____ <input type="text"/> <input type="text"/>	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
914	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
915	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	
916	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	
917	CHECK 701: CURRENTLY <input type="checkbox"/> MARRIED/LIVING WITH A MAN ↓ NOT IN UNION <input type="checkbox"/> → 924A		
918	CHECK 916: CODE '1' OR '2' <input type="checkbox"/> CIRCLED ↓ OTHER <input type="checkbox"/> → 921		
919	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 OTHER _____ 6 (SPECIFY)	
920	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER HAS NO EARNINGS 4 → 922 DON'T KNOW 8	
921	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 HUSBAND/PARTNER HAS NO EARNINGS 4 OTHER _____ 6 (SPECIFY)	
922	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
923	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
924	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6																													
924A	In your household, who decides on what food to be prepared or eaten by the family members?	RESPONDENT 01 HUSBAND 02 GRANDFATHER 03 GRANDMOTHEF 04 MOTHER 05 FATHER 06 MOTHER-IN-LAW 07 FATHER-IN-LAW 08 SISTER 09 BROTHER 10 DAUGHTER 11 SON 12 OTHER RELATIVE 13 OTHER 96 DEPENDS 98																													
925	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																													
928	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																													
931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table> <tr> <th></th><th>PRES./ LISTEN.</th><th>PRES./ NOT LISTEN.</th><th>NOT PRES.</th></tr> <tr> <td>CHILDREN < 10</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>HUSBAND</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OTHER MALES</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OTHER FEMALES</td><td>1</td><td>2</td><td>3</td></tr> </table>		PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.	CHILDREN < 10	1	2	3	HUSBAND	1	2	3	OTHER MALES	1	2	3	OTHER FEMALES	1	2	3									
	PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.																												
CHILDREN < 10	1	2	3																												
HUSBAND	1	2	3																												
OTHER MALES	1	2	3																												
OTHER FEMALES	1	2	3																												
932	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food? f) If she cannot get pregnant/cannot have children?	<table> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> <tr> <td>a) GOES OUT</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) NEGLECTS CHILDREN ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) ARGUES</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) REFUSES SEX</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) BURNS FOOD</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>f) CANNOT HAVE CHILDREN</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	a) GOES OUT	1	2	8	b) NEGLECTS CHILDREN ..	1	2	8	c) ARGUES	1	2	8	d) REFUSES SEX	1	2	8	e) BURNS FOOD	1	2	8	f) CANNOT HAVE CHILDREN	1	2	8	
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e) BURNS FOOD	1	2	8																												
f) CANNOT HAVE CHILDREN	1	2	8																												

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1000	CHECK COVER PAGE:HOUSEHOLD SELECTED FOR HIV SECTION? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 1100A																
1001	Now I would like to talk about something else. Have you ever heard of HIV or AIDS?	YES 1 NO 2	→ 1042																
1002	HIV is the virus that can lead to AIDS. 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																	
1003	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
1004	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																	
1005	Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DON'T KNOW 8																	
1006A	Can people get HIV by sharing clothes with a person who has HIV?	YES 1 NO 2 DON'T KNOW 8																	
1007	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DON'T KNOW 8																	
1008	Can HIV be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) DURING PREGNANCY . .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) DURING DELIVERY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) BREASTFEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) DURING PREGNANCY . .	1	2	8	b) DURING DELIVERY	1	2	8	c) BREASTFEEDING	1	2	8	
	YES	NO	DK																
a) DURING PREGNANCY . .	1	2	8																
b) DURING DELIVERY	1	2	8																
c) BREASTFEEDING	1	2	8																
1009	CHECK 1008: AT LEAST ONE 'YES' <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 1011																
1010	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																	
1011	CHECK 208 AND 215: LAST BIRTH IN 2014-2016 <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> LAST BIRTH IN 2013 OR EARLIER <input type="checkbox"/>		→ 1027 → 1027																
1012	CHECK 408 FOR LAST BIRTH: HAD ANTENATAL CARE <input type="checkbox"/> NO ANTENATAL CARE <input type="checkbox"/>		→ 1027																
1013	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1014	During any of the antenatal visits for your last birth were you given any information about: a) Babies getting HIV from their mother? b) Things that you can do to prevent getting HIV? c) Getting tested for HIV?	<div style="text-align: right; margin-bottom: 10px;"> YES NO DK </div> a) HIV FROM MOTHER 1 2 8 b) THINGS TO DO 1 2 8 c) TESTED FOR HIV 1 2 8	
1015	Were you offered a test for HIV as part of your antenatal care?	YES 1 NO 2	
1016	I don't want to know the results, but were you tested for HIV as part of your antenatal care?	YES 1 NO 2	→ 1027
1017	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 NATIONAL HOSPITAL 11 REFERRAL HOSPITAL 12 VCT CENTER 13 COMMUNITY HEALTH CENTER 14 OTHER PUBLIC SECTOR 16 _____ (SPECIFY) NON-GOVT (NGO) SECTOR MARIES STOPES 21 OTHER NGO 26 _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/DOCTO 31 VCT CENTER 32 PHARMACY 33 OTHER PRIVATE MEDICAL SECTOR 36 _____ (SPECIFY) OTHER 96 _____ (SPECIFY)	
1018	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	→ 1025
1019	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	
1025	Have you been tested for HIV since that time you were tested during your pregnancy?	YES 1 NO 2	→ 1028
1026	How many months ago was your most recent HIV test?	MONTHS AGO <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> TWO OR MORE YEARS 95	→ 1035
1027	I don't want to know the results, but have you ever been tested for HIV?	YES 1 NO 2	→ 1031
1028	How many months ago was your most recent HIV test?	MONTHS AGO <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> TWO OR MORE YEARS 95	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1029	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
1030	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 NATIONAL HOSPITAL 11 REFERRAL HOSPITAL 12 VCT CENTER 13 COMMUNITY HEALTH CENTER 14 OTHER PUBLIC SECTOR 16 _____ (SPECIFY) NON-GOVT (NGO) SECTOR MARIES STOPES 21 OTHER NGO 26 _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/DOCTO 31 VCT CENTER 32 PHARMACY 33 OTHER PRIVATE MEDICAL SECTOR 36 _____ (SPECIFY) OTHER 96 _____ (SPECIFY)	→ 1035
1031	Do you know of a place where people can go to get an HIV test?	YES 1 NO 2	→ 1035
1032	Where is that? Any other place? 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 NATIONAL HOSPITAL A REFERRAL HOSPITAL B VCT CENTEF C COMMUNITY HEALTH CENTE D OTHER PUBLIC SECTOR E _____ (SPECIFY) NON-GOVT (NGO) SECTOR MARIES STOPES F OTHER NGO G _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/DOCTO H VCT CENTER I PHARMACY J OTHER PRIVATE MEDICAL SECTOR L _____ (SPECIFY) OTHER X _____ (SPECIFY)	
1035	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/NOT SURE/DEPENDS 8	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1036	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1042	CHECK 1001: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> HEARD ABOUT HIV OR AIDS <input type="checkbox"/> ↓ a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? </div> <div style="width: 45%;"> NOT HEARD ABOUT HIV OR AIDS <input type="checkbox"/> ↓ b) Have you heard about infections that can be transmitted through sexual contact? </div> </div>	YES 1 NO 2	
1043	CHECK 713: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/> </div> </div>		→ 1051
1044	CHECK 1042: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> YES <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO <input type="checkbox"/> </div> </div>		→ 1046
1045	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
1046	Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?	YES 1 NO 2 DON'T KNOW 8	
1047	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DON'T KNOW 8	
1048	CHECK 1045, 1046, AND 1047: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/> </div> </div>		→ 1051
1049	The last time you had (PROBLEM FROM 1045/1046/1047), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 1051

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1050	<p>Where did you go?</p> <p>Any other 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 align="center">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL HOSPITAL A</p> <p>REFERRAL HOSPITAL B</p> <p>VCT CENTEF C</p> <p>COMMUNITY HEALTH CENTE D</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ E</p> <p align="center">(SPECIFY)</p> <p>NON-GOVT (NGO) SECTOR</p> <p>MARIES STOPES F</p> <p>OTHER NGO</p> <p>_____ G</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/DOCTO H</p> <p>VCT CENTER I</p> <p>PHARMACY J</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ M</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>TRADITIONAL PRACTITIONER N</p> <p>SHOP O</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	
1051	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>	
1051A	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1052	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>	
1053	<p>CHECK 701:</p> <p align="center">CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p align="center">NOT IN UNION <input type="checkbox"/> _____ → 1100A</p>		
1054	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>	
1055	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 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
1100A	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 1101		
1100B	Where did you hear about Tuberculosis or TB? RECORD ALL MENTIONED.	FAMILY/FRIEND A SCHOOL/WORKPLACE B HEALTH CARE PROVIDER C INTERNET D TELEVISION E RADIO F NEWSPAPER G OTHER X (SPECIFY) _____			
1100C	Do you think you can get TB because of a) Infection due to germs? b) Hereditary causes? c) Ghosts and spirits? d) Evil eye?	YES NO DK GERMS 1 2 8 HEREDITARY 1 2 8 GHOSTS 1 2 8 EVIL EYE 1 2 8			
1100D	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS B THROUGH TOUCHING A PERSON WITH TB C THROUGH FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER X (SPECIFY) _____ DON'T KNOW Z			
1100E	What are the symptoms of TB?	COUGH FOR MORE THAN 2 WEEKS A CHEST PAIN B LOSS OF APPETITE C LOSS OF WEIGHT D FEVER AND NIGHT SWEATS E COUGHING UP BLOOD F DON'T KNOW Z			
1100F	If you have cough for more than 2 weeks would you seek treatment?	YES 1 NO 2 DON'T KNOW 8	→ 1100H		
1100G	Where would you seek treatment for cough more than 2 weeks?	GOVERNMENT HEALTH FACILITY A PRIVATE PRACTITIONER B PRIVATE HEALTH FACILITY/NGO C DIRECTLY BUY MEDICINE FROM PHARMACY D TRADITIONAL HEALER E HOME REMEDY/SELF TREATMENT F DON'T KNOW Z			
1100H	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8			
1101	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NONE 00			→ 1104

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1102	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS <input type="text"/> <input type="text"/> NONE 00	→ 1104
1103	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES 1 NO 2 DON'T KNOW 8	
1104	Do you currently smoke cigarettes every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 1106
1105	On average, how many cigarettes do you currently smoke each day?	NUMBER OF CIGARETTES <input type="text"/> <input type="text"/>	
1106	Do you currently smoke or use any other type of tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 1107A
1107	What other type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	KRETEKS A PIPES FULL OF TOBACCO B CIGARS, CHEROOTS, OR CIGARILLOS C CHEWING TOBACCO D BETEL QUID WITH TOBACCO E OTHER X (SPECIFY)	
1107AA	CHECK 1107: BETEL QUID WITH TOBACCO NOT RECORDED <input type="checkbox"/>	BETEL QUID WITH TOBACCO <input type="checkbox"/> →	→ 1107C
1107A	Do you currently chew betel quid every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 1107C
1107B	On average, how many times do you currently chew betel quid each day?	NUMBER OF TIMES <input type="text"/> <input type="text"/>	
1107C	How old were you when you had your first alcoholic beverage?	NEVER HAD AN ALCOHOLIC BEVERAGE 00 AGE IN YEARS <input type="text"/> <input type="text"/>	→ 1108
1107D	In the last three months, how often did you drink an alcoholic beverage?	EVERY DAY 1 ALMOST EVERY DAY 2 ONCE/TWICE A WEEK 3 ONCE/TWICE A MONTH 4 LESS THAN ONCE A MONTH 5 NEVER 6	
1107E	Have you ever gotten drunk from drinking an alcoholic beverage?	YES 1 NO 2	→ 1108
1107F	In the last three months, how many times have you gotten drunk from drinking an alcoholic beverage?	NEVER DRUNK IN PAST THREE MONTHS 00 NUMBER OF TIMES <input type="text"/> <input type="text"/>	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
1108	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 a big problem:		BIG PROBLEM	NOT A BIG PROBLEM	
	a) Getting permission to go to the doctor?	a) PERMISSION TO GO	1	2	
	b) Getting money needed for advice or treatment?	b) GETTING MONEY	1	2	
	c) The distance to the health facility?	c) DISTANCE	1	2	
	d) Having to take transport?	d) TAKE TRANSPORT	1	2	
	e) Not wanting to go alone?	e) GO ALONE	1	2	
	f) Concern that there may not be a female health provider?	f) NO FEMALE PROVIDER	1	2	
	g) Concern that there may not be any health provider?	g) NO PROVIDER	1	2	
	h) Concern that there may be no drugs available?	h) NO DRUGS	1	2	
	i) Concern about the quality of care?	i) POOR QUALITY OF CARE	1	2	
	j) Concern about being treated with dignity and respect?	j) NOT TREATED	1	2	
1110A	What services do you think should be made available to you?		YES	NO	NO OPINION
	a) Information on reproductive health?	REPRODUCTIVE HEALTH	1	2	8
	b) Information on family planning?	INFORMATION ON FP	1	2	8
	c) Consultation on family planning options?	CONSULTATION ON FP	1	2	8
	d) Provision of modern methods of contraception?	MODERN METHODS	1	2	8
	e) Information of traditional/natural methods of family planning?	TRADITIONAL METHODS	1	2	8
	f) Information on nutrition education?	NUTRITION EDUCATION	1	2	8
	g) Information on maternal and child health?	MATERNAL CHILD HEALTH	1	2	8

SECTION 12. NON-COMMUNICABLE DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1200A	CHECK COVER PAGE:HOUSEHOLD SELECTED FOR NON-COMMUNICABLE DISEASES SECTION? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 1301
1200B	CHECK Q.106: AGE 30 OR OLDER <input type="checkbox"/> LESS THAN 30 <input type="checkbox"/>		→ 1301
1201	Have you ever had your blood pressure measured by a doctor or other health worker?	YES 1 NO 2 DON'T KNOW 8	
1202	Have you ever been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES 1 NO 2	→ 1206
1203	In the past 12 months, have you been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES 1 NO 2	
1204	Has a doctor or other healthcare worker prescribed medication to control your blood pressure?	YES 1 NO 2	
1205	Are you taking medication to control your blood pressure?	YES 1 NO 2	
1206	Have you ever had your blood sugar measured by a doctor or other health worker?	YES 1 NO 2 DON'T KNOW 8	
1207	Have you ever been told by a doctor or other health worker that you have high blood sugar or diabetes?	YES 1 NO 2	→ 1211
1208	In the past 12 months, have you been told by a doctor or other health worker that you have high blood sugar or diabetes?	YES 1 NO 2	
1209	Has a doctor or other healthcare worker prescribed medication to control your high blood sugar or diabetes?	YES 1 NO 2	
1210	Are you taking medication to control your high blood sugar or diabetes?	YES 1 NO 2	
1211	Have you ever been told by a doctor or other health worker that you have heart disease or a chronic heart	YES 1 NO 2	→ 1213
1212	Are you receiving any treatment for your heart disease or chronic heart condition?	YES 1 NO 2	
1213	Have you ever been told by a doctor or other health worker that you have lung disease or a chronic lung	YES 1 NO 2	→ 1215
1214	Are you receiving any treatment for your lung disease or chronic lung condition?	YES 1 NO 2	
1215	Have you ever been told by a doctor or other health worker that you have cancer or a tumor?	YES 1 NO 2	→ 1217
1216	Are you receiving any treatment for cancer or a tumor?	YES 1 NO 2	
1217	Have you ever been told by a doctor or other health worker that you have depression?	YES 1 NO 2	→ 1219
1218	Are you receiving any treatment for depression?	YES 1 NO 2	

SECTION 12. NON-COMMUNICABLE DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1219	Have you ever been told by a doctor or other health worker that you have arthritis?	YES 1 NO 2	→ 1221
1220	Are you receiving any treatment for arthritis?	YES 1 NO 2	
1221	Have you ever been told by a doctor or other health worker that you have any other chronic disease, that is, any other disease that is long lasting?	YES 1 (SPECIFY CHRONIC DISEASE) NO 2	→ 1223
1222	Are you receiving any treatment for [CHRONIC DISEASE FROM 1221]?	YES 1 NO 2	
1223	Have you heard of cervical cancer?	YES 1 NO 2	→ 1301
1224	Have you heard of any test for cervical cancer?	YES 1 NO 2	

SECTION 13. YOUTH

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1301	CHECK COVER PAGE:HOUSEHOLD SELECTED FOR YOUTH SECTION? YES <input type="checkbox"/> NO <input type="checkbox"/>		1400A
1302	CHECK Q.106: AGE LESS THAN 25 <input type="checkbox"/> 25 OR OLDER <input type="checkbox"/>		1400A
1303	How do you mostly spend your free time? For example after you have finished school, work, helping parent/spouse, or looking after kids.	READING 01 DOING SPORTS 02 HANGING OUT WITH FRIEND 03 WATCHING TV 04 ON INTERNET/SOCIAL MEDIA 05 OTHER _____ 96 (SPECIFY) DEPENDS 98	
1304	How many hours a week do you usually get to pass time with friends? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF HOURS <input type="text"/> <input type="text"/> DON'T HANG OUT WITH FRIEND 00	1306
1305	Where do you mostly pass time with friends?	AT HER HOUSE 01 AT FRIEND'S HOUSE 02 IN THE STREET/MALLS/PARK 03 IN BAR/RESTAURANT 04 AT SPORT FACILITY 05 AT YOUTH CENTER/COMMUNITY CENTER/ YOUTH CLUB 06 BEACH 07 OTHER _____ 96 (SPECIFY) DEPENDS 98	
1306	If you are in trouble or have a problem, who do you mostly go to for advice/help?	MOTHER 01 FATHER 02 SIBLING 03 OTHER RELATIVES 04 FRIENDS 05 INTERNET 06 TEACHER/HEALTH PROFESSIONAL/ YOUTH CENTER STAFF 07 RELIGIOUS LEADER 08 OTHER _____ 96 (SPECIFY) DON'T KNOW/DEPENDS 98	
1307	Have you ever received information about reproductive health?	YES 1 NO 2	1309
1308	From where did you receive information?	PARENTS A SCHOOL B HEALTH FACILITIES C PEERS D TV E RADIO F INTERNET/ONLINE SOCIAL MEDIA/FACEBOOK G SMS H RELIGIOUS LEADER I OTHER _____ X (SPECIFY)	

SECTION 13. YOUTH

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1309	What is the best way to share with you information on reproductive health?	TV 01 SMS/MOBILE PHONE 02 HOTLINE (LINHA FOINSA'E) 03 INTERNET/ONLINE SOCIAL MEDIA/FACEBOOK 04 IEC MATERIALS (BOOKLET/LEAFLET/POSTER) 05 AT HEALTH CENTER 06 FROM PEERS 07 AT SCHOOL/UNIVERSITY 08 AT COMMUNITY/YOUTH CENTER 09 THROUGH RELIGIOUS LEADER/ORGANIZATION 10 OTHER _____ 96 (SPECIFY) DON'T KNOW/DEPENDS 98	→ 1311
1310	Have you heard of Linha Foinse'e?	YES 1 NO 2	
1311	Before starting a relationship as a girlfriend with a boy who do you speak to for advice or look for advice?	NOBODY/NOTHING 01 PARENTS 02 PEERS 03 CHURCH 04 TV 05 INTERNET/ONLINE SOCIAL MEDIA/FACEBOOK 06 BOOKS/MAGAZINES 07 OTHER _____ 96 (SPECIFY) DON'T KNOW/DEPENDS 98	

SECTION 14. EARLY CHILDHOOD DEVELOPMENT

NOTE : Children age 48-59 months (4 years old) were mistakenly not included when asking questions in the Early Childhood

Development section (Qs 1401-1420).

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1400A	CHECK COVER PAGE:HOUSEHOLD SELECTED FOR CHILD DEVELOPMENT SECTION? YES <input type="checkbox"/> NO <input type="checkbox"/>		1501
1401	CHECK 217 AND 218: ANY CHILD 0-4 YEARS OLD LIVING WITH HIS/HER MOTHER? YES <input type="checkbox"/> NO <input type="checkbox"/>		1501
1402	CHECK 217 AND 218: SELECT THE YOUNGEST CHILD AGED 0-4 LIVING WITH HIS/HER MOTHER AND RECORD NAME AND LINE NUMBER NAME OF THE YOUNGEST CHILD FROM Q. 212 _____ LINE NUMBER OF THE YOUNGEST CHILD FROM Q.219 <input type="text"/> <input type="text"/>		
1403	READ TO THE RESPONDENT: Now I would like to ask you some questions about (NAME OF THE CHILD FROM 1402), your youngest child living with you who is 0-4 years old.		
1404	How many children's books or picture books do you have for (NAME)?	NONE 00 NUMBER OF BOOKS FOR CHILDREN <input type="text"/> <input type="text"/> TEN BOOKS OR MORE 10	
1405	I am interested in learning about the things that (NAME) plays with when (he/she) is at home. Does (he/she) play 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	YES NO DK a) HOMEMADE TOYS 1 2 8 b) TOYS FROM A SHOP 1 2 8 c) HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS 1 2 8	
1406	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'	a) NUMBER OF DAYS LEFT ALONE FOR MORE THAN AN HOUR <input type="text"/> b) NUMBER OF DAYS LEFT TO ANOTHER CHILD FOR MORE THAN AN HOUR .. <input type="text"/>	
1407	VERIFY 217: AGE OF THE CHILD CHILD 0, 1, OR 2 YEARS <input type="checkbox"/> CHILD 3 OR 4 YEARS <input type="checkbox"/>		1409
1408	VERIFY 217 AND 218: ANY CHILD AGE 3-4 LIVING YES <input type="checkbox"/> NO <input type="checkbox"/>		1501
1408A	CHECK 217 AND 218: SELECT THE YOUNGEST CHILD AGE 3 OR 4 LIVING WITH HIS/HER MOTHER AND RECORD NAME AND LINE NUMBER NAME OF YOUNGEST CHILD AGE 3 OR 4 FROM Q.212 _____ LINE NUMBER OF YOUNGEST CHILD AGE 3 OR 4 FROM Q.219 <input type="text"/> <input type="text"/>		

1409	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																																				
1410	<p>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)?</p> <p>IF YES, ASK: Who engaged in this activity with (NAME)?</p> <p>a) Read books to or looked at picture books with (NAME)?</p> <p>b) Told stories to (NAME)?</p> <p>c) Sang songs to (NAME) or with (NAME), including lullabies?</p> <p>d) Took (NAME) outside of the home, compound, yard or enclosure?</p> <p>e) Played with (NAME)?</p> <p>f) Named, counted, or drew things to or with (NAME)?</p>	<table><tr><td></td><td>MOTHER</td><td>FATHER</td><td>OTHER</td><td>NO ONE</td></tr><tr><td>a) READ BOOKS</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr><tr><td>b) TOLD STORIES</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr><tr><td>c) SANG SONGS</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr><tr><td>d) TOOK OUTSIDE</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr><tr><td>e) PLAYED WITH</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr><tr><td>f) NAMED OR COUNTED</td><td>A</td><td>B</td><td>X</td><td>Y</td></tr></table>		MOTHER	FATHER	OTHER	NO ONE	a) READ BOOKS	A	B	X	Y	b) TOLD STORIES	A	B	X	Y	c) SANG SONGS	A	B	X	Y	d) TOOK OUTSIDE	A	B	X	Y	e) PLAYED WITH	A	B	X	Y	f) NAMED OR COUNTED	A	B	X	Y	
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f) NAMED OR COUNTED	A	B	X	Y																																		
1411	I would like to ask you some questions about the health and development of (NAME). Children do not all develop and learn at the same rate. For example, some walk earlier than others. These questions are related to several aspects (NAME)'s development. Can (NAME) identify or name at least ten letters of the alphabet?	YES 1 NO 2 DON'T KNOW 8																																				
1412	Can (NAME) read at least four simple, popular words?	YES 1 NO 2 DON'T KNOW 8																																				
1413	Does (NAME) know the name and recognize the symbol of all numbers from 1 to 10?	YES 1 NO 2 DON'T KNOW 8																																				
1414	Can (NAME) pick up a small object with two fingers, like a stick or a rock from the ground?	YES 1 NO 2 DON'T KNOW 8																																				
1415	Is (NAME) sometimes too sick to play?	YES 1 NO 2 DON'T KNOW 8																																				
1416	Does (NAME) follow simple directions on how to do something correctly?	YES 1 NO 2 DON'T KNOW 8																																				
1417	When given something to do, is (NAME) able to do it independently?	YES 1 NO 2 DON'T KNOW 8																																				
1418	Does (NAME) get along well with other children or adults?	YES 1 NO 2 DON'T KNOW 8																																				
1419	Does (NAME) kick, bite, or hit other children or adults?	YES 1 NO 2 DON'T KNOW 8																																				
1420	Does (NAME) get distracted easily?	YES 1 NO 2 DON'T KNOW 8																																				

SECTION 15. ADULT AND MATERNAL MORTALITY MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																												
1501	<p>Now I would like to ask you some questions about your brothers and sisters born to your natural mother, including those who are living with you, those living elsewhere and those who have died. From our experience in prior surveys, we know it may sometimes be difficult to establish a complete list of all the children born to your natural mother. We will work together to draw the most complete list and work to recall all your siblings. Could you please now give me the names of all of your brothers and sisters born to your natural mother.</p> <p>DO NOT FILL IN THE ORDER NUMBER YET.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">NAME</th> <th style="width:10%;">ORDER NUMBER</th> <th style="width:35%;">NAME</th> <th style="width:10%;">ORDER NUMBER</th> </tr> </thead> <tbody> <tr><td>a _____</td><td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td><td>k _____</td><td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td></tr> <tr><td>b _____</td><td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td><td>l _____</td><td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td></tr> <tr><td>c _____</td><td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td><td>m _____</td><td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td></tr> <tr><td>d _____</td><td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td><td>n _____</td><td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td></tr> <tr><td>e _____</td><td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td><td>o _____</td><td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td></tr> <tr><td>f _____</td><td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td><td>p _____</td><td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td></tr> <tr><td>g _____</td><td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td><td>q _____</td><td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td></tr> <tr><td>h _____</td><td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td><td>r _____</td><td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td></tr> <tr><td>i _____</td><td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td><td>s _____</td><td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td></tr> <tr><td>j _____</td><td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td><td>t _____</td><td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td></tr> </tbody> </table>	NAME	ORDER NUMBER	NAME	ORDER NUMBER	a _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	k _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	b _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	l _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	c _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	m _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	d _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	n _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	e _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	o _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	f _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	p _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	g _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	q _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	h _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	r _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	i _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	s _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	j _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	t _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		
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1502	<p>CHECK 1501:</p> <p>ONE OR MORE BROTHERS <input type="checkbox"/> OR SISTERS LISTED</p> <p>NO BROTHERS <input type="checkbox"/> OR SISTERS LISTED</p>		→ 1504																																												
1503	<p>READ THE NAMES OF THE BROTHERS AND SISTERS TO THE RESPONDENT AND AFTER THE LAST ONE ASK: Are there any other brothers and sisters from the same mother that you have not mentioned?</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/> → LIST ADDITIONAL BROTHERS AND SISTERS IN 1501.</p>																																														
1504	<p>Sometimes people forget to mention children born to their natural mother because they do not live with them or they do not see them very often. Are there any brothers or sisters who do not live with you that you have not mentioned?</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/> → LIST ADDITIONAL BROTHERS AND SISTERS IN 1501.</p>																																														
1505	<p>Sometimes people forget to mention children born to their natural mother because they have died. Are there any brothers or sisters who died that you have not mentioned?</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/> → LIST ADDITIONAL BROTHERS AND SISTERS IN 1501.</p>																																														
1506	<p>Some people have brothers or sisters from the same mother but a different father. Are there any brothers or sisters born to your natural mother, but who have a different natural father, that you have not mentioned?</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/> → LIST ADDITIONAL BROTHERS AND SISTERS IN 1501.</p>																																														
1507	COUNT THE NUMBER OF BROTHERS AND SISTERS RECORDED IN 1501.	TOTAL BROTHERS AND SISTERS ... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>																																													

SECTION 15. ADULT AND MATERNAL MORTALITY MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1508	<p>CHECK 1507:</p> <p>Just to make make sure that I have this right: Your mother had in TOTAL _____ births, excluding you, during her lifetime. Is that correct?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 1501 AND/OR 1507.</p>		
1509	<p>CHECK 1507:</p> <p>ONE OR MORE <input type="checkbox"/> BROTHERS/SISTERS NO <input type="checkbox"/> BROTHER OR SISTER → 1600</p>		
1510	<p>Please tell me, which brother or sister was born first? And which was born next?</p> <p>RECORD '01' FOR THE ORDER NUMBER IN 1501 FOR THE FIRST BROTHER OR SISTER, '02' FOR THE SECOND, AND SO ON UNTIL YOU HAVE RECORDED THE ORDER NUMBER FOR ALL BROTHERS AND SISTERS.</p>		
1511	<p>How many births did your mother have before you were born?</p>	<p>NUMBER OF PRECEDING BIRTHS .. <input type="text"/> <input type="text"/></p>	

SECTION 15. ADULT AND MATERNAL MORTALITY MODULE

1512	LIST THE BROTHERS AND SISTERS ACCORDING TO THE ORDER NUMBER IN 1501. ASK 1513 TO 1524 FOR ONE BROTHER OR SISTER BEFORE ASKING ABOUT THE NEXT BROTHER OR SISTER. IF THERE ARE MORE THAN 12 BROTHERS AND SISTERS, USE AN ADDITIONAL QUESTIONNAIRE.						
1513	NAME OF BROTHER OR SISTER.	(01)	(02]	(03)	(04)	(05)	(06)
1514	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
1515	Is (NAME) still alive?	YES 1 NO 2 GO TO 1517 ← DK 8 GO TO (02) ←	YES 1 NO 2 GO TO 1517 ← DK 8 GO TO (03) ←	YES 1 NO 2 GO TO 1517 ← DK 8 GO TO (04) ←	YES 1 NO 2 GO TO 1517 ← DK 8 GO TO (05) ←	YES 1 NO 2 GO TO 1517 ← DK 8 GO TO (06) ←	YES 1 NO 2 GO TO 1517 ← DK 8 GO TO (07) ←
1516	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (02)	<input type="text"/> <input type="text"/> GO TO (03)	<input type="text"/> <input type="text"/> GO TO (04)	<input type="text"/> <input type="text"/> GO TO (05)	<input type="text"/> <input type="text"/> GO TO (06)	<input type="text"/> <input type="text"/> GO TO (07)
1517	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"/>
1518	How old was (NAME) when (he/she) died? IF DON'T KNOW, PROBE AND ASK ADDITIONAL QUESTIONS TO GET AN ESTIMATE.	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523
1519	Was (NAME) pregnant when she died?	YES 1 GO TO 1523 ← NO 2	YES 1 GO TO 1523 ← NO 2	YES 1 GO TO 1523 ← NO 2	YES 1 GO TO 1523 ← NO 2	YES 1 GO TO 1523 ← NO 2	YES 1 GO TO 1523 ← NO 2
1520	Did (NAME) die during childbirth?	YES 1 GO TO (02) ← NO 2	YES 1 GO TO (03) ← NO 2	YES 1 GO TO (04) ← NO 2	YES 1 GO TO (05) ← NO 2	YES 1 GO TO (06) ← NO 2	YES 1 GO TO (07) ← NO 2
1521	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2 GO TO 1523 ←	YES 1 NO 2 GO TO 1523 ←	YES 1 NO 2 GO TO 1523 ←	YES 1 NO 2 GO TO 1523 ←	YES 1 NO 2 GO TO 1523 ←	YES 1 NO 2 GO TO 1523 ←
1522	How many days after the end of the pregnancy or childbirth 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"/>
1523	Was (NAME)'s death due to an act of violence?	YES 1 GO TO (02) ← NO 2	YES 1 GO TO (03) ← NO 2	YES 1 GO TO (04) ← NO 2	YES 1 GO TO (05) ← NO 2	YES 1 GO TO (06) ← NO 2	YES 1 GO TO (07) ← NO 2
1524	Was (NAME)'s death due to an accident?	YES 1 NO 2 GO TO (02)	YES 1 NO 2 GO TO (03)	YES 1 NO 2 GO TO (04)	YES 1 NO 2 GO TO (05)	YES 1 NO 2 GO TO (06)	YES 1 NO 2 GO TO (07)
IF NO MORE BROTHERS OR SISTERS, GO TO 1600							

SECTION 15. ADULT AND MATERNAL MORTALITY MODULE

1512	LIST THE BROTHERS AND SISTERS ACCORDING TO THE ORDER NUMBER IN 1501. ASK 1513 TO 1524 FOR ONE BROTHER OR SISTER BEFORE ASKING ABOUT THE NEXT BROTHER OR SISTER. IF THERE ARE MORE THAN 12 BROTHERS AND SISTERS, USE AN ADDITIONAL QUESTIONNAIRE.						
1513	NAME OF BROTHER OR SISTER.	(07)	(08)	(09)	(10)	(11)	(12)
1514	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
1515	Is (NAME) still alive?	YES 1 NO 2 GO TO 1517 ← DK 8 GO TO (08) ←	YES 1 NO 2 GO TO 1517 ← DK 8 GO TO (09) ←	YES 1 NO 2 GO TO 1517 ← DK 8 GO TO (10) ←	YES 1 NO 2 GO TO 1517 ← DK 8 GO TO (11) ←	YES 1 NO 2 GO TO 1517 ← DK 8 GO TO (12) ←	YES 1 NO 2 GO TO 1517 ← DK 8 GO TO (13) ←
1516	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (08)	<input type="text"/> <input type="text"/> GO TO (09)	<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)
1517	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"/>
1518	How old was (NAME) when (he/she) died? IF DON'T KNOW, PROBE AND ASK ADDITIONAL QUESTIONS TO GET AN ESTIMATE.	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523
1519	Was (NAME) pregnant when she died?	YES 1 GO TO 1523 ← NO 2	YES 1 GO TO 1523 ← NO 2	YES 1 GO TO 1523 ← NO 2	YES 1 GO TO 1523 ← NO 2	YES 1 GO TO 1523 ← NO 2	YES 1 GO TO 1523 ← NO 2
1520	Did (NAME) die during childbirth?	YES 1 GO TO (08) ← NO 2	YES 1 GO TO (09) ← NO 2	YES 1 GO TO (10) ← NO 2	YES 1 GO TO (11) ← NO 2	YES 1 GO TO (12) ← NO 2	YES 1 GO TO (13) ← NO 2
1521	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2 GO TO 1523 ←	YES 1 NO 2 GO TO 1523 ←	YES 1 NO 2 GO TO 1523 ←	YES 1 NO 2 GO TO 1523 ←	YES 1 NO 2 GO TO 1523 ←	YES 1 NO 2 GO TO 1523 ←
1522	How many days after the end of the pregnancy or childbirth 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"/>
1523	Was (NAME)'s death due to an act of violence?	YES 1 GO TO (08) ← NO 2	YES 1 GO TO (09) ← NO 2	YES 1 GO TO (10) ← NO 2	YES 1 GO TO (11) ← NO 2	YES 1 GO TO (12) ← NO 2	YES 1 GO TO (13) ← NO 2
1524	Was (NAME)'s death due to an accident?	YES 1 NO 2 GO TO (08)	YES 1 NO 2 GO TO (09)	YES 1 NO 2 GO TO (10)	YES 1 NO 2 GO TO (11)	YES 1 NO 2 GO TO (12)	YES 1 NO 2 GO TO (13)
IF NO MORE BROTHERS OR SISTERS, GO TO 1600							

SECTION 16. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
1600	<p>CHECK COVER PAGE: WOMAN SELECTED FOR DV MODULE?</p> <p>WOMAN SELECTED <input type="checkbox"/> FOR THIS SECTION ↓</p> <p>WOMAN <input type="checkbox"/> NOT SELECTED →</p>		1633																								
1601	<p>CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.</p> <p>PRIVACY OBTAINED 1 ↓</p> <p>PRIVACY NOT POSSIBLE 2 →</p>		1632																								
1601A	<p>READ TO THE RESPONDENT: 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 Timor-Leste. 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. 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.</p>																										
1602	<p>CHECK 701 AND 702:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> ↓</p> <p>FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/PARTNER') <input type="checkbox"/> ↓</p> <p>NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/> →</p>		1616																								
1603	<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/partner)?</p> <p>a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times?</p>	<table> <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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NO FAMILY	1	2	8																								
WHERE YOU ARE	1	2	8																								
1604	<p>Now I need to ask some more questions about your relationship with your (last) (husband/partner).</p> <p>A. Did your (last) (husband/partner) ever:</p> <table> <thead> <tr> <th></th><th>EVER</th><th></th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT IN LAST 12 MONTHS</th></tr> </thead> <tbody> <tr> <td>a) say or do something to humiliate you in front of others?</td><td>YES 1 NO 2 ↓</td><td>→</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>b) threaten to hurt or harm you or someone you care about?</td><td>YES 1 NO 2 ↓</td><td>→</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>c) insult you or make you feel bad about yourself?</td><td>YES 1 NO 2 ↓</td><td>→</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) say or do something to humiliate you in front of others?	YES 1 NO 2 ↓	→	1	2	3	b) threaten to hurt or harm you or someone you care about?	YES 1 NO 2 ↓	→	1	2	3	c) insult you or make you feel bad about yourself?	YES 1 NO 2 ↓	→	1	2	3	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>	
	EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS																						
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c) insult you or make you feel bad about yourself?	YES 1 NO 2 ↓	→	1	2	3																						
1605	<p>A. Did your (last) (husband/partner) ever do any of the following things to you:</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>																									

SECTION 16. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	<div>EVER</div> <div> <div>OFTEN</div> <div>SOME-TIMES</div> <div>NOT IN LAST 12 MONTHS</div> </div>		
	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	
1606	CHECK 1605A (a-j): <div> AT LEAST ONE 'YES' <input type="checkbox"/> </div> <div> NOT A SINGLE 'YES' <input type="checkbox"/> </div>	→ 1609	
1607	How long after you first (got married/started living together) with your (last) (husband/partner) did (this/any of these things) first happen? IF LESS THAN ONE YEAR, RECORD '00'.	NUMBER OF YEARS <input type="text"/> <input type="text"/> BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95	
1608	Did the following ever happen as a result of what your (last) (husband/partner) did to you: a) You had cuts, bruises, or aches? YES 1 NO 2 b) You had eye injuries, sprains, dislocations, or burns? YES 1 NO 2 c) You had deep wounds, broken bones, broken teeth, or any other serious injury? YES 1 NO 2		
1609	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/partner) at times when he was not already beating or physically hurting you?	YES 1 NO 2	→ 1611
1610	In the last 12 months, how often have you done this to your (last) (husband/partner): often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	

SECTION 16. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
1611	Does (did) your (last) (husband/partner) drink alcohol?	YES 1 NO 2	→ 1613															
1612	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3																
1613	Are (Were) you afraid of your (last) (husband/partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3																
1614	CHECK 709: MARRIED MORE <input type="checkbox"/> THAN ONCE ↓ MARRIED ONLY <input type="checkbox"/> ONCE		→ 1616															
1615	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>A. So far we have been talking about the behavior of your (current/last) (husband/partner). Now I want to ask you about the behavior of any previous (husband/partner).</p> </div> <div style="width: 45%;"> <p>B. How long ago did this last happen?</p> </div> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th><th>EVER</th><th>0 - 11 MONTHS AGO</th><th>12+ MONTHS AGO</th><th>DON'T REMEMBER</th></tr> </thead> <tbody> <tr> <td>a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically?</td><td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?</td><td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> </tbody> </table>		EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically?	YES 1 NO 2 ↓	→ 1	2	3	b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?	YES 1 NO 2 ↓	→ 1	2	3		
	EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER														
a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically?	YES 1 NO 2 ↓	→ 1	2	3														
b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?	YES 1 NO 2 ↓	→ 1	2	3														
1616	<p>CHECK 701 AND 702:</p> <div style="display: flex;"> <div style="width: 45%;"> <p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/> ↓</p> <p>a) From the time you were 15 years old has anyone other than (your/any) (husband/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically?</p> </div> <div style="width: 45%;"> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> ↓</p> <p>b) 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 NO 2 REFUSED TO ANSWER/ NO ANSWER 3</p>	→ 1619															
1617	<p>Who has hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER/STEP-MOTHER A FATHER/STEP-FATHER B SISTER/BROTHER C DAUGHTER/SON D OTHER RELATIVE E CURRENT BOYFRIEND F FORMER BOYFRIEND G MOTHER-IN-LAW H FATHER-IN-LAW I OTHER IN-LAW J OWN FRIEND/ACQUAINTANCE K TEACHER L EMPLOYER/SOMEONE AT WORK M PRIEST/RELIGIOUS LEAD N POLICE/SOLDIER O</p> <p>OTHER _____ X (SPECIFY)</p>																
1618	In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3																

SECTION 16. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1619	CHECK 201, 226, AND 230: <div style="display: flex; justify-content: space-around;"> <div> EVER BEEN PREGNANT <input type="checkbox"/> ('YES' ON 201 OR 226 OR 230) ↓ </div> <div> NEVER BEEN PREGNANT <input type="checkbox"/> → 1622 </div> </div>		
1620	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2 → 1622	
1621	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER A MOTHER/STEP-MOTHER B FATHER/STEP-FATHER C SISTER/BROTHER D DAUGHTER/SON E OTHER RELATIVE F FORMER HUSBAND/PARTNER G CURRENT BOYFRIEND H FORMER BOYFRIEND I MOTHER-IN-LAW J FATHER-IN-LAW K OTHER IN-LAW L TEACHER M EMPLOYER/SOMEONE AT WORK N PRIEST/RELIGIOUS LEAD O POLICE/SOLDIER P OTHER _____ X (SPECIFY)	
1622	CHECK 701 AND 702: <div style="display: flex; justify-content: space-around;"> <div> EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/> ↓ </div> <div> NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> → 1622B </div> </div>		
1622A	Now I want to ask you about things that may have been done to you by someone other than (your/any) (husband/partner). At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1623 → 1624A
1622B	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	→ 1626
1623	Who was the person who was forcing you the very first time this happened?	CURRENT HUSBAND/PARTNER 01 FORMER HUSBAND/PARTNER 02 CURRENT/FORMER BOYFRIEND 03 FATHER/STEP-FATHER 04 BROTHER/STEP-BROTHER 05 OTHER RELATIVE 06 IN-LAW 07 OWN FRIEND/ACQUAINTANCE 08 FAMILY FRIEND 09 TEACHER 10 EMPLOYER/SOMEONE AT WORK 11 POLICE/SOLDIER 12 PRIEST/RELIGIOUS LEADER 13 STRANGER 14 OTHER _____ 96 (SPECIFY)	

SECTION 16. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
1624	<p>CHECK 701 AND 702:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>a) In the last 12 months, has anyone other than (your/any) (husband/partner) physically forced you to have sexual intercourse when you did not want to?</p> </div> <div style="width: 45%;"> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>b) In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p>	→ 1625												
1624A	<p>CHECK 1605A (h-j) and 1615A(b)</p> <div style="display: flex; justify-content: space-between;"> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p> </div>		→ 1626												
1625	<p>CHECK 701 AND 702:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/></p> <p>a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) husband/partner?</p> </div> <div style="width: 45%;"> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p> <p>b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?</p> </div> </div>	<p>AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>													
1626	<p>CHECK 1605A (a-j), 1615A (a,b), 1616, 1620, 1622A, AND 1622B:</p> <div style="display: flex; justify-content: space-between;"> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p> </div>		→ 1630												
1627	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>	→ 1629												
1628	<p>From whom have you sought help?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>OWN FAMILY A</p> <p>HUSBAND'S/PARTNER'S FAMILY B</p> <p>CURRENT/FORMER HUSBAND/PARTNER C</p> <p>CURRENT/FORMER BOYFRIEND D</p> <p>FRIEND E</p> <p>NEIGHBOR F</p> <p>RELIGIOUS LEADER G</p> <p>DOCTOR/MEDICAL PERSONNEL H</p> <p>POLICE I</p> <p>LAWYER J</p> <p>LOCAL LEADER K</p> <p>NGO/WOMEN'S ORGANIZATION L</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p>	→ 1630												
1629	Have you ever told any one about this?	<p>YES 1</p> <p>NO 2</p>													
1630	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>													
1630A	<p>If you need help or have a problem, is there someone from your family who you can depend on to:</p> <p>a) give you shelter for a few nights if you need it?</p> <p>b) give you financial support if you need it?</p>	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>SHELTER</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>ECON. SUPPORT</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	SHELTER	1	2	8	ECON. SUPPORT	1	2	8	
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SECTION 16. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
	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																		
1631	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> <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 ADUL'</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 ADUL'	1	2	3	FEMALE ADULT	1	2	3	
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HUSBAND	1	2	3																
OTHER MALE ADUL'	1	2	3																
FEMALE ADULT	1	2	3																
1632	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE. _____ _____ _____																		
1633	RECORD THE TIME.	<table> <tbody> <tr> <td>HOURS.....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>MINUTE.....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	HOURS.....	<input type="text"/>	<input type="text"/>	MINUTE.....	<input type="text"/>	<input type="text"/>											
HOURS.....	<input type="text"/>	<input type="text"/>																	
MINUTE.....	<input type="text"/>	<input type="text"/>																	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS

INSTRUCTIONS:

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

CODES FOR EACH COLUMN:

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE (2)

- 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 EMERGENCY CONTRACEPTION
J STANDARD DAYS METHOD
K BILLINGS METHOD
L LACTATIONAL AMENORRHEA METHOD
- M RHYTHM METHOD
N 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
- 6 HEALTH CONCERNS
7 LACK OF ACCESS/TOO FAR
8 COSTS TOO MUCH
9 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

				COL. 1	COL. 2
	12	DEC	01		
	11	NOV	02		
	10	OCT	03		
2	09	SEP	04		
	08	AUG	05		
	07	JUL	06		
	06	JUN	07		
0	05	MAY	08		
	04	APR	09		
	03	MAR	10		
	02	FEB	11		
1	01	JAN	12		
6					
	12	DEC	13		
	11	NOV	14		
	10	OCT	15		
2	09	SEP	16		
	08	AUG	17		
	07	JUL	18		
	06	JUN	19		
0	05	MAY	20		
	04	APR	21		
	03	MAR	22		
	02	FEB	23		
1	01	JAN	24		
5					
	12	DEC	25		
	11	NOV	26		
	10	OCT	27		
2	09	SEP	28		
	08	AUG	29		
	07	JUL	30		
	06	JUN	31		
0	05	MAY	32		
	04	APR	33		
	03	MAR	34		
	02	FEB	35		
1	01	JAN	36		
4					
	12	DEC	37		
	11	NOV	38		
	10	OCT	39		
2	09	SEP	40		
	08	AUG	41		
	07	JUL	42		
	06	JUN	43		
0	05	MAY	44		
	04	APR	45		
	03	MAR	46		
	02	FEB	47		
1	01	JAN	48		
3					
	12	DEC	49		
	11	NOV	50		
	10	OCT	51		
2	09	SEP	52		
	08	AUG	53		
	07	JUL	54		
	06	JUN	55		
0	05	MAY	56		
	04	APR	57		
	03	MAR	58		
	02	FEB	59		
1	01	JAN	60		
2					
	12	DEC	61		
	11	NOV	62		
	10	OCT	63		
2	09	SEP	64		
	08	AUG	65		
	07	JUL	66		
	06	JUN	67		
0	05	MAY	68		
	04	APR	69		
	03	MAR	70		
	02	FEB	71		
1	01	JAN	72		

